

Transfer Time: Setting your patient up for success

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PRIMARY CARE VET

(make an appointment)

sneezing or runny nose

coughing without respiratory distress

itchy ears or skin

scooting

limping

hot spots

vomiting/diarrhea 1-2x within 24 hours but acting normal

broken nail



URGENT CARE VET

vomiting/diarrhea with change in behavior

eyes: redness, discharge, or squinting

porcupine quills

blood in urine or stool

wounds & injuries

lameness, difficulty walking

allergic reactions

tick-borne disease



EMERGENCY HOSPITAL

foreign body or toxin ingestion

serious trauma (i.e. hit by car)

cannot breathe, choking

unconsciousness/collapse

broken bone

bloating, retching, or unproductive vomiting

straining or unable to defecate or urinate

snake bite



Please note: this is a partial list.

Emergency Transfer vs Referral

Emergency Transfer

- ▶ Critical
- ▶ ASAP
- ▶ Patient will die or get worse without ongoing care



Specialty Referral

- ▶ Non-Critical
- ▶ Can wait a few weeks



Why would we need to start a transfer

Suddenly an emergency 30 minutes before we close

Patient needs 24-hour close monitoring

Oxygen supplementation

Major wounds/bandaging

Critical care



5/12

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Why would we need to start a transfer

- ▶ Care above what we can offer at our clinic
 - ▶ No shame, arrogances aside
- ▶ Specialty equipment
 - ▶ Advanced imaging
- ▶ Worsening medical conditions
- ▶ Second opinions

Highest quality of patient care





TELL ME AGAIN

ABOUT THE PUPPIES

I SNUGGLE ALL DAY?



Emergency Transfer

- ▶ Have a list of all local overnight or 24/7 emergency rooms
 - ▶ Overnight stay
 - ▶ Prolonged stay
- ▶ Emergency room diversion
 - ▶ Urgent Care/Intermediate care
- ▶ Know each places protocols
 - ▶ Dr to Dr transfer

Information for transfer hospital

- ▶ Signalment
- ▶ Reason For transfer
- ▶ Any medications on or administered
- ▶ Testing done
- ▶ ETA
 - ▶ Stability

Date: _____
Time: _____

Referring Clinic: _____ rDVM: _____

Patient: _____ Breed: _____ Age: _____ Sex: M MN F FS

Presenting Problem: _____

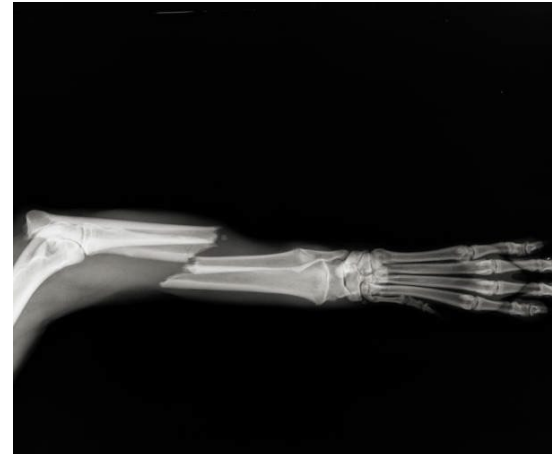
Diagnostics Performed: Bloodwork Radiographs Other: _____

History: _____

ETA: _____ Records Sent: Email Fax Client Bringing Line# _____

Emergency Transfer

- ▶ GDV
- ▶ Fracture
- ▶ Parvo
- ▶ Blocked tom
- ▶ Dystocia
- ▶ DKA
- ▶ Severe gastroenteritis
- ▶ Paraparesis/Paraplegia
- ▶ Toxicity
- ▶ ETC...ETC...ETC...



