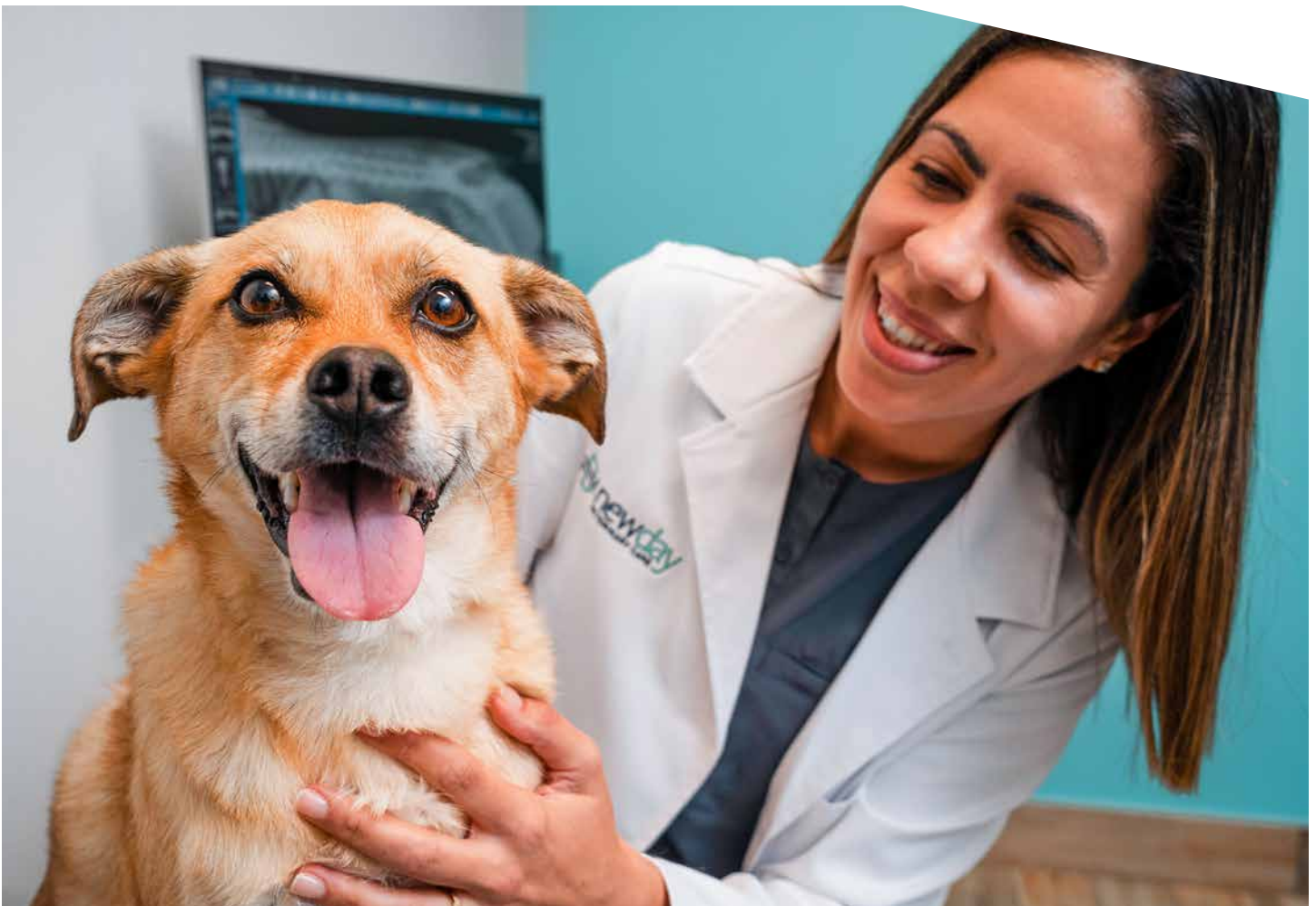




## CHAPTER 2



chapter 2

# Restraint & Exam Rooms

## Behavior & Basic Handling

The goal of restraint is to keep the patient calm and comfortable while keeping both the patient and staff safe while a task is being performed. There are many ways to safely restrain a patient, and each patient may require a slightly different approach depending on their personality and behavior. Some pets only require light restraint, while others need to be held firmly for their safety and the staff's safety. Reading a pet's behavior will help determine which restraint technique is best for that patient.

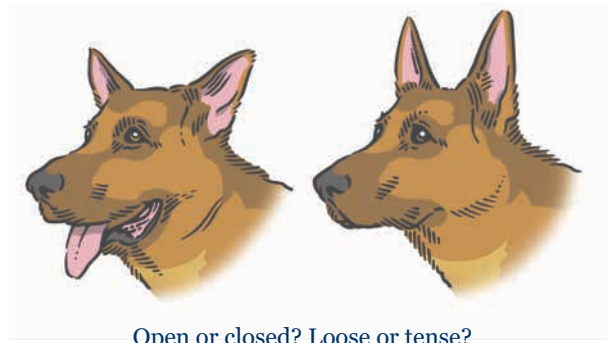
# 8 Points of Observation

## Overall body posture



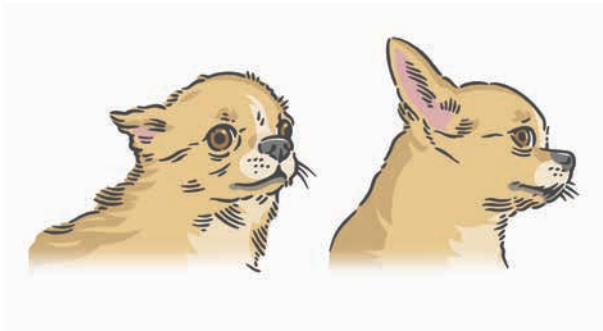
Loose and wiggly or tense and stiff? Upright or crouched? Leaning toward or away?

