

Veterinary Euthanasia Team Training Manual; A GUIDE FOR TEAM POLICIES

Abbreviated Print Version



CAETA TRAINING | Version One | February 2019





Contents

Introduction 1-3

Categories for Euthanasia Policies and Standards 4

Manual Outline

Discussions Around Euthanasia 5

Handling Cases of Convenience 6

Appointment Length 6

Ideal Time of Day 7

Fee Structuring 7

Consent Forms and Recordkeeping 8

Arrival 9

Room Selection 10

Home Euthanasia 10-11

Restraint and Handling Standards 12

Use of Sedation or Anesthesia 13-14

Euthanasia Techniques 14

IV injections 15

Intraorgan Injections 16

Inhalant Usage 16

Privacy Before and After 17

Memorialization and Grief Support 18

Sympathy Cards 18

Paw Prints 19

Other Memorialization 20

Grief Support 21

Body Care Management 22-24

Departure 25

Policies Around Dysthanasia 26



Protocol...

Every veterinary procedure requires **standard protocol** be followed to ensure the **best results**. Each step is important and deserves to be well-thought out, streamlined, and **adhered to by the team**.

Euthanasia is no exception. Without protocols in place, it stands to reason that everyone could perform it differently.

Consistency will be lacking.

If the team is performing euthanasia differently, pet owners have a tough time understanding what's normal and abnormal. *Consistency* helps everyone, including the veterinary team, know what to expect from beginning to end. Euthanasia procedures can and should follow the *highest established standards* set forth by the Companion Animal Euthanasia Training Academy and other respected organizations who are devoted to the *best experience every time*. Euthanasia is rich with ethical, moral, and emotional elements *deserving of our full attention*.

This **manual** provides an opportunity to open dialogue among the veterinary team and identify **standards of care**. Take time as a team to answer the questions **together**. Consider reviewing the manual at least once a year and whenever new veterinary team members are hired. Please note that your team may come up with more questions than are presented here. **You are encouraged to reflect on the unique parameters** of your hospital/service and adjust accordingly, keeping in mind the **14 Essential Components of Companion Animal Euthanasia**.

Training...

Euthanasia protocol **training** **should be standard for all employees.** Every staff member involved with euthanasia in any way, i.e. scheduling appointments, performing euthanasia, etc, should be taught **exactly what to do.** And for veterinarians, this includes learning all **AVMA-approved** companion animal euthanasia techniques. As with all procedures, we learn by **watching** first, then **performing it ourselves.**



All personnel should be granted the opportunity to witness a proper euthanasia appointment before being expected to deliver one. The team also benefits by *attending regular team meetings* on the topic and euthanasia resources available always. This includes books on euthanasia, compassion fatigue resources, and *client communication*.



CAETA advocates for the use of a euthanasia attendant for *every euthanasia*. This helps the team know who is responsible for guiding the caregiver(s) through the procedure. The service will have to *decide which team member is ideally suited*, such as a technician, a social worker, a client support team member, or the attending veterinarian. *Euthanasia attendants provide consistency for the caregiver(s)* each time they choose euthanasia. They will know someone will greet them, explain things gently, *offer support during euthanasia itself*, help them out when they are ready to depart, and follow up if warranted. The role of euthanasia attendant is one of *great significance* and should be *respected* within the team.

Categories for Euthanasia Policies & Standards

- A Discussions Around Euthanasia
- B Handling Cases of Convenience
- C Appointment Length
- D Ideal Time of Day
- E Fee Structuring
- F Consent Forms and Record Keeping
- G Arrival
- H Room Selection
- I Home Euthanasia
- J Restraint and Handling Standards
- K Sedation and Anesthesia Protocols
- L Euthanasia Techniques
- M Privacy Before and After
- N Memorialization and Grief Support
- O Body Care Management
- P Departure
- Q Policies Around Dysthanasia



Manual Outline

A Discussions Around Euthanasia

When do we mention euthanasia as an option to caregivers?

Do we send home information about euthanasia decision-making with caregivers?

i.e. CAETA's free brochure or other resource

When referring to euthanasia, what exact language is used?

(aka euphemisms or more direct language)

Who can be present for the euthanasia procedure?

How will the euthanasia procedure be described?

In what ways do we increase support for children and those with special needs?

B Handling Cases of Convenience

How does our team define convenience?

Who discusses it with the family?

If we say no to a convenience euthanasia, how do we support the family?



C Appointment Length

How much time do we offer for euthanasia discussions/consultations?

How much time do we offer for euthanasia procedure appointment?

D Ideal Time of Day

What time(s) of day do we prefer to perform in hospital euthanasia appointments?

What time(s) of day do we prefer to perform at home euthanasia appointments?

E Fee Structuring

How much do we charge for euthanasia?



Do we itemize out cost for the client or provide one collective price?

When do we provide free or discounted euthanasia(s)?

When do we collect payment for euthanasia services?

F Consent Forms and Record keeping

Who fills out the consent form?

How complete is the form before it is presented to the client?

Who updates the pet's medical record?

When are pet records updated?

Who logs the controlled drugs?



How long do we keep our euthanasia consent forms?



