Management of the In-Hospital Patient

Recall

- Initial Evaluation
  - Brief history
  - Primary survey
  - Rapid diagnostic tests
- Formulate DDx list and refine as work thru above
- Assessment
  - Admit to Hospital
Plan
  • Therapeutic plan
  • Diagnostic plan
  • Goals/End points
  • Monitoring +/-Modifying

Therapeutic Plan
  • Initial
    • Complete triage resuscitation
    • Symptomatic therapy
  • Refined
    • Specific based on diagnosis

Diagnostic Plan
  • Minimum
    • Focus on essential tests
    • Financial resources
  • Ideal
    • Goal standard
    • Reasonable to recommend
Goals

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

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

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

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
Primary Survey

- Quiet but responsive
- Normal RR/effort
- MM tachy 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

Revised Assessment

- Diagnosis
  - Pyometra
- Complications
  - Septic shock
  - AKI

- Sepsis
  - Source control
  - Early antibiotics (appropriate)
  - CV stable
    - Fluids +/- pressors
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)

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

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
Modifications

- Expected
  - Positive changes
  - Daily improvement

- Unexpected
  - Complications
  - Not personal preferences

Summary

- Clear outline plan
  - Therapeutic plan
  - Diagnostic plan

- Team oriented approach
  - Goals/End points

- Monitoring
  - Reaching goal
  - Assessing for complications

- Deviation justified