

Name	
Helix Case No.	
Date/Time	
Vet	
Nurse	

## Dystocia Checklist

Tick each action to confirm it has been considered and/or actioned

**Actions in bold are critical steps**

### Before Consultation

- Dystocia telephone triage checklist
- Triage within 10 mins of arrival

### Consultation

#### History and Physical exam

- Confirm pregnancy
- Confirm breeding history
- Confirm dystocia history
- Confirm stage of labour?<sup>1</sup>
- Ferguson's Reflex?<sup>2</sup>
- Is a puppy palpable within pelvic canal?<sup>3</sup>
- Green discharge prior to 1<sup>st</sup> puppy?**<sup>4</sup>
- Is dystocia present?**

#### Diagnostics

- Blood Tests
  - Glucose
  - iCa
- Ultrasound scan
  - Foetal heart rate**<sup>5</sup>

### After Consultation

#### Diagnostics

- X-ray
  - Number of foetuses
  - Malpresentation
  - Malposition

#### Medical treatment

- Confirm no obstruction then consider:**
- Calcium gluconate Give first<sup>6</sup>
- Oxytocin Dose 0.5IU/dog i/m 15min post calcium**<sup>7</sup>

#### Pre-surgery

- Prepare incubator**
- Surgical Safety Checklist**
- Cuff ET tube**
- Maternal positioning/tilting**
- Check analgesia datasheets**<sup>8</sup>
- Consider multi-modal analgesia
- Consider local anaesthetic line block
- Consider prophylactic antibiotics
- Complete anaesthetic monitoring chart

#### During Surgery

- Check entire reproductive tract before closing**

#### Post-surgery

- Check puppies - umbilicus, palate, anus**
- Confirm puppy resuscitation**<sup>9</sup>
- Confirm bitch not left unattended with puppies<sup>10</sup>

End of Checklist

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## Additional information on managing dystocia in the bitch

### 1 Stages of Labour

#### Stage I labour

- Uterine contractions begin but are not evident externally
- Panting, Pacing, Shivering, Nesting, Seeks secluded area

#### Stage II labour

- Pups move through birth canal
- Abdominal contractions, Clear fluid may pass as the allantochorion ruptures
- 4 Lochia (dark green discharge) usually precedes passage of the first pup
- Usually a pup is delivered every 30-60 minutes
- Up to 2-3 hours between pups can be normal
- 60% of pups are born in cranial presentation, 40% are born in caudal presentation

#### Stage III labour

- Expulsion of foetal membranes
- Membranes are often expelled during stage II
- If membranes are not expelled during stage II, they are usually expelled within 15 minutes after birth of pup
- Retained foetal membranes are rare

2 **Ferguson's reflex** - if not present, administration of Oxytocin will not be effective

3 **Vaginal exam** should be an aseptic procedure

5 **Foetal heart rate of <150** indicates severe foetal distress and urgent Caesarean section is required as soon as bitch is stable for surgery

6 **Calcium gluconate** dose 0.2ml/kg of 10% slow i/v diluted with saline

7 **Oxytocin dose** may be repeated every 30-40 mins and increased incrementally, **never** more than 20IU/dog of any size)

8 **Vetergesic (buprenorphine)** is directly contra-indicated pre-operatively for Caesarean Sections, **Meloxicam** is contraindicated for pregnant and lactating bitches. Further guidance on analgesia and pain scoring can be found on Huddle in Pain Management SOP.

9 **Swinging and Dopram** are no longer considered best practice

10 Bitch should be monitored with pups by veterinary personnel at all time

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## Major Trauma Checklist

Tick each action to confirm it has been considered and/or actioned  
**Actions in bold are critical steps**

### Before Consultation

- Prepare fluids & analgesia
- Check oxygen on
- Prepare for CPR

### Consultation

#### Initial Assessment and Stabilisation

- Ensure airway is clear – suction?
- Check respiratory function – give oxygen?
- Check pulse/apex beat – initiate CPR?
- Clinically examine the thorax
- Check bleeding and create suitable vascular access
- Consider IV fluid therapy: crystalloid/colloid/blood product**
- Assess consciousness, motor function and sensitivity
- Pain score, give analgesia<sup>1</sup>**
- Treat wounds - stabilise, immobilise, flush/cover
- Consider antibiotics
- Ensure body heat is preserved – Bair Hugger, warm fluids
- Full physical exam once stable**
- Complete Trauma Score

#### Primary diagnostics

- AFAST
- TFAST - Thoracocentesis
- MDB
- EPOC

### After Consultation

#### Multi-parameter Monitor

- Blood pressure
- ECG
- Capnography if intubated

#### Secondary diagnostics

- X-ray surveys<sup>2</sup>
  - Assess entire films
  - Check for fractures
- Lactate series
- Blood smear & WBCs
- Coags

- \*Repeat diagnostics to assess progress\***

#### Consider Ongoing Problem List

- Shock
- Head trauma
- Bleeding
- Pulmonary contusions
- Penetrating wounds
- Hypothermia
- Fractures
- Spinal damage
- Organ damage/rupture e.g. bladder, GI
- Monitor for Sequelae<sup>3</sup>
- Soft tissue wounds – record all<sup>4</sup>
- Consider feeding tube placement
- Repeat Trauma Score

End of Checklist

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### Additional information on Trauma

- 1** Consider multi-modal analgesia which may include; pure opioids, constant rate infusions e.g. MLK, local or regional anaesthesia. NSAIDs are contraindicated in hypovolaemia.
- 2** X-ray surveys should include entire thorax and abdomen – including pelvis (minimum 2 views per body area)
- 3** Sequelae following trauma may include (but are not limited to) ARF, SIRS, ARDS, MODS, sepsis, DIC



#### **4 Record wounds below**

**LEFT**

**RIGHT**



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