

Triage tool for cats and dogs following lockdown

The Triage Table relates to restrictions in place in the UK. It is effective from 14th April 2020 on a rolling basis thereafter until government updates its advice on travel, work practises and social-distancing, when it will be reviewed.

When it is applied in non-UK countries, the situation will vary depending on each country's situation therefore not all advice will be applicable at local level.

It is intended as guidance only, it is not exhaustive and veterinary practices may vary in their approach due to individual circumstances. It should be read in conjunction with RCVS Guidance and related **Flowchart**.

URGENCY LEVEL	EXAMPLE PROBLEMS	ACTION SUGGESTED
Urgent Significant risk to life or clear risk to welfare if not seen	<ul style="list-style-type: none"> ■ New onset seizing/fitting for more than 2 minutes OR has seized more than once in 6 hours when not already on anti-epilepsy drugs ■ Currently collapsed/unable to stand (include paresis and paralysis) ■ Non responsive or rapidly becoming less-responsive ■ Significant breathing difficulties/respiratory distress ■ Bleeding significantly as judged by owner ■ Obvious major injury e.g. obvious fracture, large wound, proptosis, scalding ■ Vomited or had diarrhoea more than 3 times with associated lethargy in the past hour when not normal for that pet to do so ■ Retching repeatedly (triage for "kennel cough") ■ Ingested known toxin (except chocolate; see below) ■ Ingestion of material likely to cause gastrointestinal obstruction ■ Trying repeatedly to urinate and not passing anything ■ Dystocia ■ Significant anaphylactic reaction 	<p>Vet or RVN to do a fast telephone triage as soon as possible to check the pet genuinely does have problems of this severity. Check it hasn't recovered since they called in.</p> <p>Check that the owner could transport the pet, check their household COVID-19 status and advise appropriately on safe transport</p> <p>Client to call practice from carpark, vet takes pet into building for triage, then collects full history from client by phone. For dogs: owner to remove own lead and replace with clean practice lead</p> <p>Consider whether you can justify treating the animal if it will require prolonged hospitalisation, will use significant staff time and/or resources e.g. PPE, and/or if the prognosis is poor.</p>
Potentially urgent/medium priority Could develop significant welfare compromise or become life threatening	<ul style="list-style-type: none"> ■ Moderate or intermittent breathing difficulty/respiratory distress ■ Non life threatening haemorrhage ■ Acute, progressive abdominal distension ■ Signs of pain ■ Minor injury or trauma e.g. small wound, bite, ocular injury, lame without obvious fracture ■ New, significant, non-abdominal swelling or mass lesion ■ Intermittent/incomplete/recent collapse or inability to stand ■ Chocolate ingestion ■ Vomiting, diarrhoea, anorexia over a less acute timeline ■ Acute onset increase in thirst or urination ■ Producing only small amounts of urine or faeces ■ Pruritus leading to significant skin trauma ■ Angioedema, severe skin ulceration ■ Acute jaundice without previous explanatory diagnosis ■ Purulent vaginal discharge ■ Deterioration in condition of pet with known condition ■ Owner running out of medications known to be essential to pet's welfare e.g. insulin, anti-epilepsy drugs, corticosteroids ■ Owner has called to request euthanasia ■ Update on progress of existing case ■ Change course of treatment of existing case given current situation (e.g. cancelling or delaying planned procedures) ■ Prescribe repeat medication ■ New but minor problem that could impinge on welfare e.g. conjunctivitis, nasal discharge, new moderate lameness, ruptured cat bite abscess, new skin mass 	<p>Vet to phone or video call client if not dealing with case in above list.</p> <p>Take complete history to inform decision as to whether this is an emergency that needs to or a problem that can be managed remotely by providing advice, dispensing medications or via a second later triage call to re-assess. See cases where there is a clear welfare need.</p> <p>See accompanying document for additional guidance on differential diagnoses.</p> <p>Consider whether you can justify:</p> <ul style="list-style-type: none"> ■ A physical examination of the animal based on availability of staff resources and facilities that support social/physical distancing OR ■ Prolonged hospitalisation if it will use significant staff time and/or resources, or if the prognosis is poor.
Potentially delay	<ul style="list-style-type: none"> ■ Consultations unlikely to have an impact on welfare at present e.g. routine anal gland emptying in absence of clinical signs, routine nail clip 	<p>Reception staff to advise clients that these cases are being dealt with dependent on practice resources and facilities being available to support compliance with government criteria. If a physical consultation is feasible refer for tele-consultation to assess need for prioritisation dependent on animal welfare.</p>

For information on vaccination and neutering, please see the **BSAVA Guidance on Vaccination** and the **BSAVA Guidance on Neutering**.

All small animal vets and nurses are encouraged to:

- Ensure they get informed owner consent before proceeding with any procedures. See the BSAVA advice sheet '**Obtaining Owner Consent Remotely**' when the owner is not present and a signature is not available and also **BSAVA's Remote Consultation Guidance**.
- Make careful clinical notes to support their assessment of the case remotely or face to face along with the justification of the prescription of medication especially if this is to undertaken remotely under the RCVS temporary guidance notes.

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Updated October 2020.