**Introduction:** It is the standard operating procedure of the NC State Veterinary Health Complex (VHC) to provide emergency care for patients 24 hours a day, seven days a week. Veterinarians, staff and students will be available to offer these services during regular hospital hours, nights, weekends, and holidays and in the event of adverse weather conditions. All emergencies will be seen on a triage basis. All attempts will be made to ensure that every patient is seen in a reasonable amount of time.

A. Admission
   1. All patients, whether new or established, will be assessed and seen on a triage basis.
   2. An Emergency Room (ER) technician will assess/triage all patients brought to the ER/Triage service within 5 minutes of notification by the front desk.
   3. All critical animals will be brought directly to the ER by the triaging technician.
   4. An initial $300-500 estimate for resuscitation/stabilization may be verbally obtained, depending on the severity of the case. An ER technician or member of the reception staff must then ensure that the owner signs a consent form for emergent stabilization if a patient is triaged straight to the ER room.
   5. Stable patients can either remain with their owners or may be brought into the ER, depending on caseload/clinician discretion.
   6. The triage technician will obtain a very brief history. If the patient is stable, a student and/or doctor will then obtain a full history from the client and examine the patient. If the patient is unstable and permission has been given for stabilization, the clinician will attempt to stabilize the patient in the ER prior to obtaining a full history and meeting with the client. The student and/or technical staff may obtain additional information from the client as needed in the interim.
      a. All stable patients must have current rabies vaccination status prior to admission.
      b. If a patient does not have current status or if the status is unknown in an emergent patient, a Rabies contact log must be completed by any person that has contact with the animal for its duration of stay.
   7. A general estimate including any possible diagnostics, treatment or hospitalization will be offered to the client.
   8. All collars, leashes, harness and kennels should be sent home with owners.
      a. Owners should be discouraged from leaving their pet’s personal belongings and informed that the VHC is not responsible for loss or damage to these items.

B. Treatment
   1. Initial diagnostics and resuscitation are performed in ER.
2. Once a patient is deemed stable but requires hospitalization, the patient should be moved out of the ER to another ward.
   a. If moving to GH, IMC or ICU, a flowsheet or clinician order form (COF) must be filled out.
   b. An SAES team member (technician, doctor or student) should attempt to round with the technicians in the admitting ward regarding the patient. If they are unavailable or this is not possible, a transfer/rounds summation form should be filled out.
3. All controlled drugs must be wasted prior to transferring with the exception of CRI’s.
4. A current weight and TPR should be recorded on the flowsheet or COF.
5. Patients may occasionally stay hospitalized in SAES if requested by the clinician:
   a. Patient being discharged by the next morning
   b. Clinician wants to observe patient for duration of stay
6. The triage student(s) is responsible for 7/8am treatments on all patients kept on the triage service, regardless of where they are hospitalized. In the event that there are no students on the triage service, the overnight SAES technician is responsible for these treatments.

C. Clinical Pathology
   1. Clinical Pathology will run all samples received from 8a-7pm Monday through Friday.
   2. All chemistry panels, CBC’s, differentials and urinalysis requested after 7pm on Monday through Friday will be run by the ER in the stat lab.
   3. Clinical Pathology is also available to run all blood work/urinalysis requested on the weekends between the hours of 8am – 11am. After 11 am the Emergency Service will run chemistry panels, CBC’s, differentials and urinalysis.
   4. All samples must still be requested through UVIS and Clin Path will verify results that are completed by the Emergency Service the following business day. All results completed by the Emergency Service are considered preliminary.
      a. A photocopy should be made of all laboratory results. The original copy should be placed in the patient’s record and the photocopy is forwarded to Clinical Pathology.
      b. Whenever possible, all remaining samples should be stored in the refrigerator with patient label affixed
      c. Clinical Pathology will keep these samples for any possible further analysis or verification of results
   5. All samples submitted to clinical pathology from the SAES after 4pm on weekdays should be labeled “stat.” This fee will be removed if the clinical pathology technician has the time to process the samples without delaying other submissions. If the technician is having difficulty completing the sample in a timely manner, the SAES should be contacted and given the option to run the sample in ER or have the “stat” fee assessed for the additional technical time.

D. Radiology
   1. The Radiology Service is available from 8a-9p Monday through Friday.
   2. All radiographs requested after 9p will be performed by ER staff Monday through Friday.
   3. All radiographs requested on the weekends/holidays will be performed by the ER Radiology Technician between the hours of 8am – 6:30pm. From 6:30 pm until 8 am on weekends, radiographs will be performed by ER staff members.
   4. If radiographs are requested by a department other than the Emergency Service during the weekend, a technician or student from that department must assist the ER Radiology Technician.
      a. If radiographs are requested by other departments, priority will be given to ER cases.
   5. All efforts should be taken to ensure minimal radiation exposure to staff.
      a. Dosimetry badges and rings must be worn at all times.
      b. Radiology gowns, thyroid shields and gloves must be worn if it is necessary for a staff member to be present during exposure.
   6. Radiology requests must be entered through RIS.
a. After 9pm Monday through Friday requests must also be scheduled by a member of the ER staff.
b. On weekends/holidays all request must be scheduled by a member of the ER staff.
c. All studies after 9pm should be completed in RIS by 8:00 the next morning.

E. Drugs
1. ER has a limited amount of common oral medications that are for in-hospital use or afterhours dispensing
2. Some common injectable drugs are also available for in-patient or emergency use.
3. During the hours that the pharmacy is open, prescribed drugs are to be ordered through UVIS.
   a. The student or clinician on the case is responsible for ordering and picking up these medications.
4. If there is a medication that is needed after the pharmacy is closed and ER does not have in stock, the clinician must place a prescription in UVIS and then may obtain it from the pharmacy.

F. Discharges
1. The student and/or clinician are responsible for writing discharge instructions before the patient leaves the hospital.
   a. These instructions should include medical history, presenting complaint, physical exam, treatments, procedures and diagnostics performed.
   b. They are also to include any medications dispensed or prescribed and any pertinent at home or follow up care.
   c. In the event that an owner declines recommended diagnostics, these recommendations should still be recorded in the discharge summary. If an owner declines therapy and requests to be discharged, it should be stated in the discharge that the patient was discharged “AMA” or against medical advice.
2. If a patient is being transferred to another emergency or general practice, a copy of these discharges shall accompany the owner as well as a faxed copy sent to the practice.

G. Transfers
1. ER transfers can be viewed on the VHC Applications menu in Novell on any computer at the CVM-VHC or from home at the following url: http://webapps.cvm.ncsu.edu/uvis31/
2. The webpage will list the patient name, medical record number, location in the VHC, transferring service, and any pertinent comments. A transfer summary will also be available for download.
3. Any service that does not have morning transfers listed should check in with the SAES via phone, at (919) 513-6911 or 6182, or in person to ensure there are in fact no transfers