## Mouth

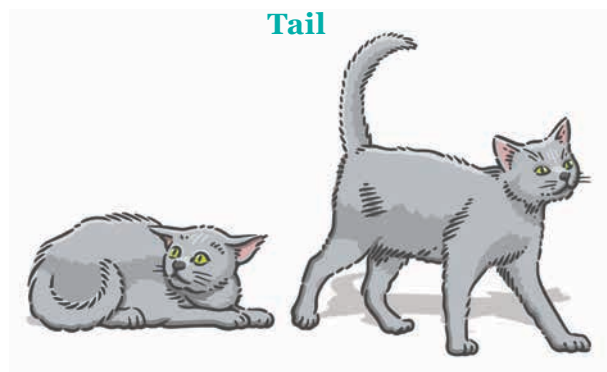


Open or closed? Loose or tense? Teeth showing? Panting? Lip licking?

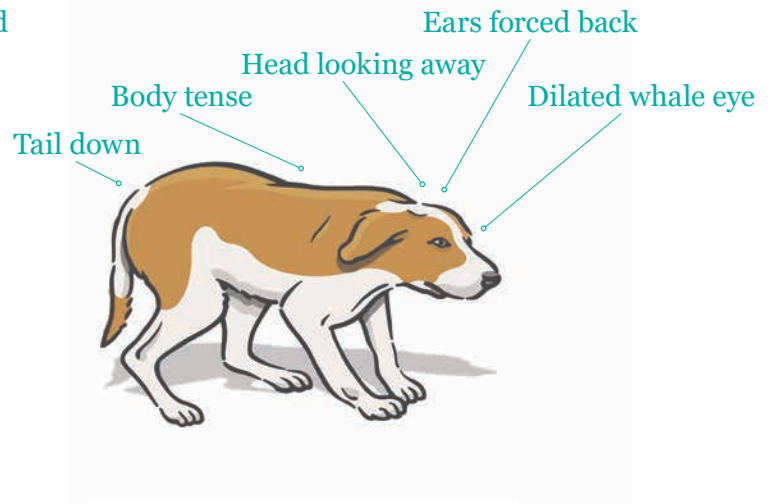
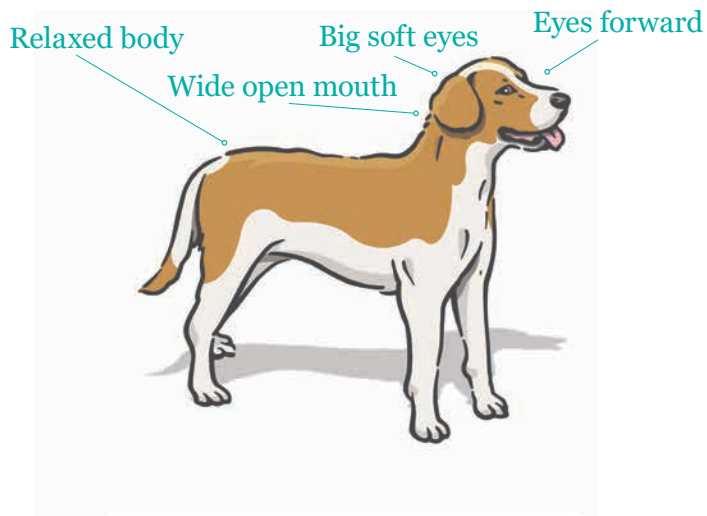
## Hair coat



## Tail



# Smiling vs Warning



**PICTURE 1**

The most common way to restrain a dog is to place an arm under the pet's abdomen to prevent them from backing up or sitting down, and the other arm under their neck just below their jaw. This allows the pet to be able to breathe, while ensure he cannot turn his head to bite.

**Having the patient's head under control so they cannot turn and bite is of utmost importance.**

**PICTURE 2**

Picture to the right shows another variation of this. If your patient is jumping up, you can remove the arm from under the abdomen and pretend that you are hugging the pet, and push their rear down at the same time.

**PICTURE 3**

For larger patients, or when drawing blood from the cephalic vein or placing an intravenous catheter, picture 3 is the most common method of restraint. You also can gently direct the pet to lay down while still safely restraining the head.



## Restraining Difficult & Brachycephalic Pets

When you have a difficult pet, or a brachycephalic dog that cannot wear a traditional muzzle, there are tricks and other ways to restrain:

- Placing an e-collar on the pet can allow them to breathe easily while preventing biting.
- Taking a towel and rolling it the long way and wrapping it around the head is a great way to gain control of a small dog's head when they are trying to bite. This way they cannot turn to bite and will bite the towel. Holding the slack of the towel and the dogs' shoulders will prevent them from turning to bite.
- Some dogs will need to be placed in lateral recumbency (laying on their side). This can be done with one person for a small dog, but ideally two people should assist.



The picture to the right demonstrates how to safely grab their legs, reaching over their body, and pulling the legs away from you to gently lay them on their side. Sliding the pet down your body/knees works well.

Final result below, with legs secured. The head is gently held down close to the jaw by the forearm, to prevent the dog from lifting his head and biting. Hold the legs closest to the ground to prevent pet from rising.

