



Veterinary Assistant/Monitoring Tech

The Veterinary Assistant sets up the surgical tables making sure the Spay Surgeons can perform surgeries as efficiently as possible never having to wait for cats *or* supplies.

Safety First

- **Respiration should be >6/minute, heartbeat should be >100/minute, and gum color should be pink.** If the cat is not breathing well, or its gums are blue, take the cat immediately to the Emergency CPR Station. Speaking loudly and calmly say “cat not breathing” to alert vets to converge at the Emergency CPR Station. *Note: Xylazine causes pale gums.*
- **Dispose of all needles and syringes according to protocol with no exceptions. Cap the needles.** Place the needle into a sharps disposal container. The syringe can be disposed of in the garbage.

Station Alert

The Veterinary Assistant Station Captain ensures that all supplies are available prior to the start of surgery, ensures all anesthesia machines are in working order, supervises Veterinary Assistants and Surgery Transporter, and orchestrates the CPR response with the Designated Veterinarian.

Veterinary Assistants are assigned to work with up to 5 surgeons. Each surgeon works differently, so it’s important to ask each one how to best assist them. Surgeons should be performing surgery at all times and should never have to transport cats or obtain supplies for themselves. Remain with your surgeon(s) and provide any supplies or other items they request.

- **Veterinary Assistants must wear gloves at all times and must wear surgical caps and masks** when in the surgery area. Maintain an ample supply of caps and masks in the baskets at the entry to the surgery area.
- **Only Surgery Transporters, Surgeons and Veterinary Assistants are permitted in the surgical area.**

Veterinary Assistant Instructions

Monitor the cats frequently during their time in surgery.

1. **Supply the spay table** with spay packs, appropriately-sized sterile surgeon’s gloves, blade, suture packs and Tissue Glue. Spay Surgeons need a new pair of sterile gloves, a

new spay pack, and new blades for each surgery. Do not open more than one spay pack at a time.

2. **Prep the spay table with gloves, spay pack, blades and sutures:**
 - Open the gloves and a spay pack using sterile procedures being careful not to damage the outer wrapper of the pack so that it can be reused. Place the open spay pack at the end of the table opposite the cat's head.
 - Open the blade and suture packs so that the sterile contents remain in the open sterile pack.
 - Do not touch or otherwise contaminate the surgical site or the surgical supplies, instruments and drapes. If you think you may have touched something, tell the surgeon.
3. **Accept transfer of a cat from the Surgery Transporter.** Position the spay board in the center of the table with the head facing the window; at the head for the Medical Record and at the tail for the spay pack.
4. **Compare the Paw Tag and the Medical Record to be sure the ID# matches.**
5. Obtain the isoflurane gas machine, if the cat is not fully anesthetized. Ask the surgeon for the proper settings, and always turn on the oxygen before the gas. Cats recover more quickly from gas than from a second anesthetic injection.
6. **Check the Medical Record and the Veterinary Examination Form** for any additional instructions before the cat is draped. Alert the surgeon to any problems or medical conditions that need attention.
7. **Adjust the light, so the incision area is illuminated** from the side opposite the surgeon before the surgeon begins.
8. Return the cat to the Surgery Prep Station, if the surgical area needs attention such as additional shaving.
9. Place the pulse ox on the tongue and turn on the pulse oximeter.
10. If the surgeon discovers a condition that requires antibiotics, such as pyometra, and the cat has not received Convenia® pre-operatively, the surgeon will order doses of these antibiotics:
 - Dose charts are available on the center surgery supply table. Convenia® is available at the Veterinary Examination Station.
 - Administer the antibiotics promptly after the surgeon's request.
 - Record the injections on the Medical Record.

