

Incorrect Medication or Incorrect Dose of Medication Given To Pet Toxicity Protocol

PRIORITY ONE - SAVING THE PET

–IMPORTANT: document everything calculated, performed, planned in this section entitled as “Inappropriate Medication Situation” in the Plan section of pet’s medical record. To save precious minutes for the pet’s safety, you may document this in writing on a tablet (make sure you record exact times you write each thing) as you go and then transfer to the electronic record but the data and accompanying times must be transferred to the electronic medical record within the hour and all must be initialed with credentials (i.e. TS, DVM, AM, CVT etc)-

1. **EXAMINE AND DOCUMENT** - TPR, weight, blood pressure, hydration status, mentation, CRT, full physical examination
2. **CALCULATE AND DOCUMENT**- exactly how many mgs/kgs of drug/product did pet get for their current body weight and how long ago did they receive this dose
3. **LOOK UP AND DOCUMENT**- (resource should be the VIN drug fact sheet)
 - a. high end range of recommended dose, LD50 toxic dose, drug interactions, adverse effects of overdose or drug interactions
 - b. the high end range of the dose for the pet’s body weight in kgs, the LD50 dose for the pet’s body weight in kgs
4. **CREATE MEDICAL PLAN** - using VIN drug resource handbook and/or toxicity calculators, or if data not available there, calling Poison Control - create medical treatment plan for pet (HPVC credit card to be used for Poison Control charge if resources not available.)
5. **DO NOT PROVIDE TREATMENT TO THE PET UNTIL YOU AND MEDICAL DIRECTOR OR PRACTICE MANAGER HAVE COMMUNICATED WITH PET OWNER (see below) AND RECEIVED AUTHORIZATION TO TREAT.**
6. **RECORDING TREATMENT**- treatments pet receives in response to this situation should be recorded in a separate exam form “hospitalized daily care”
7. **MOVING FORWARD** - part of the plan needs to be how to keep this from happening in the future - if there is a medical way to do it that should be documented, if it was employee error that can only be fixed by training or discipline this should not be documented here. However, if it is something like switching a tablet for a capsule you may choose to switch the pet to liquid so that the owner feels confident that they should always expect liquid.

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PRIORITY TWO - PROTECTING THE PRACTICE WHILE MAINTAINING INTEGRITY

–IMPORTANT: document everything in this section as a “Medical Issue” in the Communication Entry section of the pet’s medical record unless otherwise noted below. Each time you have a conversation with the owner, unless it threatens the pet’s safety, you must immediately enter the comm entry so that it is appropriately time stamped. These entries must be initialed and credentialed to include both the speaker and witness when appropriate (i.e. TS, DVM/ KC Leadership Team)-

1. SITUATION ALERT -

- a. If the patient is stable, while left in the hands of a CVT or another veterinarian, doctor or CVT who found the problem directly communicates with the medical director (if not in the building then the practice manager).
- b. If the patient is not stable, do not leave their side but have a team member get the medical director (or PM) come to you and the patient.

2. OWNER AWARENESS - If the patient is stable, you will accompany the practice manager to communicate with the owner (or speaker call if not owner not on site). Both of you should have your cell phones in your hand but on silent and both of you should have a tablet or clipboard with your prepared notes and to take notes. This conversation is to make the owner aware of the situation and needs to be carefully worded to maintain integrity but not to encourage lawsuit with words like “sorry” and “we messed up”. This conversation should be along the lines of

- a. Practice manager or med director: “Mrs. Smith I need to make you aware of something that happened with Fluffy’s medication. She is currently stable and with a certified veterinary technician. Fluffy should have received tablets but unfortunately received capsules which means she got too much of this medication. We are very unhappy that this happened and will be following training and disciplinary protocols to keep this from happening again.”
- b. Primary doctor on the case: “I have calculated out the toxic dose and this is within/above the safe range. Fluffy needs x treatment to help prevent these side effects that could occur.....”
- c. Practice manager or med director: “If you approve this treatment, Healing Paws will cover the cost of treatment related to receiving the capsules instead of tablets. Would you like us to start the treatment?”

3. OWNER RESPONSE

- a. If the owner agrees to the treatment and it can be performed at HPVC, this treatment should be started immediately and, if warranted, HPVC should cover the cost of this treatment along with night monitoring (and care related to the inappropriate medication) at SHORES. When the owner agrees to treatment, the practice manager should have them sign a permission to treat form while the doctor initiates treatment.
- b. If the owner agrees to treatment but declines night monitoring at SHORES, the owner should receive the SHORES Information along with it being documented in a note to client on the invoice as well as in the plan that it is recommended for Fluffy to be monitored/treated overnight at SHORES and that we are offering financial payment for treatments there through the date time 24 hrs post incident.
- c. If the owner says no or that they want to take their pet to SHORES immediately - do not push them to pay for their services performed. If they want their pet back, the practice manager should say “Absolutely, we will get Fluffy for you. We would like to transfer their care to SHORES emergency care facility and will cover the cost of their intake examination and any treatments related to the capsules being given. I will need a few moments to prepare Fluffy and her records for transfer to SHORES. Does that sound like the best thing for Fluffy and you?”

