

# SMALL ANIMAL NURSING III CLINICAL MENTORSHIP



VM 20700

## CRITERIA HANDBOOK AND LOGBOOK

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## Clinical Mentorship Tasks

### Introduction to Essential Tasks and Criteria

1. Perform fine needle aspiration\*\*
2. Perform Tru-Cut biopsy\*\*
3. Perform skin scraping\*
4. Perform Schirmer Tear Test\*
5. Perform a fluorescein stain test\*
6. Execute the correct use of a tonometer (Schiotz or Tonopen)\*
7. Apply Elizabethan collar\*
8. Care for a hospitalized patient, complete record keeping and observation\*
9. Execute calculating, monitoring and maintaining correct IV fluid rate for Critical Care patients\*
10. Demonstrate closed chest CPR

## Clinical Mentorship Projects

11. Assessment of Emergency Area
12. First Aid Procedures

### **NOTE THE FOLLOWING DUE DATES FOR THE TASKS ABOVE:**

<b><i>Fall or Spring semester</i></b>	<b><i>5:00p.m. Thursday of week 7 – Tasks 1-3</i></b>
	<b><i>5:00p.m. Thursday of week 10 – Tasks 4-7</i></b>
	<b><i>5:00p.m. Thursday of week 13 – Tasks 8-12</i></b>
<b><i>Summer session</i></b>	<b><i>5:00p.m. Thursday of week 3 – Tasks 1-3</i></b>
	<b><i>5:00p.m. Thursday of week 5 – Tasks 4-7</i></b>
	<b><i>5:00p.m. Thursday of week 8 – Tasks 8-12</i></b>

***Incomplete grades will not be assigned for mentorships at the end of the semester. Grade penalties will be assessed for tasks submitted after the due date. Resubmission due dates will be set by the instructor as required.***

***\*IMPORTANT! See following page for Animal Use Guidelines***

## **Animal Use Guidelines**

The student shall abide by the following guidelines when performing mentorship tasks:

1. A mentorship task may be performed only once on a single animal.
2. A student may perform a maximum of ten (10) minimally invasive tasks (denoted by one asterisk) on a single animal within a 24-hour period.
3. A student may perform a maximum of three (3) moderately invasive tasks (denoted by two asterisks) on a single animal within a 24-hour period.
4. When combining tasks, a student may perform a maximum of five (5) minimally and three (3) moderately invasive tasks on a single animal within a 24-hour period.
5. Tasks denoted with no asterisks do not involve live animal use.

For example, a student might perform the following tasks on an animal in a single day:

1. Restrain a dog in sternal recumbency\*
2. Restrain a dog in lateral recumbency\*
3. Restrain a dog for cephalic venipuncture\*
4. Restrain a dog for saphenous venipuncture\*
5. Restrain a dog for jugular venipuncture\*
6. Administer subcutaneous injection\*\*
7. Administer intramuscular injection\*\*
8. Intravenous cephalic injection – canine\*\*

Failure to comply with the Animal Use Guidelines may result in failure of the Clinical Mentorship.

# STUDENT INFORMATION

## GOALS OF VM 20700 SMALL ANIMAL NURSING III CLINICAL MENTORSHIP

Working with a small animal veterinary care facility, the student will practice several tasks under the supervision of a clinical mentor (veterinarian or accredited Veterinary Technician).

In order to achieve the goals for this Clinical Mentorship, the tasks must be performed to the level of competency as outlined by the *Criteria* for each task.

The student is responsible for providing documentation for each task as defined by the *Materials Submitted for Evaluation and Verification* section on each task.

In addition to the documentation, the Clinical Mentorship site supervisor will verify that the student performed the task under their supervision.

Final approval of successful performance and completion of the Clinical Mentorship will be made by the Purdue University instructor in charge of the Clinical Mentorship. This approval will be based upon the documentation provided by the student.

The Purdue University instructor in charge has the option to require additional documentation if, in their judgment, the student has not performed and/or documented the task to the level set by the Criteria.

Documentation of completed tasks is essential to validate the educational process and insure that the performance of graduates of the Veterinary Technology Distance Learning Program meets the standards of quality required by the Purdue University College of Veterinary Medicine faculty and the American Veterinary Medical Association accrediting bodies.