**Never restrain a pet if you are not comfortable. Please ask for assistance when needed.**



## Restraining Cats

### PICTURE 1

For restraining cats, a common method shown to the right is commonly known as a towel burrito. The patient's legs are secured in the towel, preventing scratching.

### PICTURE 2

Cats can also be gently scuffed and stretched, using your forearm to support the cat. This also keeps them from wiggling while preventing them from biting or scratching.

**Less is often more with cats.**





# Holding for Exams and Blood Draws

Now that you have practiced basic restraint, the next step is to learn how to hold for common procedures. Blood draws and intravenous catheterization are performed every day in our clinics!

Cephalic blood draws are typically done to obtain a smaller sample of blood, such as for a heartworm test. The cephalic vein is also used for intravenous catheter placement. Mastery of holding a pet for this type of procedure is vital!

The pet should sitting (as shown to the right) or laying sternal on its stomach. With one arm, place the pet's head in the crook of your elbow, so they cannot move their head and try to bite. Place your other hand behind the pet's elbow to extend their leg. This will also keep the pet from pulling their leg backwards.



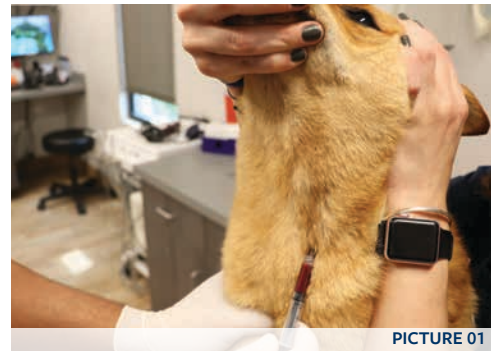


When a human has blood drawn, a tourniquet is used to occlude the vein. In veterinary medicine, we use our thumb to hold down on the vein, as shown to the right. This will be demonstrated by your trainer for proper technique. Once the blood sample is obtained, you can let go of the elbow and place your thumb on the blood draw site, so the pet does not bleed from where the needle was.

**Jugular blood draws** are commonly performed to obtain a larger blood sample. The pet's head needs to be held up towards the ceiling, presenting the neck to the technician for the blood draw. The fingers can go under the pet's jaw and should never be near the pet's mouth, in case they try to bite. Press your chest into the pet's back to prevent them from backing up or bucking. If the pet tries to jump up with its front legs, another assistant can hold the front legs down. If the pet is small (like a cat or small dog), the assistant can hold the head and legs at the same time, as shown in picture 2. Once the blood is obtained, one hand should come where the blood sample was taken, to prevent the pet from bleeding.

Holding for **intubation**, or the passing of a breathing tube before surgery, is another commonly performed assistant hold. As shown on the right, one hand can hold the lips and the other can hold the scruff or you can use both hands to hold the lips.

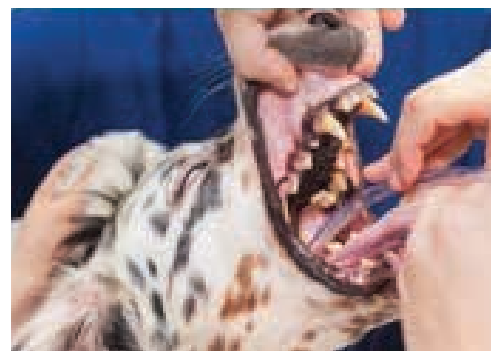
**Never place your fingers in the pet's mouth.** Despite being sedated, pets can still close their jaw!



PICTURE 01



PICTURE 02



# Exam Rooms – History

Checking in patients for their office visits is one of the most important skills for a veterinary assistant or technician to have. Owners (and the pets!) are often anxious about their appointment, and you are the first line to calming their nerves and helping their pet have a smooth visit. Follow the below process to begin learning how to start off on the right foot with checking in exam rooms! You will gather vital information that properly prepares the veterinarian for seeing the pet.

## **Before you go in the room:**

- Check the pet's chart for any previous medications and visit notes.
- Provides reference and allows you to determine what the pet is due for.
- Call the previous veterinarian to request their complete medical record if not already obtained or provided.
- Be prepared!

## **Put your best foot forward:**

- Introduce yourself to the client (call client by name), acknowledge and pet the patient (if friendly). Smile when you speak and make eye contact.
- Actively listen.
- Avoid staring at the computer.
- Engage in conversation by asking open-ended questions.
- Give the client time to answer.
- Avoid providing answers to the client.
- Try to make a connection with the owner.
- Explain the process for the visit (the veterinarian will be in shortly to examine Fluffy, then we will develop a treatment plan).
- Keep the client informed of each step during the visit. (ex. we will be taking Fluffy to the treatment room to clean his ears and we will bring him back shortly).

## **Flow of the room:**

- Greet the client and pet in the lobby and introduce yourself.
- Obtain an accurate weight.
- You may need to help the pet stand on the scale without moving to ensure the weight is correct.
- Owners often let the pets jump or pull on the leash, leading to incorrect weights!