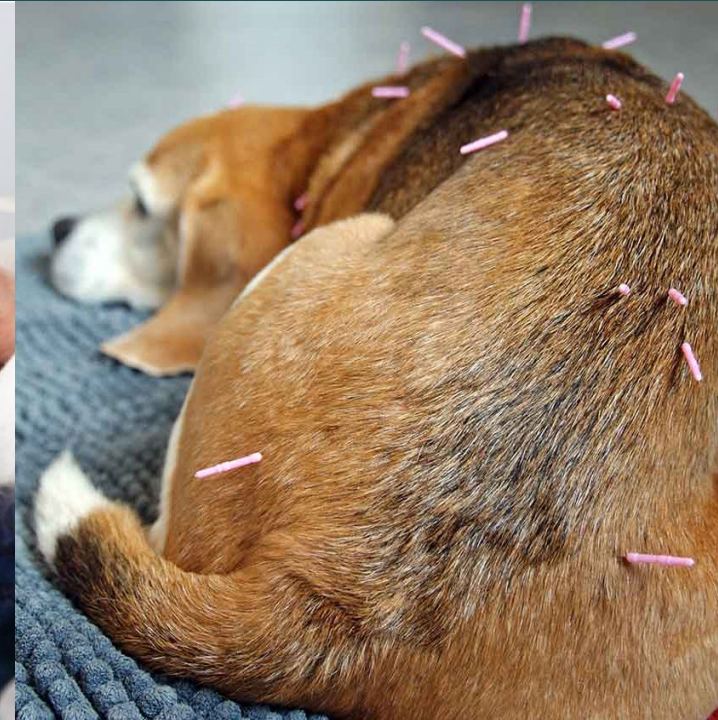
Medical or Surgical Referrals

- ▶ Specialty Hospital
 - ▶ Many Specialty and emergency hospitals are together
- ▶ Not immediate transfer
 - ▶ Some specialties are booked out for months, especially universities
- ▶ Over 22 different specialties recognized by AVMA.
 - ▶ There 16 Veterinary Technician Specialties (VTS) academies recognized.
 - ▶ Specialist vs special interest in



Travelling Specialists

- ▶ Surgeons
- ▶ Internal Medicine
- ▶ Ultrasound
- ▶ Behavior
- ▶ Acupuncture



Medical or Surgical Referrals

- ▶ Surgical
 - ▶ Chronic Fractures
 - ▶ Soft Tissue Surgeries
 - ▶ Knee Surgeries
 - ▶ Dental Issues
- ▶ Medical
 - ▶ Diabetes
 - ▶ Chronic Lower/Upper GI upset
 - ▶ Kidney/Liver disease
 - ▶ Neoplasia
- ▶ Behavior
- ▶ Dermatology



Consultations

- ▶ Primary veterinarian speaks directly to specialists
 - ▶ Email
 - ▶ Phone call directly
- ▶ Specialists will have no direct contact with owner
 - ▶ Owner cannot call and speak to hospital/specialists
 - ▶ VCPR
- ▶ When help is needed on a case
 - ▶ Possible prior to referral



Home / Patient Resources / Patient Forms /

Dentistry & Oral Surgery Referral Form

Heidi Lobprise, DVM, Diplomate, American Veterinary Dental College

Dr. Lobprise will be scheduling procedures on a limited basis but will be available for consultations by phone (830) 777-8387 or email at ccvetdental@svp.vet, unless traveling internationally.

Please complete the form below for your referral.

Referring Doctor *

Referring Clinic *

Referring Email

Hospital Doctor

Veterinarian Referral Form

CLIENT/PATIENT INFORMATION

REFERRING DR. _____ CLINIC NAME _____

PHONE _____ FAX _____ EMAIL _____

Please mark the service needed for patient below:

- Neurology & Neurosurgery Surgery Internal Medicine Oncology
 After Hours Emergency & Overnight Care

Mark Status of Appointment

- Emergency This Week Routine

OWNER NAME _____ CO-OWNER _____

PHONE (H) _____ (W) _____ (C) _____

PET NAME _____ BREED _____ Age/DOB _____

SEX: Male Neutered Female Spayed WEIGHT _____

MEDICAL RECORDS, PERTINENT LABWORK AND RADIOGRAPHS

Have radiographs been taken? Yes No Date of study _____

Medical Records, Labwork, and/or Radiographs have been:

- Faxed Emailed Owner Bringing

Brief History & Primary Complaint _____

Tentative Diagnosis _____

Medication	Dose in Mg	Route (IV,IM,SQ)	Time Administered

Records and radiographs can be emailed to info@mission.vet

This form can be faxed to 210-737-7372, or emailed to info@mission.vet.

Electronic Referrals can be made through our referral portal at www.mission.vet/portal.