## CONTACT PERSON

Any questions regarding the Clinical Mentorship process should be directed to:

Pam Phegley, BS, RVT  
Purdue University  
Veterinary Technology Program  
625 Harrison Street, Lynn Hall G171  
West Lafayette IN 47907  
(765) 496-6809  
phegleyp@purdue.edu

# PRE-REQUISITES FOR VM 20700 SMALL ANIMAL MEDICAL NURSING III CLINICAL MENTORSHIP

## Contracts and Agreements

Because of legal, liability and AVMA accreditation issues, the following documents must be completed *prior to beginning* the Clinical Mentorship

1. Facility Requirement Agreement
2. Clinical Mentorship Agreement
3. Supervisor Agreement
4. Health Risk and Insurance Acknowledgement
5. Professional Liability Insurance Coverage
6. Agreement and Release of Liability
7. Technical Standards Acknowledgement
8. Code of Conduct

These forms are available on the VTDL website for downloading, printout, and completion.

If more than one Clinical Mentorship course is taken, a separate Facility Certification, Clinical Mentorship Contract, and Supervisor Agreement must be completed for each course.

More than one Mentorship Supervisor may sign the mentorship logbook. Each must be either a DVM or a credentialed technician, and must complete a separate Supervisor Agreement.

*Failure to complete and return the listed documents and the payment for Student Professional Liability Insurance Coverage will prevent the student from enrolling in the Clinical Mentorship.*

## Insurance

Two types of insurance are recommended or required for the student working in a Clinical Mentorship.

Health Insurance is highly recommended to cover the medical expenses should the student become injured while on the job. It is the student's responsibility to procure such insurance.

Liability Insurance is required to protect the student in the event of a suit filed against the student for acts he/she performed while in the Clinical Mentorship.

Each VTDL student is required to purchase, for a nominal fee, Professional Liability Insurance through Purdue University. This is done by completing the Professional Liability Insurance Coverage form and sending a check for the fee. This check must be separate from payment of course fees. The fee covers from the time of initiation of coverage until the subsequent July 31<sup>st</sup>.

Students will not be enrolled in Clinical Mentorships until the Professional Liability Insurance is paid, and the student is covered by the policy.

# SELECTING THE CLINICAL MENTORSHIP SITE – FACILITY REQUIREMENTS

You must visit the Clinical Mentorship Site and determine if the following supplies and equipment are readily available to you for use during your Clinical Mentorship. You must complete and have the facility veterinarian sign the Facility Requirement Agreement.

The veterinary care facility must be equipped with the following equipment/supplies:

- Clippers with a #40 blade
- Bandage scissors
- Slide mailer
- Tru-Cut biopsy device
- Shiotz tonometer or Tonopen
- Diff-Quik stain set
- Ambu bag or other source for positive-pressure ventilation such as anesthesia machine

In addition, the following disposable items must be available

- Syringe – assorted sizes
- 22 Ga. and 25 Ga. Needles
- Alcohol
- Scalpel blades - #10 & #11
- Mineral oil
- Schirmer tear test strips
- Topical ophthalmic anesthetic
- Eye wash or artificial tears
- Fluorescein strips or solution
- Zonas® or other tape
- Sterile Saline
- IV catheter
- Supplies for a sterile prep
- Sof-Roll® or other padding – size appropriate for patient
- Roll Gauze – size appropriate for patient
- Protective wrap (Vetwrap®, Coban®)
- Fluids for parenteral administration
- IV Tubing
- Microscope slides
- Exam gloves
- Cotton
- Elizabethan collar
- Formalin

# SELECTION OF CLINICAL MENTORSHIP SUPERVISOR

The Clinical Mentorship Supervisor is the person who will sign your Logbook and verify performance of tasks at the Clinical Mentorship site. This person must be a credentialed veterinary technician (have graduated from an AVMA accredited program or met State requirements for credentialing as a veterinary technician) or a licensed veterinarian.

An individual who claims to be a “veterinary technician” but has not met the criteria for credentialing above is not eligible to be mentorship supervisor.

The individual is not considered to be an employee of Purdue University when acting as your Clinical Mentorship supervisor.

Each Clinical Mentorship Supervisor must complete a *Supervisor Agreement*. You must return this agreement with the other agreements prior to beginning your Clinical Mentorship. Multiple supervisors may be used for documentation of mentorship tasks. Each supervisor must complete a separate agreement.

