HOW DO I ORGANIZE MY EMERGENCIES AND INTENSIVE CARE SERVICES?
PART II

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Background

The purpose of this second part is to focus on the ICU and the intensive care area, approaching more specific protocols for action, and not only the treatment but also the management, while we will discuss "little tricks" that will make our lives a little easier in this area of so much stress and so much intensive work.

We must be a perfectly meshed team and in constant communication, since the small details are what will make a patient go ahead or not.

We will approach different protocols of patient check-ups, monitoring and control of vital signs. We will also approach the control by means of paper forms, the differences between UCI card and the basic hospitalization card, etc.

Introduction

As with the hospitalization of patients with less serious pathologies, the ICU requires specific characteristics to be able to care these patients and to remain controlled at all times.

The success of the results in the ICU hospitalization lies in the immediacy and the making of effective and rational decisions.

The teamwork in this area is essential since UCI cases require a multidisciplinary staff composition in which there are no barriers between different departments.

1.-When do we consider a patient as critical?

A patient requires ICU care when it shows momentary instability in at least one of the bodily systems such as the neurological, cardiovascular and / or respiratory systems and there is a high percentage of probabilities that they decompensate.

UCI pathologies may include:

- Trauma
- Medical diseases (parvovirus, acute pancreatitis, etc.)
- Severe anaemia
- Complicated surgical recoveries (e.g. thoracotomies)
- Cardiorespiratory failures
- Convulsions

2.- What do I need to control in the ICU?

The fundamental aspects on which an ICU depends are triage, which will help to prioritize between stable patients or those with a potential danger to destabilize, and personalized supervision at least three times a day, which allows detecting the individual changes and complications of each patient. Some patients will need controls every hour and others more spaced controls. At least 3 to 4 times a day, these patients should be evaluated. We must take into account the periods of rest to avoid awakening and bother the animal in "inappropriate" times, for example, 2:00 in the morning.

The hospital ICU staff should know and be prepared for any deterioration of the patient, as well as the side effects of some drugs used and the potential adverse reactions that can be triggered by the therapies.

The daily planning in ICU patients should be different from the rest of patients since, as mentioned before, these patients require a personalized work plan.

The hospitalization sheets must be different from the usual records and must include, in addition to the basic constants such as weight, heart rate, respiratory rate and temperature and, depending on the equipment, blood pressure control and level of consciousness using a modified Glasgow coma scale, pain scale, level of dehydration, pulse quality, whether there is respiratory effort or not and controlled urine measurements.

A high level of control and rapid and effective reaction capacity is paramount. For this, the room needs a complete monitoring system and access to continuous oxygen. The most useful thing is to have a monitor and a resuscitation trolley equipped with all the drugs and necessary material in case of action.

3.- What does the UCI patient need?

As far as possible, the room should be in a place away from noise and staff passing continuously. ICU patients are more sensitive to external stimuli, so the level of stress and environmental signals must be minimized. For this, it is recommended to cover the pets eyes and ears to avoid any fright.

If it is not possible to separate them from the rest of the patients, you can try to create a semi-isolated environment, placing these patients away from the doors, trying to have the least number of cages around.

In all patients it is important to control the feeding and to reach adequate the RER (resting energy requirements), but sometimes, they are animals with difficulties to eat, so they are fed with different types of catheterization (nasogastric, oesophageal, etc.), and this is why the RER has to be administered gradually and always observing the effects they cause in the patient.

These processes also include the proper care of probing, such as cures and maintaining the cleanliness of the tubes.

It is preferable that access to these patients be carried out always by the same people in order to objectively evaluate the changes that occur.
Surveillance by cameras is a very useful element for this type of cases, since it helps to keep the patient under control at all times, in case of momentary absence of the personnel in the room.

**Conclusion:**

The ICU of a hospitalization room should be considered as a separate area from basic hospitalization. It must be a quiet area, but at the same time easy to access.

The personnel of this area must be perfectly coordinated, and get to perfectly know the protocols of management and action when facing with any problem. The team must communicate very well.

There must be an area coordinator who manages the team and who is responsible for solving all unforeseen events.

The ICU area is one of the most important and "hot" areas of a hospitalization system and it is the one that generates the most stress and satisfaction, in equal parts.