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# Stabilization for Veterinary Technicians

DRIP 2

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## A/B=AIRWAY/BREATHING



So airway, the airway and breathing, both of these to me are combined, right? What is the airway doing? And how is this patient breathing because that's going to tell us a lot about this patient.

Now I have an entire lecture on respiratory distress. So we're not going to probably dive too much into how to treat respiratory distress because again, whole lecture on it. But instead what we're going to do is just talk about some general things for you to think about. The first is just how do we deliver air to this animal?

So this is one of my life hacks. If you look, this is actually a pet owner hand. So we do have this pet owner in the back. Oh my gosh, I know. We're crazy like that. Completely insane.

This person did not want to leave their pet. This is actually an end stage lymphoma dog having respiratory distress. And she begged can I please stay with her. I don't want to leave her. I just love the look on this dog's face. It's like one of those little heart moments where this is why I bring more and more pet owners to the back because I think that pet owner bond is so strong. And really, in this moment, I can't deny this woman this moment, right? This is just a really touching moment.

So I said to her, your dog's having problems breathing. We want to give this dog, your dog oxygen. So she gets more comfortable. So her last moments on Earth are not her gasping for air.

So it's going to look like a muzzle. So this is actually an oxygen, a induction mask. We take the black diaphragm off.

We put it through a muzzle. And now we basically have a make-your-own oxygen mask. It's an easy like pack.

If you look, you'll see the oxygen line coming in. And there is like no good adaptor. If someone could just find a universal adaptor and have a universal port, instead we all MacGyver like white tape in there and try to get the oxygen line in.

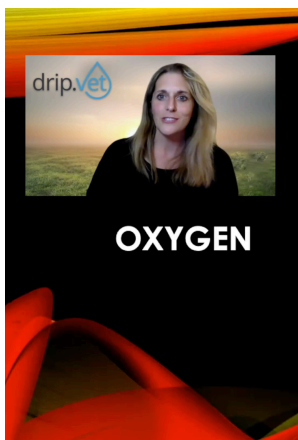
But the dog was breathing significantly better. And then this is a puppy, obviously, who has got significant trauma around its face and throat area and need a tracheostomy tube. And so when we think about stabilization of the airway area and how to stabilize breathing, some of these things we have to think about.

Do they even have a patent airway? And if they don't have a patent airway, maybe we need to go ahead and think about a tracheostomy tube or intubation. A great example of this, laryngeal paralysis. For those of you who are in warm weather climates right now, not me, totally jealous, wondering why I live in New England right now. We have to think like this.

It will eventually get warm here. But we certainly don't see the level of heat that some of our southern states and southern countries actually see. And so right around when there's a lot of heat and humidity, laryngeal paralysis rears its ugly head. We start to see a lot of swelling, dogs start sounding like [GROANING] when they're panting.

And now unfortunately we're having problems where they can't breathe. If they can't breathe, we need to gain control of this airway. And how do we do this in an effective manner?

So again, looking at airway and breathing and how can we stabilize that is one of the big things because if you don't have airway and breathing, I assure you nothing else pretty much matters because eventually at some point that heart will eventually stop because airway and breathing has failed, right? So to me airway and breathing is very important.



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Shock, Respiratory Distress, Unsure

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If you don't get oxygen to cells, they die

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Provide Oxygen The Least Stressful & Most Effective Way To The Patient

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Don't Waste Time On Fighting To Give Oxygen!!

So oxygen, we give oxygen to veterinary patients if they're in shock for any level of reason. There's no harm in giving oxygen, if they're in respiratory distress, or we have no idea, it's never a bad idea to give oxygen. So to me, it's one of the first things that I do. I need to provide oxygen, the least stressful, and the most effective way to the patient.

And again, we're going to talk about oxygen delivery methods later on in the series. That's not going to be really the talk of this. But certainly, one of my pet peeves that I always joke about and I'm sure I'll bring it up again during that lecture is that for me, I hate seeing veterinary technicians, nurses, and assistants chasing animals with oxygen lines.

What a waste of your time? If you're chasing an animal with an oxygen line, you need to come up with a better method. You've got better things to do than doing that.

So don't waste time on fighting to give oxygen. Figure out a more effective way to deliver oxygen. Because if you're chasing an animal down with oxygen, you're probably stressing them out, which is using more oxygen.

## THERAPEUTIC THORACOCENTESIS



- You don't need a radiograph
- TAP THE CHEST FOR AIR OR FLUID!!!



So always consider the therapeutic thoracocentesis. I know. When we have these patients that come in-- and this is a lot of fluid getting pulled off this pull method. When you have a lot of fluid getting pulled off, you cannot stabilize a respiratory patient until you pull that fluid off.

So one of the great examples that I talk about is cats with fluid coming out of their mouth. These heart failure cats. We've got unfortunately this bloody, clear fluid pouring out of their actual nasal passages.

They're gasping for air. Their owners are coming in. Sometimes they're audibly yowling because they can't breathe.

Now, they're stressed out at the vet clinic. What do we need to do? We need to de-stress the cat as quick as possible.

And so usually, it goes into an oxygen cage. We think about things like butorphanol just a little twitch of Torb, just a spit of Torb, something like that. Take the edge off of the kitty. Have a conversation with the owner and say, look, we're going to go ahead and tap your cat's chest.

We know there's fluid in that chest. And so we know this also not only from the fluid pouring out of the nostrils. The setback-- they sound actually gurgly. But because when we go to listen to them, we have a hard time hearing heart sounds.

We have a hard time really appreciating any air movement in that chest. And we can actually hear crackles because of the fluid unfortunately in the chest. In that moment, you don't need a radiograph because radiograph isn't going to stabilize the patient.

It's going to give you some information about what's going on in the chest cavity. But if you know that there's fluid in that chest, you got to stabilize that airway and that breathing. And you do that by tapping the chest.

And so sometimes I have to talk my veterinarians, especially the new ones down off of a ledge because they're nervous. They want to see the diagnostics. They want to see the fluid in the chest. But when fluid is literally coming out of the cat's nose, you don't need a film for that.

You need to stabilize that cat because taking a film could kill that cat. The stress alone could kill the cat. So be bold.

Stabilization includes tapping the chest for error fluids. So we have to remember that it's not just diagnostic. It's actually about stabilization.