MissionVet Veterinarian Referral Portal

As we work to improve communication with our veterinary partners, we appreciate any feedback that you may have regarding our referral portal and ways to improve.

Please direct any questions or comments to info@mission.vet.

For patients needing to be seen urgently as a same-day referral, please also call 210-737-7373.

Primary Referring Veterinarian Login

User Name

Password (Case Sensitive)

User Name Help?

Password Help?

Secure Login

Emergencies



- ▶ Patient comes in and is a true emergency
 - ▶ If owner has called ahead, prep area
 - ▶ ETA
 - ▶ Let team know
- ▶ Triage patient



Triage

Red	Orange	Yellow	Green	Blue
Immediate	Very Urgent	Urgent Care	Standard	Non-Urgent
<ul style="list-style-type: none">• Collapse• Respiratory Distress• Cardiac Arrest• Active Seizure• Hit by car• Profuse Bleeding	<ul style="list-style-type: none">• Toxic ingestion• Foreign object –making pet sick• Heat Stroke• Dystocia• Retching, but not producing anything• Blocked male cat	<ul style="list-style-type: none">▪ Allergic Reaction▪ Mild GI issues▪ Trouble walking▪ Small Wounds▪ Possible Foreign body	<ul style="list-style-type: none">▪ Skin issues▪ Ear infection▪ Broken nail	<ul style="list-style-type: none">▪ More owner convenience▪ Chronic issues

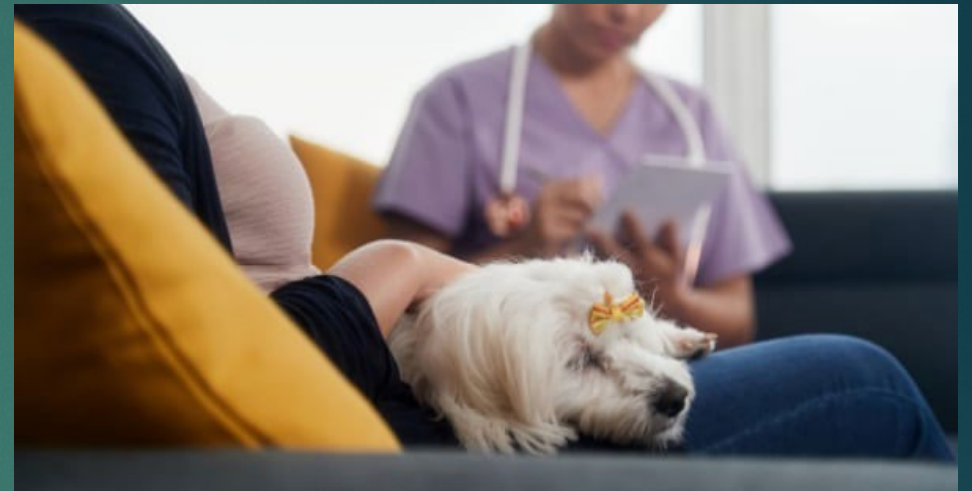
Emergencies

- ▶ Many things happening all at once
 - ▶ All Hands-on deck
 - ▶ Practice
- ▶ Patient assessment as well as history should be obtained as soon as possible
- ▶ Authorization for IV access or oxygen supplementation as needed
- ▶ Ensure patient is a CPR or DNR
- ▶ Pain control
 - ▶ May need to be delayed to full examination



Client Communication

- ▶ Be clear with what you are telling them
- ▶ Inform them what steps you will be taking
- ▶ In finances are a concern, see what owners are comfortable with
 - ▶ Provide an estimate and have owner sign it
 - ▶ Deposit



Initial questions for triage

- ▶ What exactly happened and how long ago did this happen/ did you find them?
- ▶ Where were they when they found them?
- ▶ Activity/energy/demeanor up to the event
- ▶ Vaccine history
- ▶ Are they on any medications?
- ▶ Could they have gotten into anything?
- ▶ Any major medical issues or surgeries in the past
- ▶ Heartworm prevention?