Should your Clinical Mentorship Supervisor change during the course of the Clinical Mentorship, you will need to have your new supervisor complete a *Clinical Mentorship Supervisor Agreement* and return it to the Purdue VTDL office. These forms are available on the VTDL website for downloading and printing.

# CRITERIA HANDBOOK AND LOGBOOK

This Criteria Handbook and Logbook contains the list of tasks that must be successfully completed in order to receive credit for this Clinical Mentorship. You are expected to have learned the basics of how, why, and when each procedure is to be done from the courses listed as pre-requisites for this Clinical mentorship. This booklet contains the directions and forms that must be followed and completed in order to meet the standards set for successful completion of this Clinical mentorship.

Please read each component of each task carefully before doing the task, to minimize the number of times you have to repeat the task. The components of each task are summarized:

**Goal** – Describes the ultimate outcome of the task you will perform.

**Description** – Lists the physical acts that you will perform, and under what conditions these acts will be completed.

**Criteria** - Lists *specific, observable, objective* behaviors that you must demonstrate for each task. Your ability to demonstrate each of these behaviors will be required in order to be considered as having successfully completed each task.

**Number of Times Task Needs to be Successfully Performed** – States the required number of times to repeat the tasks. The patient's name and the date each repetition of the task was performed must be recorded on the Task Verification Form.

**EACH REQUIRED REPETITION OF THE TASK MUST BE PERFORMED ON A DIFFERENT ANIMAL.** You cannot use the same animal to do all of the repetitions of a task. However, you can use the same animal to perform different tasks. In other words, you can't do three ear cleanings on the same animal, however, you can do an ear cleaning, an anal sac expression, and a venipuncture on the same animal.

**Materials Submitted for Evaluation and Verification** – These specific materials, which usually include video or other materials, must be submitted to demonstrate that you actually performed the task as stated. Each evaluation states specifically what must be shown in the submitted materials.

*The Purdue University course instructor for this Clinical Mentorship has the option to request further documentation if the submitted materials do not clearly illustrate the required tasks.*

It is recommended that the video materials document all angles of the procedure. The purpose of the video and other material is to provide "concrete evidence" that you were able to perform the task to the standard required.

If you do not own a video camera, one may be borrowed or rented. Pre-planning the video procedures will help reduce the need to redo the video documentation. Explain what you are doing as you perform the video documentation, as narration will help the evaluator follow your thought process and clarify what is seen on the video. Voiceovers may be done to clearly explain what is being performed. At the beginning of each task, clearly announce what task you are doing, or insert a written title in the video.

Videotapes, photographs, radiographs, slides, written projects, the Criteria Handbook and Logbook and any other required documentation will not be returned. These items will be kept at Purdue as documentation of the student's performance for accreditation purposes.

This validation is essential to help the Purdue VTDL meet AVMA accreditation criteria.



Therefore, it is essential that you follow the evaluation and validation requirements.

**Task Verification Forms** – Each task has a form that must be completed and signed by the Clinical Mentorship Supervisor.

**Supplementary Materials** – Logs, written materials, photographs, or other forms/documentation may be required for specific tasks. Be sure to read the Materials to be submitted for Evaluation section very carefully and return all documented evidence as prescribed.

# COMPLETION OF THE CLINICAL MENTORSHIP

Mentorship logbooks include due dates for sections of courses. Each section must arrive at Purdue by the deadline (not a postmark date).

Paperwork may be

- FAXed to 765-496-2873
- e-mailed to [phegleyp@purdue.edu](mailto:phegleyp@purdue.edu)
- sent by regular mail to 625 Harrison Street, Lynn Hall G171, West Lafayette, IN 47907

Videos may be submitted

- in the Media Gallery of Blackboard. If submitted on Blackboard, send an e-mail to [phegleyp@purdue.edu](mailto:phegleyp@purdue.edu) notifying of the submission. ***This is the preferred method of online submission***, since it does not limit how much you put on, is no cost to you, and automatically archives here. You must assign the videos to the correct course in order for the instructor to view them.
- by an online source such as Dropbox. If a password is required to open videos submitted with an online service, email the password to [phegleyp@purdue.edu](mailto:phegleyp@purdue.edu). These methods may not be acceptable if they cannot be archived.
- by sending on a disc or flash drive by regular mail to 625 Harrison Street, Lynn Hall G171, West Lafayette, IN 47907

Late submissions will incur a grade penalty. Incomplete grades will no longer be assigned for mentorships at the end of each semester.