## Script for Greeting

**Good afternoon, my name is <name> and I will be getting you checked in today!  
Can we please have Fluffy stand on the scale so we can get a weight?**

Obtain the chief complaint (reason for visit today) and a thorough history:

**What brings you in with Fluffy today?**

*Allow owner to explain in their own words.*

**Is Fluffy eating / drinking normally? What food do they eat and how often?**

**Any vomiting / diarrhea / coughing / sneezing?**

*If YES, ensure to ask: When? How often? What did it look like?*

*Any changes to diet/environment?*

**Are they on any medications?**

**Are they on a monthly flea / tick / heartworm prevention?**

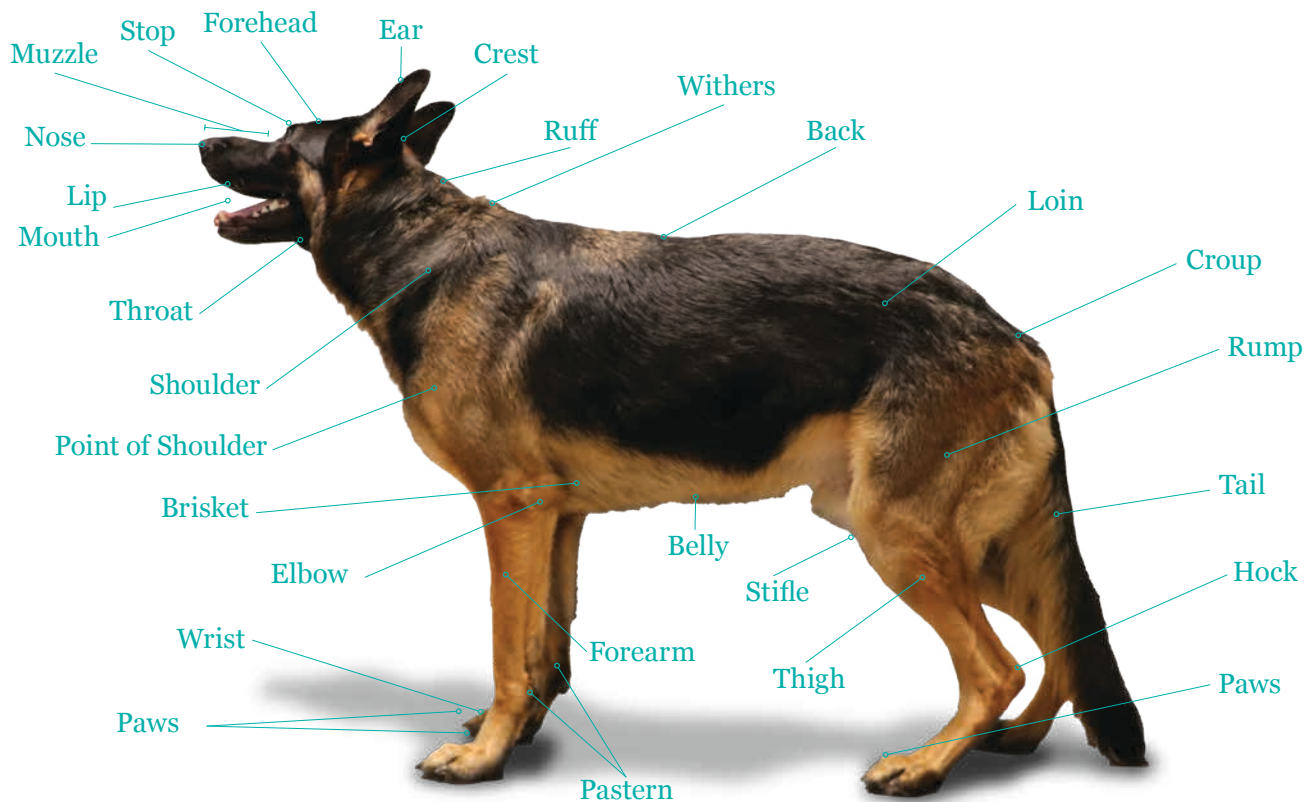
**Do they need refills of any medications?**

This is also a great time to discuss any reminders, vaccines or other services that are due and discuss wellness plans.

**This is a time when owners often ask for medical advice. Remember you are a liaison between the doctor and owner.**

# Anatomy

Why learn anatomy? Knowing the proper terms and their usage is important for successfully communicating with your veterinarian and medical team. Using the correct anatomical terms will help avoid confusion and is essential for accurate medical records.



