“We have an emergency coming in.” Typically, this phrase elicits a starry-eyed and excited reaction or the sudden need to take a smoke break (and the employee isn’t a smoker!). With pet ownership and care reaching a previously unforeseen pinnacle in the US, odds are that even if you do not work at an emergency practice, you are starting to see more than your fair share of emergency visits. An emergency on your client’s should not mean panic on your part. Help to minimize the stress on the veterinary healthcare team (VHT) in a few simple steps:

1. **Define an emergency.** What each of us consider an emergency has the potential to be drastically different. Especially if members of your VHT work in specialty, referral, or emergency practice. The following is what the Academy of Veterinary Emergency and Critical Care Technicians defines as emergency care: “Action taken in response to an emergency. The term implies emergency action directed toward the assessment, treatment, and stabilization of a patient with an urgent medical problem.”

2. **Phone triage and education.** EVERYONE that is answering the phone should know what to tell a client with a potential emergency. This not only consists of those situations considered possible emergencies, but also the expectations of the visit, including potential costs and payment. While giving an entire medical plan or estimate over the phone is not realistic or ideal, making sure the client understands the increased care, time, and costs associated is realistic.

3. **Have an established emergency protocol.** Will the patient be admitted directly to the treatment area or roomed? Have those appointments already in process been alerted that there may be a delay in the remainder of their appointment? Are emergency appointments accepted on Saturdays? The protocol is likely to be different for every clinic. However, education of the VHT about this protocol and adhering to it often smooths its implementation.

4. **Ignore the elephant in the room.** Sure, everyone wants to look at the vessel gushing blood or the wound crawling with maggots. There is no doubt that this complaint is what has spurred the owner to seek attention. However, it’s important for the VHT to recognize and assess the underlying problems such as hypovolemia or sepsis.

5. **Retrieve a COMPLETE history.** Utilize the trained, talented, and credentialed veterinary technicians and assistants to get a thorough history while the remaining VHT works on stabilization. Many times this information will help guide the veterinarian in creating a more realistic treatment plan which then can be discussed with the client by the veterinarian, and help minimize the time needed to start treatment.

6. **Communication.** By and large, one of the most common traits of the veterinary healthcare team is that they want to help someone/something. Many times this leads to a significant number of individuals attempting to help with the emergency patients. While this can be helpful, it can also be harmful if people are inadvertently repeating or neglecting responsibilities. Make sure that the team understands that during these situations, questions and instructions might be repeated to make sure patient outcome is optimal.

7. **Utilize resources.** Algorithms and outlines are available, as well as a plethora of texts. Many of these can be accessed online and are free of charge. Don’t forget about a number of useful apps that are also available, and many times at little to no charge. Specialists in your area are often also willing to be a sounding board as well as offer insight and occasionally training for common emergency situations.

8. **Keep your CPR skills up to date.** See #7. There are a plethora of resources at NO CHARGE to make sure the entire VHT is knowledgeable in the CPR process. Inclusion of mock codes or mock arrests during slower times are encouraged since practice makes perfect. Any facility that is providing anesthesia to their clients is strongly encouraged to have their CPR protocols up to date and skills polished. Several different organizations via private, local, regional, and national continuing education opportunities offer small group training for CPR knowledge and skills.
9. **Pat yourself on the back.** Emergency patients are stressful. Don’t forget that you and the rest of the VHT have done your best, despite the outcome. Thank yourself and others for their knowledge and efforts.

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Michelle Krasicki-Aune, MBA, BS, CVT | Fall Seminar Technician Speaker

Ms. Krasicki-Aune graduated from North Dakota State University in 2002, with a Bachelor of Science degree in veterinary technology. She received her CVT in 2003 and her MBA, with an emphasis in veterinary medicine management, from the Minnesota School of Business. During her career, Ms. Krasicki-Aune has served four terms on the Executive Board of the Minnesota Association of Veterinary Technicians, worked as an educator, and held the position of Program Chair for the corporate location for Globe University/Minnesota School of Business.

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**Another Successful Technician Fair at PacVet 2016 in San Francisco**

Thank you to the technicians, veterinary assistants, sponsors, RVT school representatives, RVT associations, and allied industry partners for making this year’s Technician Fair a huge success. The fair featured vendor, school, and technician association booths, appetizers, a no-host bar, and a raffle.

The CVMA thanks major sponsors VASE and VISC for their generous support of the Technician Fair and the veterinary technician profession. Join us again for PacVet 2017 in Long Beach from June 29-July 2, 2017.

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**Tech Tips**

The following tips were submitted by RVTs from Adobe Animal Hospital.

- **Use baby socks to warm feet and prevent heat loss during anesthesia.**
  - Cristi Blackwolf, RVT

- **Try dissolving sucralfate in broth rather than water. Yum!**
  - Nicolette Zarday, RVT

Do you have any tips, tricks, or other useful ideas you’d like to share with your colleagues? Email them to Laura Phillips at lphillips@cvma.net. *We reserve the right to publish any tips that are sent in to our RVT Committee liaison.*