Feedback will be emailed until all tasks are completed successfully. A hard copy will be sent when the course is complete and a grade is assigned. As necessary, instructors may require resubmission of some tasks. When feedback is sent, due dates for resubmissions will be given. *It is crucial that students with pending feedback check their Purdue emails frequently so this information is received in a timely manner.*

Final approval of successful performance and completion of the Clinical Mentorship will be made by the Purdue University instructor in charge of the Clinical Mentorship based upon the documentation provided by the student.

Upon successful completion of all tasks in the clinical mentorship course, a grade will be assigned by the course instructor based upon the documented performance of the tasks.

# CLINICAL MENTORSHIP TASKS

## INTRODUCTION TO ESSENTIAL TASKS AND CRITERIA

Before starting each task:

1. Read the Goal, Description, Criteria, and Materials to be Submitted for Evaluation and Verification. Understand what is expected of you for each task.
2. Make sure you have whatever equipment and supplies you need to document the task. Pay particular attention to the details of what needs to be documented and submitted.
3. Make sure you obtain appropriate permissions where necessary. Please inform the facility's owner/manager of your activities. A good relationship with the veterinarian in charge is key to having a positive Clinical Mentorship experience.

After performing each task:

4. Label all items submitted so that the materials you submit for evaluation and validation at Purdue are identified as your submission.
5. Label all videos posted to Blackboard with the name of the task performed.
6. Submit materials to Purdue by the deadlines listed in the logbooks.

# CLINICAL MENTORSHIP PROJECTS

## INTRODUCTION TO SPECIAL PROJECTS

Certain mentorships will have required projects to complete in addition to the required tasks. These are things that are better assessed in the form of a project. Projects should be typed, and checked for correct grammar and spelling.

### Before starting each project

1. Read through the project in its entirety. This will give you a description of the project and what is needed to complete it successfully.
2. Determine what materials, if any, need to be submitted for completion of the project.
3. Most projects will come with a list of questions that need to be answered. The responses should be placed inside the notebook for submission with other materials.
4. If videotaping is required for a project, it should be noted on the videotape verbally that this is for the project and not another required task. Some projects may require a verbal narration of a student doing something. Each individual project will define if that is a necessary requirement for that project.

Note: Videotaping and photographs are not for the purpose of verifying if the practice is within OSHA compliance or other government regulations. These projects are for the student's education. It may be determined by the student that the practice is not within the current recommendations. The purpose of these projects is to make the student aware of these issues, and how to recognize the issues and develop suggestions for improvement.

There will be certain mentorships where OSHA recommendations, in regards to equipment and policies, will be facility requirements for the mentorship.

# 1. FINE NEEDLE ASPIRATION

**Goal:** To collect a diagnostic quality cytology specimen using fine needle aspiration

**Description:** The student will collect cells from a mass or lymph node using fine needle aspiration and properly prepare a slide for examination.

**Criteria:** The student selected an appropriate site for aspiration

The student chose the correct needle size and syringe for the patient and site being aspirated

The student prepared the site for aspiration and did not contaminate the site once it was prepped

The student isolated the lesion/site and introduced the needle carefully with the syringe attached

The student applied negative pressure, released negative pressure, redirected and applied negative pressure again without withdrawing the needle from the skin

The student released negative pressure before withdrawing the needle from the lesion/site

The student separated the needle from the syringe, drew air into the syringe, reattached the needle and expelled the contents onto clean microscope slides

The student made appropriate smears, either push smears or squash preps, then stained the slides for viewing

**Number of Times Task Needs to be Successfully Performed:** 1

**Materials Submitted for Evaluation and Verification:**

1. Task verification form for Fine Needle Aspiration skill, signed by the clinical mentorship supervisor.
2. A video showing the student preparing the site, introducing the needle, aspirating the site and making the slide. The video should close up on the slide making so we can see the material on the slide prior to staining. The student will provide a narrative while videoing to describe the steps being performed.
3. One stained microscope slide of the fine needle aspiration. The slide will be from the videoed aspiration so we may compare technique to the contents on the slide.