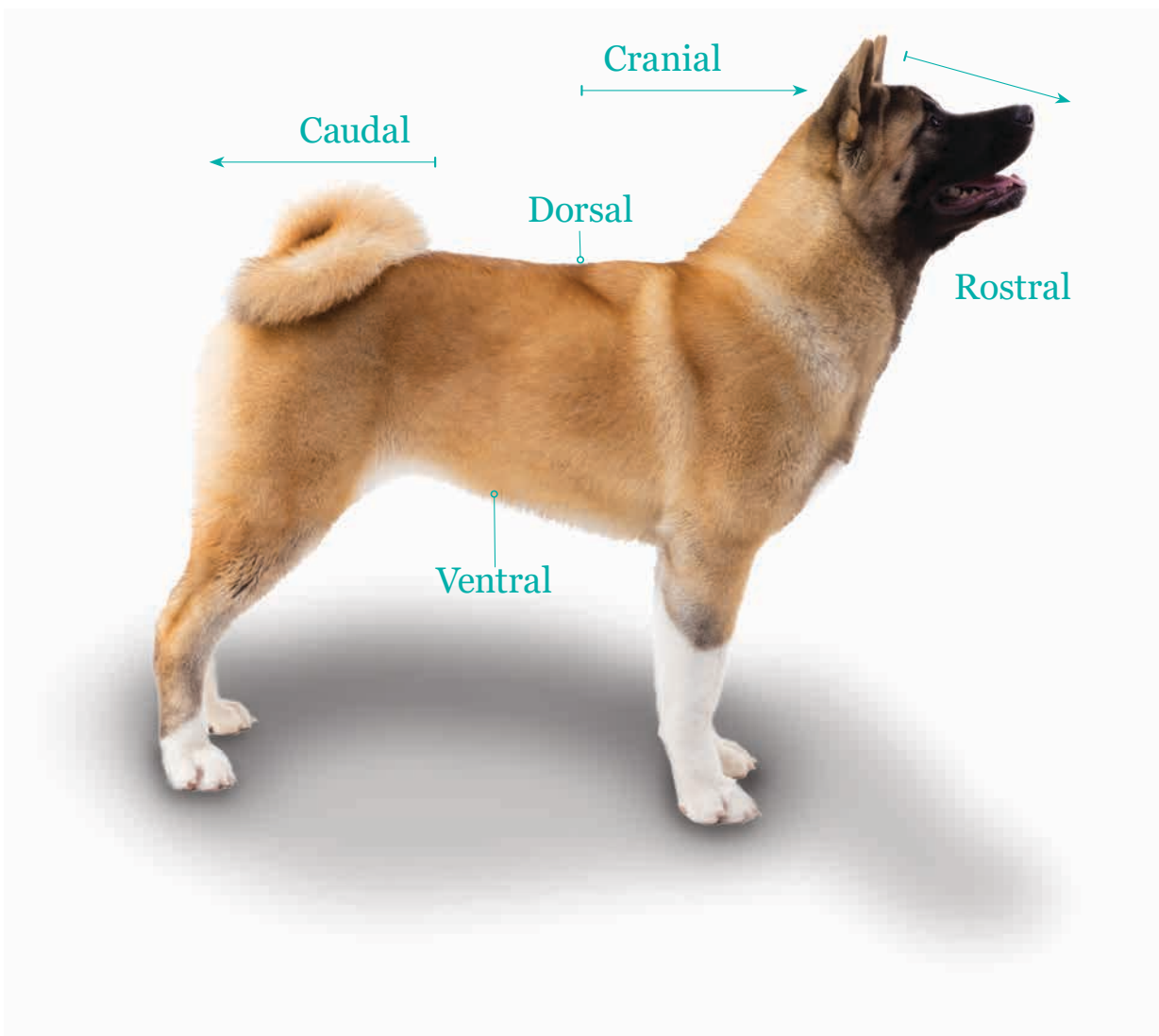
## Anatomical Planes

**CRANIAL**  
towards the head

**CAUDAL**  
towards the tail

**DORSAL**  
towards the “back” or “top”

**VENTRAL**  
towards the “belly” or “bottom”



# TPR



## **TEMPERATURE:**

Obtained either rectally, or aurally (in the ear)

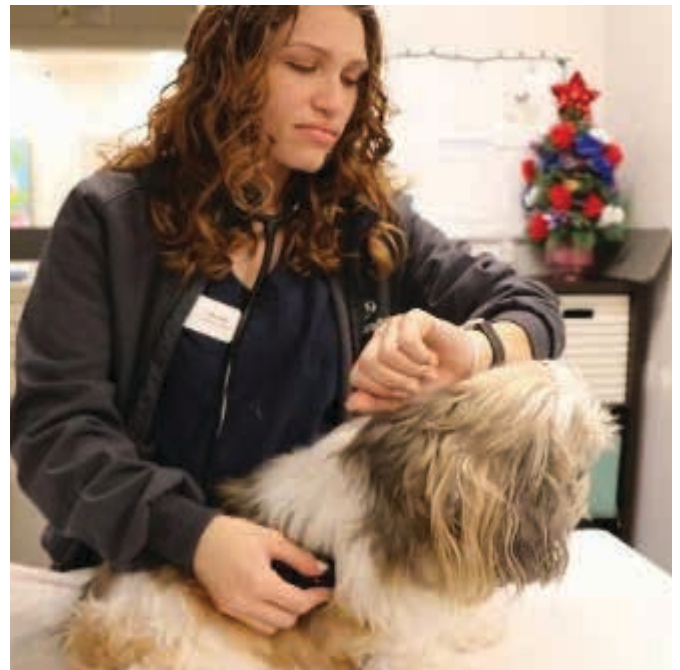
## **PULSE:**

Obtained by placing a finger on the femoral artery, listening with a stethoscope, or placing a hand on the left side of the chest. Count for 15 seconds, then multiply by 4, or you can count for 6 seconds and add a 0 to to obtain the beats per minute.

*\* Ensure the pet is not panting while you check the heart rate or your count can be inaccurate!*

