

# Management of the In Hospital Patient

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## Recall

- Initial Evaluation
  - Brief history
  - Primary survey
  - Rapid diagnostic tests
- Formulate DDx list and refine as work thru above
- Assessment
  - Admit to Hospital

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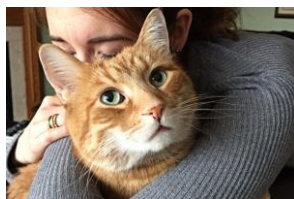
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### Plan

- Therapeutic plan
- Diagnostic plan
- Goals/End points
- Monitoring +/- Modifying



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### Therapeutic Plan

- Initial
  - Complete triage resuscitation
  - Symptomatic therapy
- Refined
  - Specific based on diagnosis

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### Diagnostic Plan

- Minimum
  - Focus on essential tests
  - Financial resources
- Ideal
  - Goal standard
  - Reasonable to recommend



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### Goals

- Discharge from hospital?
- Transfer to another facility?
- Comfortable until owner found?



- What criteria need to be met?
- Constantly working towards achieving end goal

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### Monitoring +/- modifying

- **Monitoring**
  - 3-4 key areas of focus
  - Involve known risks/complications
  - Involve support staff
- **Modification**
  - Status change (positive or negative)
  - Complication noted
  - New information obtained
  - Diagnosis finalized/changed
- **E.g. Post-op enterotomy**
  - Pain
  - Enteral intake
  - Hydration
  - Dehiscence/sepsis

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### Case Example

- 6yr FI Mixed breed dog
  - 48hr hx of lethargy and increased thirst
  - 24hr hx of reduced appetite
  - Anorexic and vomiting prior to presentation
  - Previous heat 2-3 weeks prior
  - No known dietary indiscretion or toxin ingestion
  - Otherwise healthy

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### Primary Survey

- Quiet but responsive
  - Normal RR/effort
  - MM tach and injected
  - Sinus but mild tachycardia (146 bpm)
  - Strong dpp
  - Temp 39.3C
  - Mild abdominal splinting on palpation
- Initial Assessment
    - CV stable but possible early compensatory septic shock
    - Suspect pyometra
  - Initial Plan
    - aFAST or Xrays to confirm
    - Likely ATH for IV support

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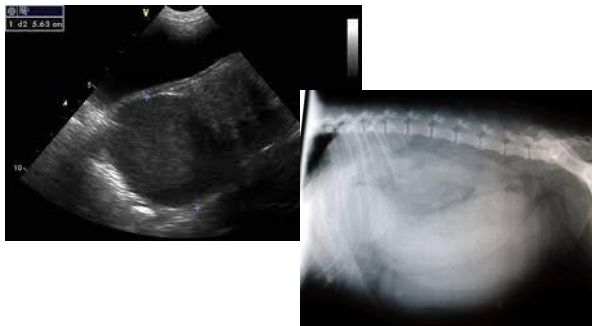
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### Revised Assessment

- Diagnosis
    - Pyometra
  - Complications
    - Septic shock
    - AKI
- Sepsis
    - Source control
    - Early antibiotics (appropriate)
    - CV stable
      - Fluids +/- pressors

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### Revised Plan

- Diagnostic (ideal)
  - CBC/Chem pre-op
  - Urinalysis & C&S
- Diagnostic (minimal)
  - Pre-op Quats
  - Creatinine
- Therapeutic
  - IV access
  - IV fluid rehydration (5%)
  - Ampicillin IV q6hrs
  - Methadone
  - Maropitant IV q24hrs
- Exploratory sx (pyometrectomy)

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### Post-Op Plan

- Goal
  - Discharge home within 48-72hrs
- End Goals
  - CV stable – no AKI
  - Eating
  - Oral analgesia
- Therapeutic
  - Wean IV fluids
  - Transition to oral analgesia
  - Continue IV AMs until eating
  - Encourage enteral intake
- Monitoring
  - Septic shock
  - AKI

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### Team Approach

- Technician
  - Pain assessment and titration
    - Wean off IV analgesia and transition to oral +/- Meloxicam
  - Signs of sepsis/septic shock
    - Tachycardia, Hypotension, Pyrexia +/- hypoglycemic
  - Acute kidney injury
    - Urine output, hydration, serial creatinine
  - Encourage enteral intake
    - Monitor for post-op gastric paresis/regurgitation

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## Modifications

- **Expected**
  - Positive changes
  - Daily improvement
- **Unexpected**
  - Complications
  - Not personal preferences



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## Summary

- **Clear outline plan**
  - Therapeutic plan
  - Diagnostic plan
- **Team oriented approach**
  - Goals/End points
- **Monitoring**
  - Reaching goal
  - Assessing for complications
- **Deviation justified**

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