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_

## 2. TRU-CUT BIOPSY

**Goal:** To collect a tissue sample of diagnostic quality using a Tru-Cut biopsy needle

**Description:** The student will collect tissue from a mass or lymph node, prepare impression smears for cytologic examination and preserve tissue for histopathologic examination.

**Note:** If an appropriate case is not available, the student may use a cow or pig liver or kidney to demonstrate the technique. The student should simulate/narrate **all steps** in preparation if this is done.

**Criteria:** The student selected an appropriate site for biopsy

The student prepared the site for biopsy and did not contaminate the site once it was prepped

The student isolated the site, made a stab incision with a blade and introduced the biopsy needle closed into the skin

The student advanced the inner cannula, advanced the outer cannula and then removed the biopsy device

The student removed the tissue from the Tru-Cut needle, made impression smears on microscope slides and stained the slides

The student placed the tissue into formalin

**Number of Times Task Needs to be Successfully Performed:** 1

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Tru-Cut skill, signed by the Clinical Mentorship supervisor.
2. A video showing the student preparing the site, introducing the needle, advancing the cannula, making the slide and placing the sample in formalin. The video should close up on removing the sample from the device, the impression smears, and slide making process so we may see the material. The student will provide a narrative while videoing to describe the steps being performed.
3. One stained microscope slide of the impression smear. The slide will be from the videotaped biopsy so we may compare technique to the contents on the slide.

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_

### 3. SKIN SCRAPING

- Goal:** To collect a specimen by skin scraping that is of diagnostic quality
- Description:** The student will collect samples from a skin lesion by scraping and prepare a slide for examination for ectoparasites.
- Criteria:**
- The student placed a drop of mineral oil on the microscope slides being used
  - The student moistened the scalpel blade with mineral oil
  - The student selected an appropriate site/lesion for scraping.
  - The student pinched a fold of skin twice, at 90° angles, and scraped the surface until drops of capillary blood appeared
  - The student transferred the material collected onto the glass slide with mineral oil

**Number of Times Task Needs to be Successfully Performed:** 1

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Skin Scraping skill, signed by the clinical mentorship supervisor.
2. One video showing the student preparing the slide, choosing the site, performing the scraping and making the slide. Close up views will be required to verify proper technique. The student will provide a narrative while videoing to describe the steps being performed.

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_

## 4. SCHIRMER TEAR TEST

**Goal:** To perform a Schirmer tear test

**Description:** The student will perform a Schirmer tear test on a dog or cat and record results.

**Criteria:** The student prepared the test strip, folding at the notch while still in the package

The student removed the strip from the package, touching only the end that is not placed on the eye

The student inserted the strip between the lower eyelid and the cornea

The student held the strip in place for 60 seconds, preventing the animal from rubbing the eye or removing the strip

The student removed the strip from the eye and measured the length of the strip that was wet according to the manufacturer's instructions

**Number of Times Task Needs to be Successfully Performed:** 1 (both eyes)

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Schirmer Tear Test skill, signed by the clinical mentorship supervisor.
2. A video showing the student preparing the test strip, placement of the strip and assessment of the results. The student should announce the results on the video and state the normal range, and if the patient values are normal. Close up views will be required to verify proper technique. The student will provide a narrative while videoing to describe the steps being performed.

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_



## 5. FLUORESCEIN STAIN TEST

**Goal:** To perform a fluorescein test

**Description:** The student will perform a fluorescein stain test of the cornea of a dog or cat and record results

**Criteria:** The student moistened the end of a sterile fluorescein stain strip using sterile eye wash or artificial tear solution

The student elevated the upper eyelid

The student placed the moistened tip of the strip on the bulbar conjunctiva for 1-2 seconds or further moistened the strip and allowed the stain to drip onto the cornea

The student removed the strip (if touched to the eye) and allowed the animal to blink

The student flushed the eye with sterile eyewash

The student examined the cornea in a partially darkened room

**Number of Times Task Needs to be Successfully Performed:** 1 (both eyes)

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Fluorescein Stain Test skill, signed by the Clinical mentorship supervisor.
2. One video showing the student preparing the stain strip and placement of the strip. Close up views will be required to verify proper technique. The student will provide a narrative while videotaping to describe the steps being performed, including whether the result is normal.