- d. If the owner says no they want their pet back immediately and that no they won't take them to SHORES, please use the DECLINING RECOMMENDED EMERGENCY TREATMENT DOCUMENT in eVet and have owner sign this document prior to giving Fluffy back to them but do not push for payment.

4. PAYMENT

- Please remember that pushing for payment of services is not our priority in this situation

- 1) if the patient is stable: The product that was incorrect should be entered as a treatment (or left in and not returned if something sent home) but the owner should receive a "courtesy discount" for the price of that product. Any services performed this day that do not have to do with the inappropriate medication (i.e. wellness testing, ear meds etc) should be charged for. Any services or products provided due to inappropriate medication need to be line itemed in treatment and then the owner should receive a "courtesy discount" for the cost of those services and products. The "courtesy discount" should read publicly on the invoice- "Healing Paws Veterinary Care is covering the cost of (x, y, and z)."
 - 2) if the patient is not stable: do not ask the client for payment for services or products - even if they were done that day but not related to the inappropriate medication. The practice manager will write off the cost of everything done or provided the day that the inappropriate medication was performed if the patient is not stable.
 - 3) if the client threatens lawsuit or is quite angry: do not ask client for payment for services or - even if they were done that day but not related to the inappropriate medication. The practice manager will write off the cost of everything done or provided the day that the inappropriate medication was performed. Do not try to appease the client by telling them we are covering the cost unless they ask. Just do not discuss costs in this situation.
 - 4) if the client threatens physical harm of an employee: As always, remove yourself physically from the situation and call 911. If you can not remove yourself physically, say to the client "you are making me feel physically threatened. I am calling the police." Use your cell phone to call 911" This client's bill will also be written off and they will receive a firing letter in certified mail - do not discuss this with them, get out of the situation.
5. **OWNER COMMUNICATION OF PATIENT UPDATES** - if the pet is staying at HPVC and receiving treatment, the doctor on the case is the only one to communicate with the owner about patient updates and they must do so at least every 3 hours while the patient is in their care. This must be by a phone call unless the client specifically requests otherwise. This communication must tell them the patient's status and must be recorded as a "patient update" communication status. These communications are not entered in the "Inappropriate Medication Plan" they are only documented in the comm log.
6. **TRANSFER TO SHORES** - the doctor on the case should call and speak to the ER doc on duty and needs to be sure that the record is 100% complete before transfer. This record is to be sent to SHORES from HVPC, not sent home with the owner. This record should be sent to SHORES whether the client declines going there or not. If the client declines going there, send the chart, telling SHORES the client may decide to come in the middle of the night and you want them to be prepared.
7. **DOCUMENTS FOR OWNER** -
- a. the owner must receive the patient's exam and medical discharge notes with the instructions for the home care printed when leaving and followed up by email through eVet. The exam and discharge notes should not include discussion of

“what went wrong” or details of what was done at the hospital. It should only be the pet’s exam and the go home plan but that should include the “if, then what” instructions for the owner i.e. (if Fluffy starts to vomit or show these signs in the next 24 hrs please take her to SHORES, call to let us know, and we will cover the costs for any treatments or services done there prior to (date/time 24 hrs from pet leaving HPVC)

- b. The owner must go home with the drug sheet for the inappropriate medication from veterinary partner.com. This works to help keep them from googling and is a way for them to be properly informed
- c. The owner should be made aware that you are sending Fluffy’s detailed records to SHORES just in case she needs any care there.

8. FOLLOW UP/CALLBACKS

- a. Callback alerts for other staff should be removed so that they do not call the owner routinely
- b. The primary doctor on the case must call the pet owner to check on the pet by 9 am the morning following her being sent home. This must be recorded as “patient update” in communication entry section. If there are mild concerns the doctor is to schedule Fluffy to come to HPVC for an examination before 11 am. If there are any more than mild concerns the doctor is to tell them to take Fluffy to SHORES. If this is refused, offer an examination at HPVC prior to 11 am.
- c. The patient does not need to receive any callbacks after this one if there were no concerns
- d. If the patient did go to SHORES, the doctor should call SHORES to check on the patient and then call the owner and continue this process daily until the pet is well, always recording all calls as “patient update” in communication entries
- e. The medical director and practice manager need copied on these communication entries and verbally updated within one hour of making the calls.

- 9. FUTURE CARE** - this client’s account needs an alert that says -ALL MED PLAN CHANGES AND ALL RX MUST BE APPROVED/SECOND SIGNED BY SENIOR DR



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