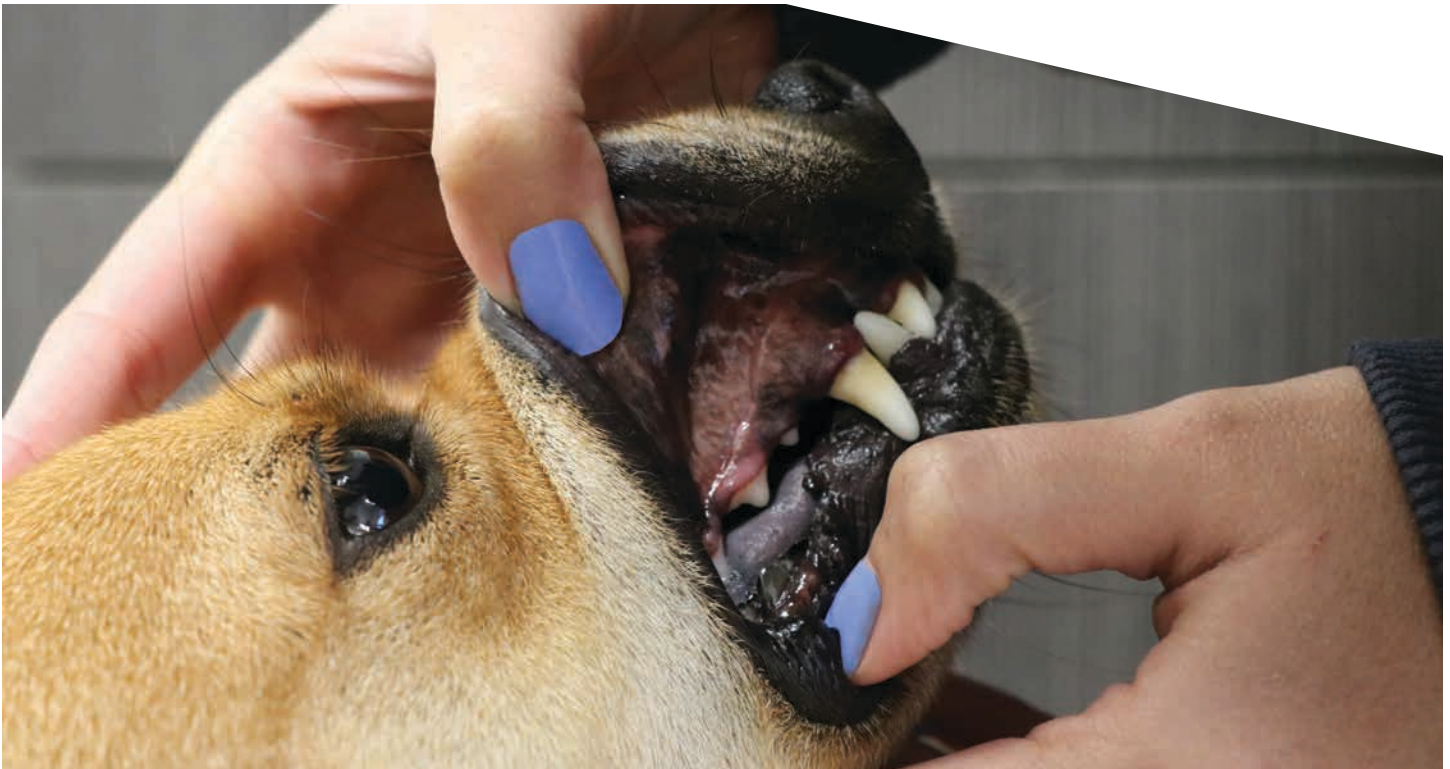
## **RESPIRATION:**

Observe the pet for how many breaths they take over 15 seconds, then multiply by 4 for breaths per minute (or count 6 seconds and add a zero). A hand can be placed on the pet's side if needed. For panting pets, "panting" can typically be recorded as respiration rate.



## **MUCUS MEMBRANE COLOR:**

Note the color of the pet's gums in the chart. The normal color is pink. This helps evaluate the pet's blood supply. Causes of other colors are listed below and include shock, anemia, dehydration, and liver disease, etc.



**CRT/CAPILLARY REFILL TIME:**

Gently press on the dog’s gums to assess the blood flow. The area you pressed on should turn white for a moment, then return to pink. The normal CRT is refilling in <2 seconds. Record in record as: MM pink <2 secs.

*\* Inform doctor immediately of purple or white gums.*

**Gums: Color Guide**



**Pink gums**  
Might mean: Good gum health!



**Blue or purple gums**  
Might mean: Cyanosis



**White or pale pink gums**  
Might mean: Lack of blood supply or bloat.



**Black gums**  
Might mean: Normal pigment, oral cancer, or periodontal disease.



**Bright or dark red gums**  
Might mean: Gingivitis, stomatitis, an infection, or heat stroke.



**Yellow and/or brown gums**  
Might mean: Tartar or jaundice.

After you have taken a thorough history and obtained vital signs, you can inform the owner the veterinarian will review the information, and they will be in shortly to perform the examination.

# Vaccine Schedules

At NewDay, we believe in following science-based, best practices for our patients. Vaccines are a critical part to keep our furry friends healthy and happy!

## What is a vaccine and why are they so important to our pet's health?

A vaccine is a form of disease antigen that has been altered so the immune system will recognize it as a foreign invader and respond by destroying substances that resemble it in the future. Some vaccinations are made with “killed” viruses; some are genetically altered so they resemble the disease antigen but cannot make the animal ill (“modified live”); and still others are highly weakened, live strains of the disease.

## Puppy & Kitten Vaccinations

Vaccination is a crucial component to preventive medicine in dogs and cats. Vaccinations are given to create an immune response against infections before they are exposed to diseases.

Puppies and kittens typically return every 2-4 weeks from the time they are 6 weeks old until they are 16 weeks of age.

## Typical Puppy Vaccine Schedule

| Age of Puppy | Core Vaccines      | Recommended Vaccines                 |
|--------------|--------------------|--------------------------------------|
| 8 Weeks      | DAPP<br>Bordetella |                                      |
| 12 Weeks     | DAPP<br>Bordetella | Leptospirosis, Lyme,<br>or Influenza |
| 16 Weeks     | DAPP<br>Rabies     | Leptospirosis, Lyme,<br>or Influenza |

## Core Vaccines

**DAPP, DA2PP, DHPP:** The DAPP vaccine includes protection against canine **distemper** virus (indicated by the letter D), two types of **adenoviruses**, **hepatitis** (named A, A2, or H), **parainfluenza** (P), and **parvovirus** (P).