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_

## 6. TONOMETRY (SCHIOTZ OR TONOPEN)

**Goal:** To perform tonometry on the eyes of a dog or cat, using a Schiötz tonometer or Tonopen and record results

**Description:** The student will perform tonometry and record results, noting abnormalities.

**Criteria:** The student checked the tonometer for function and cleanliness before using

The student instilled topical ophthalmic anesthetic drops in both eyes without touching the tip of the bottle to the eye

The student waited 30-60 seconds before beginning the test

The student assured the animal's head was restrained and positioned for the procedure

The student placed the tonometer on the animal's cornea and noted the reading

The student repeated the measurement two more times, and averaged the numbers obtained

If using a Schiötz, the student converted the tonometer readings

**Number of Times Task Needs to be Successfully Performed:** 1 (both eyes)

**Materials Submitted for Evaluation and Verification:**

1. Task Verification form for Tonometry skill, signed by the Clinical Mentorship supervisor.
2. A video showing the student checking the tonometer, instilling anesthetic drops, checking for correct patient positioning, placement of tonometer, repeating the measurement and averaging the results. Close up views will be required to verify proper technique. The student will provide a narrative while videoing to describe the steps being performed and verbally comment on the result from each eye, **stating whether the value is normal or abnormal.**

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_

## 7. APPLICATION OF ELIZABETHAN COLLAR

- Goal:** To apply an Elizabethan collar to a dog or cat
- Description:** The student will properly apply an Elizabethan collar around the neck of a dog or cat.
- Criteria:** The student chose the correct size of Elizabethan collar for the patient
- The student prepared the collar as needed
- The student applied the collar to the patient without causing injury or discomfort
- The student secured the collar so it could not be removed by the patient but was not too tight
- Once placed, the collar prevented the patient from either chewing or scratching inappropriately

**Number of Times Task Needs to be Successfully Performed:** 1

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Application of Elizabethan Collar skill, signed by the Clinical Mentorship supervisor.
2. A video showing the student choosing, preparing and applying an Elizabethan collar, from the front, side, and back. The student will provide a narrative while videoing to describe the steps being performed.

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_

## 8. HOSPITALIZED PATIENT CARE, RECORD KEEPING AND OBSERVATION OF A CRITICAL PATIENT

**Goal:** To provide nursing care for the hospitalized critical patient while keeping detailed, accurate medical records of patient care and observations

**Description:** The student will provide nursing care for hospitalized critical patients and keep detailed medical records for each case.

### **Definition of a Critical Patient:**

A patient that is required (by its medical condition) to be hospitalized for at least 24 hours. This patient must be receiving medical treatments or require other nursing care/observations at least every 4 hours for at least a 24 hour period.

The student will provide care and record parameters for the patient for at least 8 hours of its 24-hour care. The remainder of the care will be provided by the other staff covering the remaining hours of care required for the patient.

Patient conditions that would be examples of critical are: unregulated diabetic, hit by car, pancreatitis, post-operative intensive care for lengthy surgery, renal failure, etc. If at any time you would like to know if a patient qualifies for this task, please contact the clinical coordinator or the mentorship instructor.

The minimum parameters that should be recorded at least every 4 hours are: TPR, check for vomition, defecation, urination, mucous membrane color (MMC), capillary refill time (CRT), attitude/mentation (i.e. BAR, QAR) and at least one medication.

Note: This task may be done in conjunction with the fluid therapy task later in this module if the critical patient is receiving fluids during the same monitoring period.

**Criteria:** The student chose and identified the patient by its signalment and ailment and recorded the information on the patient record

The student chose a critical case based on the definition of a critical patient as outlined in this task

The student provided care for at least 8 hours of the patient's hospitalization

The student initialed each entry to verify they performed the observation and treatment during the 8 hours

The student recorded the monitoring and observation parameters accurately and chronologically

The student recorded all treatments administered during the monitoring period accurately

The student brought variations from normal parameters to the attention of the veterinarian in charge of the patient

The student made detailed notes of observations and nursing care provided

The record was clear, accurate and easy to follow

**Number of Times Task Needs to be Successfully Performed:** 3

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Hospitalized Critical Patient Care skill, signed by the Clinical Mentorship supervisor.
2. Photograph of each case (during its hospital stay) submitted (3 total)
3. Copies of records of hospitalization for each of the 3 cases submitted. The records will need to span at least 24 hours and it must be clearly identified (highlighted, initialed) where the student did the nursing care, treatments, and monitoring.

