

## **Critical Care Nursing Tales from the Trenches**

David Liss, BS, RVT, VTS (ECC, SAIM), CVPM  
Los Angeles, CA

### **Introduction**

Dealing with emergencies often involves life-saving procedures and team efforts to bring patients back from the brink of death. This lecture will present two cases from admit to discharge and show how the veterinary critical care team can jump into action and deal with the most complicated and critical cases.

### **Case 1**

Signalment: 2y MI Yorkshire Terrier

Presenting complaint: Hit by car

Physical exam: HR: 40 BPM, RR: Apneic, MM- Gray, Large laceration across thorax

Treatment summary:

- IV Catheter and fluid bolus
- Intubation/CPR
- Open chest CPR
- Chest tube placement/suture of thorax
- Analgesic medication
- Jugular catheter placement
- Urinary catheter placement
- Sedation/Intermittent Positive pressure ventilation
- Weaned from IPPV- oxygen cage
- 2 days of intensive care
- Pelvic fracture repair
- Discharge 8 days later

### **Case 2**

Signalment: 2y MN DSH

Presenting complaint: ADR, Diarrhea

Physical exam: HR 60 BPM, Cyanotic, Apneic

Treatment summary:

- IV Catheter- fluid bolus
- ECG
- Blood gas
- Administration of insulin, calcium, dextrose
- Intubation/CPR
- Recovery from CPR
- Urinary catheter placement
- 1 day later- nasogastric tube placement
- Urinary output monitoring
- Peritoneal dialysis
- Jugular catheter placement
- Preparation for hemodialysis transfer
- 2 days ICU treatment
- Surgery for bilateral ureteroliths
- Discharge 6 days post-op