These diseases are all caused by viruses with no cure, so vaccination is how we keep dogs protected.

**Distemper** virus is a very contagious often fatal disease, caused by a virus that attacks the respiratory, gastrointestinal, and the nervous systems.



There are two type of **adenovirus** - one which causes **hepatitis**, showing as GI symptoms and one which causes canine infectious respiratory disease. Hepatitis can cause damage to the liver and kidneys while canine infectious respiratory disease symptoms include a dry, hacking cough which is sometimes accompanied by a fever, ocular discharge, and nasal discharge.

**Parainfluenza** is a contagious virus that causes upper respiratory illness, with symptoms like a cough, fever, ocular and nasal discharge.

**Parvovirus** is an extremely contagious disease with a high mortality rate and is most common in unvaccinated puppies, but adult dogs can contract it as well. Symptoms include vomiting, bloody diarrhea, lethargy, and loss of appetite.

**The DAPP vaccination is given at 8, 12, and 16 weeks old. It is boosted one year later and can then be given annually or every 3 years pending DVM discretion and pet lifestyle.**

**Rabies: Rabies** attacks the nervous system and once clinical signs start, it is 100% fatal. The only way to protect a pet is through vaccination. This vaccine is given to both dogs and cats. Rabies is given between 12 weeks and 16 weeks of age. The initial vaccine is only good for one year. A 3-year vaccine is available at DVM discretion and/or state law, after the first one-year vaccine is administered. This vaccine should always be given sq in the right hind hip/leg. **This disease is zoonotic and can be passed to humans, so this vaccine is mandated across the United States.**

**Bordetella: Bordetella** is a bacterium that lives in the airways and creates respiratory problems in dogs. The Bordetella vaccine is part of the core vaccines at NewDay and can be given when a puppy is 8 weeks old. Bordetella is given either orally, intra-nasal, or by subcutaneous injection. Bordetella is given every 6 months or yearly, at the DVM's discretion. This vaccine should be administered sq in the left hind hip/leg.

## Lifestyle Vaccines

**Canine Influenza:** There are currently 2 strains of **Canine Influenza or CIV** in the United States. The CIV H3N8 and CIV H3N2. CIV is spread through the air, direct contact, and from contaminated surfaces. Dogs at risk for CIV are those that frequent grooming facilities, dog parks, daycares/boarding facilities, live in dense populations like apartments and those that participate in dog shows. CIV is given to dogs 12 weeks or more of age that are considered at risk. CIV is given once at 12 weeks or older and then a booster is needed 3-4 weeks later. It needs to be given yearly after that.

**Leptospirosis: Leptospirosis** is an infectious disease that causes serious illness in dogs and other animals. Leptospirosis is zoonotic and can be transferred to humans as well. The most common way dogs become infected is through the urine of an infected animal (primarily rodents). They become infected by swimming in or drinking contaminated water or through wet ground. The leptospirosis vaccine is a lifestyle vaccine, so it is often given to at risk pets that live in areas with a rodent population, and those that frequent wet areas such as rivers, lakes, and retention ponds. The leptospirosis vaccine is given to dogs 12 weeks or older that are considered at risk, followed by a booster 3-4 weeks later. It needs to be given yearly after that. Many veterinarians consider this a core vaccine as it is seen in most states and is zoonotic.

**Lyme: Lyme Disease** is a tick-borne illness and is preventable with the Lyme vaccine. Dogs at risk of contracting Lyme may go hiking or camping and frequent wooded areas. These pets should be on a quality tick preventative as well. Lyme is given once at 12 weeks or older and then a booster is needed 3-4 weeks later. It needs to be given yearly after that.

## Typical Kitten Vaccine Schedule

| Age of Kitten   | Core Vaccines        | Recommended Vaccines                      |
|-----------------|----------------------|---|
| <b>8 Weeks</b>  | <b>FVRCP</b>         |   |
| <b>12 Weeks</b> | <b>FVRCP</b>         | <b>FeLV (Leukemia) based on lifestyle</b> |
| <b>16 Weeks</b> | <b>Rabies, FVRCP</b> | <b>FeLV</b>                               |

**FVRCP:** The “VR” refers to feline **Viral Rhinotracheitis** or feline Herpes Virus. This virus can cause severe upper respiratory tract disease and oral ulcers. Like people with cold sores, these can lay dormant and “flare up” under times of stress when the pet’s immune system is lowered.

The “C” in FVRCP stands for **Calicivirus**. Feline calicivirus typically causes upper respiratory tract disease and oral ulcers. It can also cause chronic stomatitis.

The “P” is **Panleukopenia**, which is highly contagious and has a high mortality rate. It causes anorexia, vomiting, fever and severe diarrhea.

Generally, kittens receive 3 FVRCP vaccines by 16 weeks of age. The final vaccine is good for 1 year with the vaccine given yearly or every 3 years going forward. The decision to give 1 year or 3-year vaccines is at the discretion of the DVM.