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_

## 9. CALCULATE, MONITOR AND MAINTAIN INTRAVENOUS FLUIDS

- Goal:** To calculate intravenous (IV) fluid administration rate for a patient, administer fluids and monitor the fluid administration as well as the patient
- Description:** The student will calculate an IV fluid rate for a patient, see that the fluids are administered at the correct rate for that patient, record the data and monitor the administration of the fluids and the patient receiving them.
- Criteria:**
- The student chose a case which required intravenous fluids for a minimum of 12 hours
  - The student calculated the flow rate for the IV fluids for the patient
  - The student set the flow rate to deliver the desired amount
  - The student accurately recorded the volume of fluid administered **hourly**, as well as the **total for the day, each hour**
  - The student maintained the correct rate of fluid administration
  - The student monitored the patient, recorded all data and **specifically observed the patient for parameters related to hydration status to include skin turgor, mucous membrane character and CRT, and auscultation of lungs, as well as checking the catheter site.**

**Number of Times Task Needs to be Successfully Performed:** 3

**Materials Submitted for Evaluation and Verification:**

1. Task Verification Form for Calculate, Monitor and Maintain Intravenous Fluids skill, signed by the Clinical Mentorship supervisor.
2. Copies of flow sheets or charts from each patient, detailing instructions for fluid administration and patient monitoring as well as actual values and observations recorded for the patient. Patient signalment and medical condition(s) should be recorded on these pages also.
3. A video showing the student performing monitoring duties on one patient receiving IV fluids, including maintaining the correct rate of administration. The video should clearly show the fluid rate being given, and should show hourly checks for four hours, demonstrating correct fluid volume administration. The student will provide a narrative while videoing to describe the steps being performed.
4. Written calculations of fluid rates for each patient documented.

# CALCULATE, MONITOR AND MAINTAIN INTRAVENOUS FLUIDS

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ RVT, CVT, LVT  
DVM, VMD

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I verify that the student performed these tasks under my supervision.

**Signature of Clinical Mentorship Supervisor:** \_\_\_\_\_

Date: \_\_\_\_\_ of \_\_\_\_\_

**Small Animal Intensive Care Unit Supplemental Daily Orders & Flow Sheet**  
PURDUE UNIVERSITY College of Veterinary Medicine VETERINARY MEDICAL TEACHING HOSPITAL

**Anyone who marks on this form must define their initials on the last page.**

ICU Entry Date:		Today's Date:				<b>PATIENT LABEL</b>	
Clinician in charge:							
Phone #							
Pager #							
Student:							
Phone #							
Pager #							
INFUSIONS: TYPE	ADDITIVE	RATE	TIME: START	D/C	COMMENTS		
1.		1.					
		2.					
		3.					
2.		1.					
		2.					
		3.					
3.		1.					
		2.					
		3.					
4.		1.					
		2.					
		3.					
5.		1.					
		2.					
		3.					
6.		1.					
		2.					
		3.					
7.		1.					
		2.					
		3.					
8.		1.					
		2.					
		3.					
SPECIAL INSTRUCTIONS:							
STUDENT SIGNATURE:		INITIALS:		CLINICIAN SIGNATURE:		INITIALS:	
<b>INTENSIVE CARE UNIT DAILY ORDERS AND FLOW SHEET</b>							



**Supplemental Therapeutics**

Supplemental Therapeutics			Freq. Q_hr	Call Clinician If:	8:00A	9:00A	10:00A	11:00A	12:00P	1:00P	2:00P
Initials											
Drugs	Dose	Route									
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
<b>Treatments (See front for details)</b>											
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
<b>Infusions: See front for details</b>			Amt. since prev. period								
1.			Q	Falc							
2.											
3.											
4.											
5.											
6.											
7.											
8.											
<b>Other Monitoring</b>											
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											