G Arrival

Where is the client greeted?

Who greets them?

If the pet is exhibiting fear, anxiety, or stress, how do we reduce it?

H Room Selection



Which room is best for euthanasia in our hospital?

What supplies will be kept in the room for easy use?

Who is responsible for refilling supplies before the next euthanasia?

How will the floor and furniture be kept clean?



I Home Euthanasia

When do we ask clients if they would prefer a home euthanasia?

Who do we send to the home to perform it?

How much time do we allow for home euthanasia?

How far away do we travel to perform a home euthanasia?

If required, who removes the pet from the home for deceased body care?

How will the body be removed from the home?

How do we transport our supplies?

Who is responsible for making sure all supplies are ready?

What is our training protocol to ensure we are delivering good euthanasia outside of the hospital setting?



J Restraint and Handling Standards

(Note – this will be case dependent. All team members are encouraged to practice compassionate caution when working with beloved, yet fractious animals).

Who reviews the Emotional Records (Fear Free™) of the pet before the appointment?

When are oral sedatives considered?

What factors will force us to use restraint devices?

What devices do we use or not use in front of clients before or during euthanasia?

When are restraint devices removed?

What methods do we try first before devices are used?

What pet patient bodyweight would require a stretcher be used for transport?



K Use of Sedation or Anesthesia



Do we use sedation or anesthesia all the time or some of the time?

Do we use a one step or two step protocol?

Do we provide it IM, SQ, or IV?

What are our protocols for dogs?

What are our protocols for cats?

When do we use anesthesia instead of sedation?

Is it drawn up before or after the patient arrives?

K Use of Sedation or Anesthesia *(Continued)*

Where do we administer it in the body?

How do we assess depth of sleep before euthanizing?



L Euthanasia Techniques

Who will perform the euthanasia?

What is our preferred technique for cats?

What is our preferred technique for dogs?

What is our preferred technique for other species?

In what situations do we allow the attending veterinarian or technician to deviate from the preferred team-identified technique?

IV injections

What is our dosing per 10 lbs. (4.5kgs) of body weight?

How do we administer it?

Which vein is preferred in the following? L = Left R = Right

☐

Dogs

☐

Cats

☐

Other species

Do we clip hair before accessing the vein?

☐

Yes

☐

No



How many attempts do we make before trying another vein or moving to an intraorgan injection?

Intraorgan Injections

What is our preferred in dogs under 40#?

What is our preferred in dogs over 40#?

What is our preferred in cats?

What is our preferred in other species?

Are caregivers invited to remain present for intraorgan injections?

Inhalant Usage



How do we administer the anesthetic gas?

What is our flow rate?

Are caregivers allowed to be present?



M Privacy Before and After

Do we offer private time before euthanasia?

How much time do we provide them?

Do we offer private time after euthanasia?

How does a caregiver reach us if they need us to come back in the room?

What do we tell the caregiver before we step out?

N Memorialization and Grief Support

Sympathy Cards

Do we send sympathy cards?

☐

Yes

☐

No



How soon after death do we send a sympathy card?

Who is responsible for writing the card?

Who is responsible for sending the card?

Who is responsible for stocking the cards?



Paw Prints

Do we offer paw prints?

☐

Yes

☐

No



How are they made?

When are they made?

If mailing them, how are they packaged?

Do we offer ink prints?

☐

Yes

☐

No



If yes, what kind of ink print supplies are used (ink pad, acrylic paint, photo copier)?

When are they made?

Other Memorialization

Do we ask caregivers if they want a clipping of fur/hair, and if so, when do we ask?

What other memorialization items do we want to provide?

If the pet will be honored online (website, social media, etc), who is responsible for posting this?





Grief Support

What kind of written grief support material do we provide?

Does everyone get it or only those who appear to need it?

Where is the nearest pet loss support group?

Who do we refer to for specialized grief support?

Body Care Management

Who handles the pet's body care, including filling out the ID tag?

What is done when we run out of containers or ID tags?

How soon after the caregiver leaves is the body prepared?

How much weight is permissible to handle by one person?

What kind of container is used to hold the body?

How is the aftercare facility notified?

Who calls the client if ashes are returned to us for holding?

Where are the ashes held in our hospital?

How are the ashes given to the family when they come to retrieve them?

How long do we hold ashes for the caregiver before they are removed?

If removed, where do the ashes go?



Body Care Management *(Continued)*

Which aftercare facility do we use and why?

Do we offer clients the choice of which aftercare service they want to work with?

How transparent are we with our aftercare company selection, pricing and protocols?

What is our protocol if a mistake is found?





P Departure

Who will help them depart afterwards?

Which door should they exit through?

If they are taking the pet home for burial, how do we assist?

Policies Around Dysthanasia*

When should management be alerted to a dysthanasia?

What is our policy around following up with the caregiver to offer explanations?

If the caregiver is to be called, when does this happen and who makes the call?

Are discounts or refunds ever given for dysthanasia?

What is our approach to avoid the dysthanasia in the future?



**Definition: Dysthanasia means bad euthanasia experience, i.e. odd reactions to drugs, pet became distressed or painful, veterinary personnel failed to properly perform euthanasia.*

