

First Aid

What is First Aid? First Aid is treatment administered to an injured or ill animal which aims to stabilise the animal's condition and prevent further deterioration.

- 1) IDENTIFY the problem(s)
- 2) HALT deterioration
- 3) PRESERVE life
- 4) PREVENT suffering

First Aid requires a knowledge of the normal and abnormal, but does not require the ability to diagnose disease. It is, therefore VERY important for nurses to pay attention to normal ranges of vital signs such as pulse, respiration and temperature, and there is no substitute for experience in handling patients. The bounding, racing pulse of an anaemic animal is very different from that of a neonate or of an animal which is simply excited, and no amount of reading or lecturing will teach you the difference. Remember that first aid may well be necessary in the absence of a Veterinary Surgeon. Try to classify "emergencies" into either life threatening, or urgent, or for advice only. Remember YOU are the professional, and clients will expect you to be efficient, calm and authoritative. Even if you don't feel any of these things, appearing so will often calm a situation allowing you to get a sensible history, and to separate owner from animal; often the most useful step in giving First Aid. Remember that Schedule 3 procedures may be necessary, but are under the direction of a Veterinary Surgeon, hence the need to contact a Vet a.s.a.p. in an emergency. It is sufficient for the Vet to tell the nurse to carry out a schedule 3 procedure, so a telephone call may be all that is necessary to be able to start treatment.

RESTRAINT AND TRANSPORT

1) CATS Cats are in general easier to transport than dogs unless they are inherently wild or vicious. A distressed cat may struggle, particularly if in respiratory difficulties. Cats can be quickly bundled into a suitable box, using a towel if necessary. Cats should ALWAYS have a scruff hold taken when handling. Cat scratches can be very unpleasant, cat bites to humans are almost always so, and have been known to lead to extended periods of hospitalisation, and even amputation of fingers.

2) DOGS Dogs are much more unpredictable, and need careful handling if injured. ALL DOGS WILL BITE IN EXTREME CIRCUMSTANCES. If possible, the dog should be walked or carried to suitable transport and then to the surgery, but be careful in advising owners how to do this, as you may be liable if the owner follows your advice and is then bitten. Once at the surgery, a muzzle should ALWAYS be applied if at all possible, and a Baskerville type muzzle may be more appropriate if the dog is distressed. Tape muzzles are very effective if they are applied properly, but watch for dyspnoea and facial injuries (particularly in RTA's).

3) SPECIAL CASES

a) **DYSPNOEA** There is often an urgent need to see animals whose sole sign is dyspnoea (try to differentiate from stress related panting which is shallow) These animals resent any handling which they perceive as a threat to their airway, but will panic, rather than become aggressive. This increases their oxygen demand, and makes matters worse. The key rules for handling dyspnoeic animals are:

i) Be calm and deliberate.

ii) Handle gently and slowly.

iii) Avoid restricting face / airway or chest.

iv) Handle as little as possible

v) **OXYGEN** as soon as the animal is at the surgery. This is never a bad idea unless the animal is on fire!

b) **SPINAL INJURY / MULTIPLE LIMB FRACTURES / SEVERE ABDOMINAL TRAUMA** It is usual for spinal or abdominal damage to be suspected rather than proven, mostly after a road accident. The key is minimal disturbance of the spine / abdomen. All patients can be transported by rolling onto a rigid surface then carriage to surgery, if they will allow it.

CATS can be boxed and transported, or if the cat is docile they can be carried via a scruff-and -forearm hold to support the length of the body.

DOGS can be dragged onto a board or stiff surface. The best way is to have a few helpers and to take holds along several points on the animals back, then drag. This maintains alignment better than rolling the dog over. If a stiff surface is unavailable, then a blanket can be used. If it can be kept taut, then the curve of the patient's spine is reduced. **STRETCHERS** should be used if the animal is presented at the surgery. **AT THE SURGERY** Remember that a very important consideration is **STAFF SAFETY**. Ensure that suitable precautions are taken to prevent staff injury in the case of vicious or frightened animals, and to prevent infection if a zoonosis may be the cause of the crisis. Inadvertent blood loss on the part of attending staff is not a recognised first aid technique. Always look at the patient as the first priority. Assess ABC

Airway - is there an obvious problem with airway compromise

Breathing - is there productive respiration occurring (not just gasping)

Circulation - is there a pulse and evidence of effective circulation

Having checked the above, are the owners panicking? If so, this may be the time to admit and separate off the animal, as a good **HISTORY** is the next most urgent requirement. This may be brief, in the case of, say a RTA, or extensive if the emergency has arisen in the course of an illness. Following the gathering of any relevant facts, examine the patient more carefully. If the Vet is away from the building, then he or she should be informed as soon as an emergency occurs, and then progress reports can be given based on the nurses examination until the Vet arrives.

MAKE SURE THE OWNER KNOWS THAT YOU ARE CONDUCTING A PROFESSIONAL NURSE EXAMINATION.

This is reassuring.

EXAMINING THE EMERGENCY CASE

- 1) Check ABC as above (take temperature, pulse and respiration where possible)
- 2) Check consciousness- is the animal conscious, and if so is it dull, or hyperexcitable.
- 3) Examine for obvious signs of haemorrhage, look for obvious bleeding and for pallor, tachycardia.
- 4) Look for abnormalities of shape or posture - abdominal swelling, awkward limb angles or obvious fractures
- 5) Perform a thorough and methodical physical examination. Be sure that you learn the use of a stethoscope. It may be that with time a personal technique will develop, but it is best to start by progressing along the animal from head to tail. It is also useful to try to grade the thoroughness of the examination to the circumstance. If the animal is bleeding to death from the femoral artery, 10 minutes on a dental check is obviously time badly spent. A swift palpation and assessment followed by detailed exam is more appropriate.

THE RAPID RUN - THROUGH

HEAD - Check shape, oral mucous membranes for colour and bleeding, jaw symmetry. Eyes for bruising, scleral colour, pupil size, symmetry and response to light. CHEST - Check breathing rhythm and pattern. Palpate for change in shape to ribs. Use a stethoscope over both sides to check lungs and heart. FORELIMBS - Check for posture and shape, swellings, pain. Muscle tone. SPINE - Run a hand gently down the spine to check posture, continuity and alignment. ABDOMEN - Palpate GENTLY for pain, swelling, guarding. PENIS / PREPUCE - Check for bruising, alignment and haemorrhage. PELVIS - Check for symmetry HIND LIMB - Check as forelimbs. Take a femoral pulse if possible, and correlate it with the heart beat. VULVA - Check mucous membrane colour and for haemorrhage TAIL - Check for movement and fractures. This checklist will enable a reasonably comprehensive status report to be compiled, and appropriate action to be taken.

WHAT TO DO NEXT Depends on the cause of the trauma -

HAEMORRHAGE : Stop the haemorrhage with direct firm pressure and bandaging. Tourniquets are not regarded as good first aid as they are likely to cause more trauma.

FRACTURES : Immobilise if possible. Pain arises from movement at the fracture site.

POISONS : May require emetics, or antidotes, or oral medications to absorb the poison.

ABC problems : clear airways, ventilate, supply Oxygen

SHOCK : Fluids, warmth (controlled)

PAIN RELIEF : medication on instruction from the Veterinary Surgeon.

REMEMBER : MONITOR progress frequently using vital signs

KEEP THE OWNERS INFORMED.

CLIENT DISSATISFACTION ARISES THROUGH LACK OF COMMUNICATION,
REGARDLESS OF HOW GOOD THE PRACTICE IS.