## 10. CLOSED-CHEST CARDIOPULMONARY RESUSCITATION (CPR)

**Goal:** To demonstrate closed-chest CPR techniques as they would be performed on a dog requiring such measures

**Description:** The student will demonstrate closed-chest CPR techniques on a stuffed dog.

**Criteria:** The student simulated checking the patient for heartbeat and respiration

The student simulated placing an appropriate size endotracheal tube, using a laryngoscope, and securing it with gauze

The student simulated administration of oxygen using the **proper delivery system** and **oxygen flow rate**

The student simulated ventilation of the animal at the **proper rate and pressure**

The student simulated performing chest compressions, using the proper technique for the patient, at the **proper rate**

The student demonstrated the technique for abdominal compressions/counterpulsions with an assistant performing chest compressions

The student simulated intravenous catheter placement and administration of fluids, verbally stating **flow rate**

The student simulated the drawing and administration of emergency drugs as directed by the veterinarian

The student attached an ECG monitor to the patient

**Number of Times Task Needs to be Successfully Performed:** 1 (stuffed dog)

**Materials Submitted for Evaluation and Verification:**

1. Since this is a simulation/demonstration there is no Task Verification Form to submit.
2. A video showing the student performing the simulated techniques. The student should provide a DETAILED narrative while videoing to describe the steps being performed.
3. Written explanation of oxygen flow rate and delivery system for this patient (state estimated weight).
4. Written explanation of appropriate ventilation and compression rates for this patient.

## 11. ASSESSMENT OF EMERGENCY AREA PROJECT

**Goal:** To assess the hospital's emergency area and equipment, and determine changes that could increase the efficiency of handling emergency cases

1. The student will provide two or more photographs of present emergency area, particularly the emergency cart or box. One picture will be a close up of the cart/box, and another will be the general area where emergencies are handled initially.
2. The student will submit a paper evaluating the veterinary facility's emergency area, noting both positive and negative aspects and offer detailed suggestions for improvement.
3. The paper will address the following criteria for the emergency cart or box:
  - a. Organization
  - b. Location in Hospital
  - c. Portability
  - d. Frequency of Inventory
4. The paper will also address the following items. Consider availability (does the clinic have these items), accessibility, and organization of equipment and supplies.
  - a. ECG
  - b. Blood pressure monitor
  - c. Suction device
  - d. Airway equipment
  - e. Emergency drugs
  - f. Fluids
  - g. Catheters
  - h. Bandage material
  - i. Bandage scissors
  - j. Sterile gloves
  - k. Clippers
  - l. Scalpel blades
  - m. Defibrillator
  - n. Oxygen source

## 12. FIRST AID PROCEDURES PROJECT

**Goal:** To communicate with clients and veterinarians regarding emergency cases, initiate first aid procedures, and monitor the patient during and following initial treatment.

The student will provide detailed, written instructions of actions that would be taken, given scenarios of emergency situations. Detailed descriptions of client communication, first aid care, patient monitoring, and communication with a veterinarian will be included.

### Scenario 1

Mr. Jones calls your hospital and tells you that his dog, Scooby, has been outside in the garage this morning, and when he called Scooby to come in the house, Mr. Jones saw him eating some mouse bait that he had forgotten was out there. Scooby was last seen by your clinic two years ago when he was six months old.

1. Describe in detail the questions you would ask Mr. Jones.
2. Describe in detail the instructions you would give Mr. Jones.

### Scenario 2

Mrs. Smith rushes into your hospital carrying her Schnauzer, Pepper. Mrs. Smith is very upset, and explains that Pepper was hit by a car in front of their house this morning. You bring them into an examination room and Mrs. Smith places Pepper on the exam table. The dog is panting, and bleeding slightly from the mouth and nose. Pepper's temperature is 97°F, heart rate is 180, and respiration rate is 60. She is lying on her side on the table. Pepper's right front leg is obviously broken, with bone protruding through the skin of the leg.

Your veterinarian is out of the building and you expect her to return in 20-30 minutes.

1. Describe in detail your conversation with Mrs. Smith, as well as your initial physical exam findings and any first aid you would administer. You may describe findings as you would expect they might be, if not given here.
2. The veterinarian has returned to the hospital. Describe in detail your conversation with the doctor, including your initial assessment and first aid measures taken.
3. Pepper is stabilized and has been placed into a cage. Describe in detail the monitoring and nursing care you would continue to provide.