MEDICAL RECORD

	Type	Amount	Route	Time	Initials
Anesthesia	TKX 1 st dose bottle #:	mL	IM		
	TKX 2 nd dose bottle #:	mL	IM		
	TKX 3 rd dose bottle #:				
Antibiotic			SC		
Ear tipping	Left				
Vaccines	Rabies (RHL)		SC		
Analgesia					
Fluids		mL	SC		
Reversal	Yohimbine	mL	IV		
Other					
Other					

11. After the surgery is finished, neatly complete the applicable portions of the Surgical Record section on the Medical Record:

- Record the name of surgeon and indicate their status: Veterinarian (DVM) or veterinary student.
- Complete the Anesthesia section.
- Complete the Surgery Report section in detail.
- Ask the surgeon whether there are any special surgical or medical notes to record on the Medical Record. All unusual findings or treatment must be documented, including a documented response to all medical alert tags.

SURGICAL RECORD	
Surgeon	<input type="checkbox"/> Veterinarian <input type="checkbox"/> Veterinary student Enter Full name:
Anesthesia	Injectable only Isoflurane _____% by mask Other:
Spay report	Midline Left flank Other:
• Ovarian ligatures	2-0_3-0 Suture type: PDO Autoligation
• Uterine body ligatures	2-0_3-0 Suture type: PDO
• Body wall closure	2-0_3-0 Suture type: PDO Continuous Interrupted Cruciate
• Subcutaneous closure	2-0_3-0 Suture type: PDO Continuous Interrupted Intradermal
• Skin closure	2-0_3-0 Suture type: PDO Adhesive
• Condition	Routine Pregnant # _____fetuses In heat Lactating
Neuter report	Scrotal Abdominal Inguinal
• Cord ligation	Open Closed Autoligation
• Condition	Routine Cryptorchid: L-Inguinal R-Inguinal L-Abdominal R-Abdominal
Already neutered	Requires DVM Supervisor confirmation/initials prior to closing incision:
Other surgery	
Notes:	
NOTES TO CAREGIVER (special findings, instructions):	
<small>Surgeon must review surgical record and sign that all routine and exceptional findings and procedures are recorded:</small>	

12. **Ask the surgeon whether fluids are indicated**, if the Veterinary Examination Station did not previously order them. Write the volume of fluids ordered by the surgeon on the Medical Record. Attach a yellow Fluids tag to the left front paw with a rubber band.
13. **Ask the surgeon whether to go home orders are indicated**. Select from the bottom of the Veterinary Examination Form, circle any that need to be sent home with the cat, and check the corresponding box at the bottom of the Medical Record.
14. **Ask the surgeon whether any notes to the caregiver are indicated** to explain any abnormal findings. If so, summarize significant findings and home instructions in language suitable for cat caregivers to understand and comply with in the notes box in the lower part of the Surgical Record.
15. **Ask the surgeon to initial the Medical Record to verify it is complete**.
16. **Clean the incision area of all blood before the cat leaves the station**. Use hydrogen peroxide and the blue surgical towel to clean the surgical area. **Do not allow the hydrogen peroxide to contact the incision**.
17. **Call the Surgery Transporter** to transfer the cat to the Records Station and return with a new cat for surgery.
18. **Maintain the surgical area throughout the clinic**. Take care to keep the area clean and free of medical waste, used instruments, dirty towels and other disposables:

- Place used surgical instruments into warm soapy water in the sink.
- Discard the paper drape, used gauze, gloves and other disposables, saving the outer autoclave wrap for reuse. Set aside dirty towels for laundering.
- Deliver any uncollected used instruments, dirty towels and autoclave wrap to the Instruments Station when the clinic is concluded.
- Defective instruments should be identified by tape and delivered to the Clinic Supervisor to assess for repair or disposal.

All Station Images



Station Closing and Cleanup

Student surgeons should break down and clean up their own spay stations. The Veterinary Assistant will break down and clean up the DVM surgeons stations.

When surgery is concluded:

- Inventory the remaining supplies.
- Clean the area and dispose of all trash.
- Wash all tables, including the central trough, and wipe down the entire base of table.
- Wipe as much of the overhead surgery lamp as can be reached.
- Break down the anesthesia machines and tubing.
- Clean breathing circuits, masks, tubes, bags and endotracheal tubes in Accel; rinse and hang to dry.
- Sweep or vacuum and mop the floor.

