

# Assessing the need for physical examination

This advice is for **restrictions in place for 3 weeks from 23rd March**, and will be reviewed in light of any further government instruction. It is intended **as guidance only**, it is not exhaustive and veterinary practices may vary in their approach due to individual circumstances.

The following definitions may help veterinary surgeons in their decision-making process when deciding if a face-to-face consultation and a physical examination is needed:

- **Emergency/urgent:** Significant or immediate risk to life or clear risk to welfare if not seen and/or likely to deteriorate if left unmanaged. In normal times, these cases would have been seen out of hours or fitted in the same day.
- **Potentially urgent:** Could develop such that welfare is significantly compromised or could become life threatening in current period of restriction. Even if currently stable, significant risk of deterioration. Where there is a clear welfare need, cases should be seen.
- **Non-urgent/routine/delay:** Remote triage and may require veterinary teleconsultation. Potentially minor impact on health/welfare and unlikely to deteriorate, or non-disease associated.

## TRIAGE TOOL FOR CATS AND DOGS

URGENCY LEVEL	EXAMPLE PROBLEMS	ACTION SUGGESTED
<b>Urgent</b> Significant risk to life or clear risk to welfare if not seen	<ul style="list-style-type: none"> <li>■ New onset seizing/fitting for more than 2 minutes OR has seized more than once in 6 hours when not already on anti-epilepsy drugs</li> <li>■ Currently collapsed/unable to stand (include paresis and paralysis)</li> <li>■ Non responsive or rapidly becoming less-responsive</li> <li>■ Significant breathing difficulties/respiratory distress</li> <li>■ Bleeding significantly as judged by owner</li> <li>■ Obvious major injury e.g. obvious fracture, large wound, proptosis, scalding</li> <li>■ Vomited or had diarrhoea more than 3 times with associated lethargy in the past hour when not normal for that pet to do so</li> <li>■ Retching repeatedly (triage for "kennel cough")</li> <li>■ Ingested known toxin (except chocolate; see below)</li> <li>■ Ingestion of material likely to cause gastrointestinal obstruction</li> <li>■ Trying repeatedly to urinate and not passing anything</li> <li>■ Dystocia</li> <li>■ Significant anaphylactic reaction</li> </ul>	<p>Vet or RVN to do a fast telephone triage as soon as possible to check the pet genuinely does have problems of this severity. Check it hasn't recovered since they called in.</p> <p>Check that the owner could transport the pet, check their household COVID-19 status and advise appropriately on safe transport</p> <p>Client to call practice from carpark, vet takes pet into building for triage, then collects full history from client by phone. For dogs: owner to remove own lead and replace with clean practice lead</p> <p>Consider whether you can justify treating the animal if it will require prolonged hospitalisation, will use significant staff time and/or resources e.g. PPE, and/or if the prognosis is poor.</p>
<b>Potentially urgent</b> Could develop significant welfare compromise or become life threatening in current period of restriction	<ul style="list-style-type: none"> <li>■ Moderate or intermittent breathing difficulty/respiratory distress</li> <li>■ Non life threatening haemorrhage</li> <li>■ Acute, progressive abdominal distension</li> <li>■ Signs of pain</li> <li>■ Minor injury or trauma e.g. small wound, bite, ocular injury, lame without obvious fracture</li> <li>■ New, significant, non-abdominal swelling or mass lesion</li> <li>■ Intermittent/incomplete/recent collapse or inability to stand</li> <li>■ Chocolate ingestion</li> <li>■ Vomiting, diarrhoea, anorexia over a less acute timeline</li> <li>■ Acute onset increase in thirst or urination</li> <li>■ Producing only small amounts of urine or faeces</li> <li>■ Pruritus leading to significant skin trauma</li> <li>■ Angioedema, severe skin ulceration</li> <li>■ Acute jaundice without previous explanatory diagnosis</li> <li>■ Purulent vaginal discharge</li> <li>■ Deterioration in condition of pet with known condition</li> <li>■ Owner running out of medications known to be essential to pet's welfare e.g. insulin, anti-epilepsy drugs, corticosteroids</li> <li>■ Owner has called to request euthanasia</li> </ul>	<p>Vet to phone or video call client if not dealing with case in above list.</p> <p>Take complete history to inform decision as to whether this is an emergency that needs to or a problem that can be managed remotely by providing advice, dispensing medications or via a second later triage call to re-assess.</p> <p><b>See accompanying document for additional guidance on differential diagnoses.</b></p> <p>Consider whether you can justify treating the animal if it will require prolonged hospitalisation, will use significant staff time and/or resources, or if the prognosis is poor.</p>
<b>Not currently urgent</b> Requires teleconsultation	<ul style="list-style-type: none"> <li>■ Update on progress of existing case</li> <li>■ Change course of treatment of existing case given current situation (e.g. cancelling or delaying planned procedures)</li> <li>■ Prescribe repeat medication</li> <li>■ New but minor problem that could impinge on welfare e.g. conjunctivitis, nasal discharge, new moderate lameness, ruptured cat bite abscess, new skin mass</li> </ul>	<p>Likely to be dealt with through telephone call or video-consultation only. Consider dispensing medication, booking a further telephone catch-up for a subsequent date.</p> <p>Only see cases where there is a clear welfare need.</p>
<b>Delay</b>	<ul style="list-style-type: none"> <li>■ Consultations unlikely to have an impact on welfare at present e.g. routine anal gland emptying in absence of clinical signs, booster vaccination in adult animals, routine nail clip</li> </ul>	<p>Reception staff to advise clients that these cases are not currently being dealt with. Consider taking details and advise we will call back when service resume. Advise to call back if the pet does develop a problem.</p>

All small animal vets and nurses are encouraged to:

- Ensure they get informed owner consent before proceeding with any procedures. See our advice sheet 'Obtaining Owner Consent' when the owner is not present and without a signature.
- Make careful clinical notes to support their assessment of the case remotely or face to face along with the justification of the prescription of medication especially if this is to undertaken remotely under the RCVS temporary guidance notes