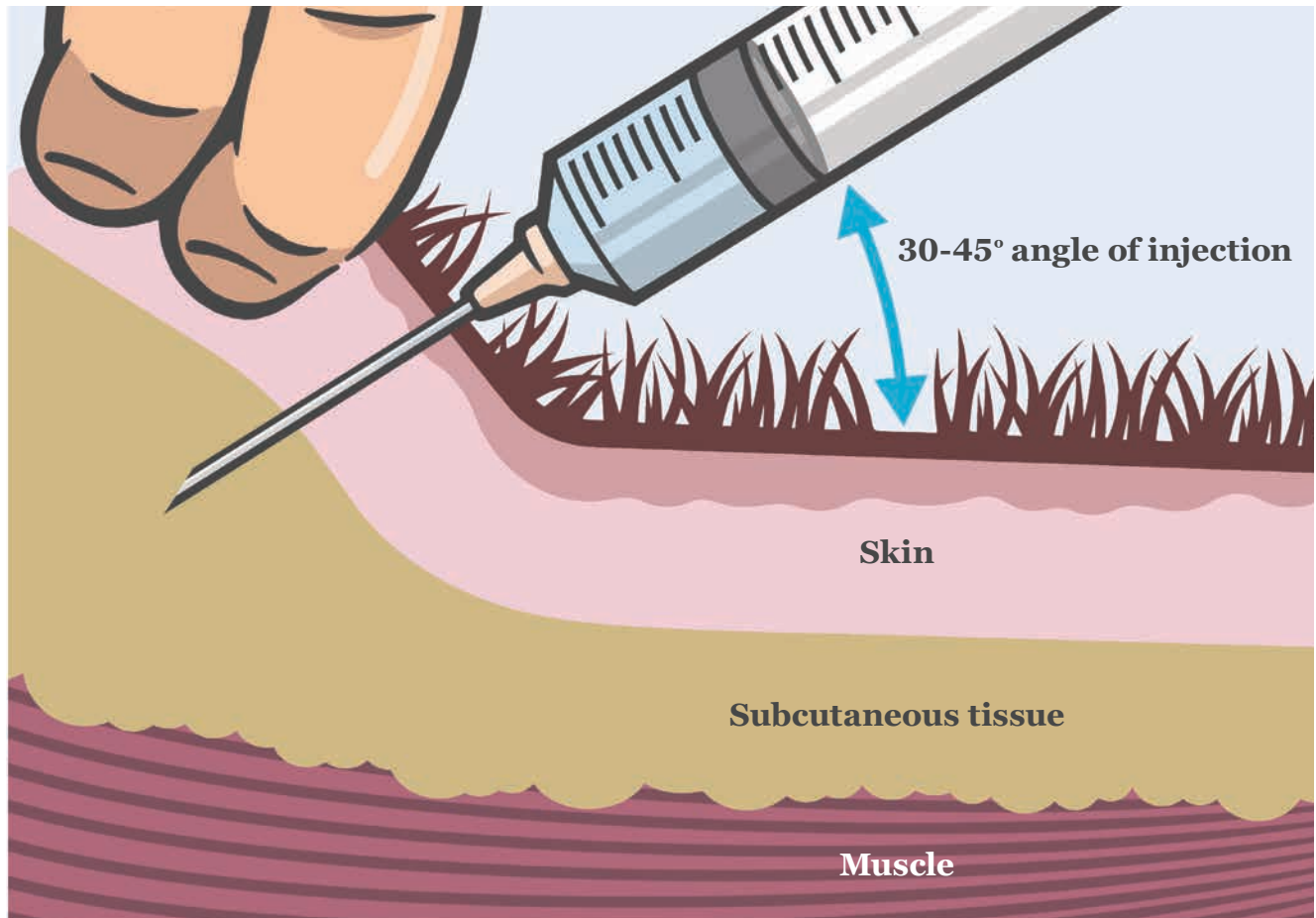
**Leukemia: Feline Leukemia Virus** or FeLV is a virus that infects domestic cats. Cats in shelters and/or those that are outdoors are at higher risk. FeLV can cause severe immunosuppression and anemia. The FeLV vaccine is a lifestyle vaccine, and a negative combo test (FELV/FIV test), should be performed before the pet is vaccinated for it. The FeLV vaccine is initially given at 10-12 weeks or older, and then a booster is needed 3-4 weeks later. It needs to be given yearly after that. The FELV vaccine is generally administered in the left rear leg.

**Remember: These guidelines are provided by AAHA (American Animal Hospital Association). Vaccine schedules and protocols are at the DVM’s discretion and could change from the provided guidelines based on DVM preference.**

**All feline vaccines should be given as distal on the leg as possible.**

# How are Vaccines Administered?

Vaccines are administered in the subcutaneous tissue (sub = under; cutaneous = skin), which is considerably looser in the dog than in the human.



## How to give a **subcutaneous injection**:

- Pinch some loose skin from the area you will be administering your vaccine between your thumb and forefinger. This is typically done in the shoulder or hind areas.
- Hold the syringe firmly in your dominant hand. Be sure not to place your hand or finger over the plunger of the needle in case your dog suddenly moves and pushes your hand, resulting in the contents being wasted or injected accidentally.
- Insert the needle swiftly into the fold of skin, with the needle angled downwards at a thirty- to forty-five-degree angle. Pull back on plunger slightly to be sure the needle isn't in a blood vessel. If no blood is noted in syringe then proceed.
- Administer the contents of the syringe quickly and withdraw the needle.
- Gently massage the area.

This manual is an basic overview of some of the tasks used daily in the clinic. Not everything could be covered in this edition. Look for this to be updated and expanded in the future.



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