History

- ▶ Every exam should start with a thorough history
 - ▶ Even long-term clients, should be asked all questions
- ▶ Premade sheets or templates on computers
- ▶ Get in the habit of asking all the same questions
- ▶ Questions will change based on signalment
- ▶ Open ended questions
 - ▶ Follow-up questions



History

- ▶ Important to ensure owner has not taken pet anywhere else
 - ▶ Owners are sneaky!
- ▶ Make sure owners are giving their pet meds like they should and not giving over the counter medications
 - ▶ See above comment
- ▶ How long have symptoms persisted?
 - ▶ By last night, you literally mean 12 hours, right?
- ▶ Diet
 - ▶ Any changes to food type, table scraps, GRAIN FREE
- ▶ Possible Drug ingestion



Interactive Time



- ▶ Turn to someone near you
- ▶ A true red emergency has come in
- ▶ What are some of the questions you would quickly ask an owner in that situation?



Vitals

- ▶ Full vitals will include
 - ▶ Heart rate
 - ▶ Respiratory rate
 - ▶ Temperature
 - ▶ Mucous membrane color
 - ▶ Capillary refill time
 - ▶ Body Score Condition



TPR Values

	Dog	Cat
Heart rate/ Pulse	80 – 120 bpm	140-220 bpm
Respiratory Rate	12 – 24 rpm	20- 30 rpm
Temperature	100.5 – 102.5 °F	99.5 – 102.5°F



Emergency Transfers

- ▶ Save front legs for catheter placement
 - ▶ Jugular, saphenous vein
- ▶ Bloodwork
- ▶ Radiographs
 - ▶ May need to be repeated at transfer hospital
- ▶ IV catheter
 - ▶ Confident placement w/ larger bore catheter
 - ▶ T-port
- ▶ Place temporary bandages as necessary
- ▶ Document everything
- ▶ If records are unfinished, send some sort of documentation stating what was done
- ▶ Call ahead of time to emergency clinic



Client Communication

- ▶ Prepare the client on what to expect when they get there
 - ▶ Patient stability will play a huge factor
 - ▶ You never want your pet rushed to the front of the line
- ▶ If patient is critical, they may pass, we must prepare them for this
- ▶ Financial Aspect
- ▶ Transfer back to your hospital



Why transfers can be tough



Miscommunication



Unrealists
Expectations



Financial Constraints



Patient Stability



Miscommunication with owners

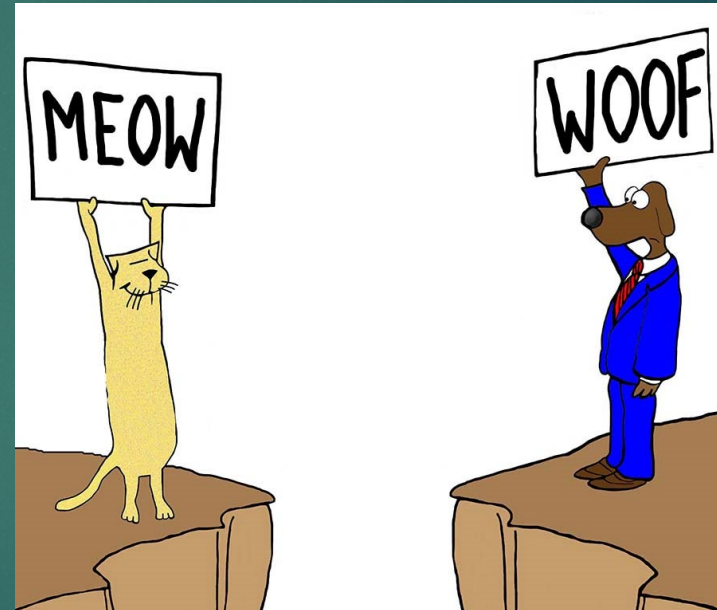
- ▶ Owners hear what they want to hear
 - ▶ Especially in stressful situations
- ▶ Help owners understand what kind of transfer they are doing
- ▶ They think they are going over for one thing and it's completely something different
- ▶ Break it down
 - ▶ Even write it out
- ▶ Document everything



Miscommunication with the hospital

- ▶ Establish a relationship before you need them
- ▶ Telephone game
- ▶ Incomplete/Inaccurate records
- ▶ Let clinic know if any sedatives were given

- ▶ Aggressive pets
 - ▶ Chill Protocols if applicable
- ▶ Special Concerns about clients



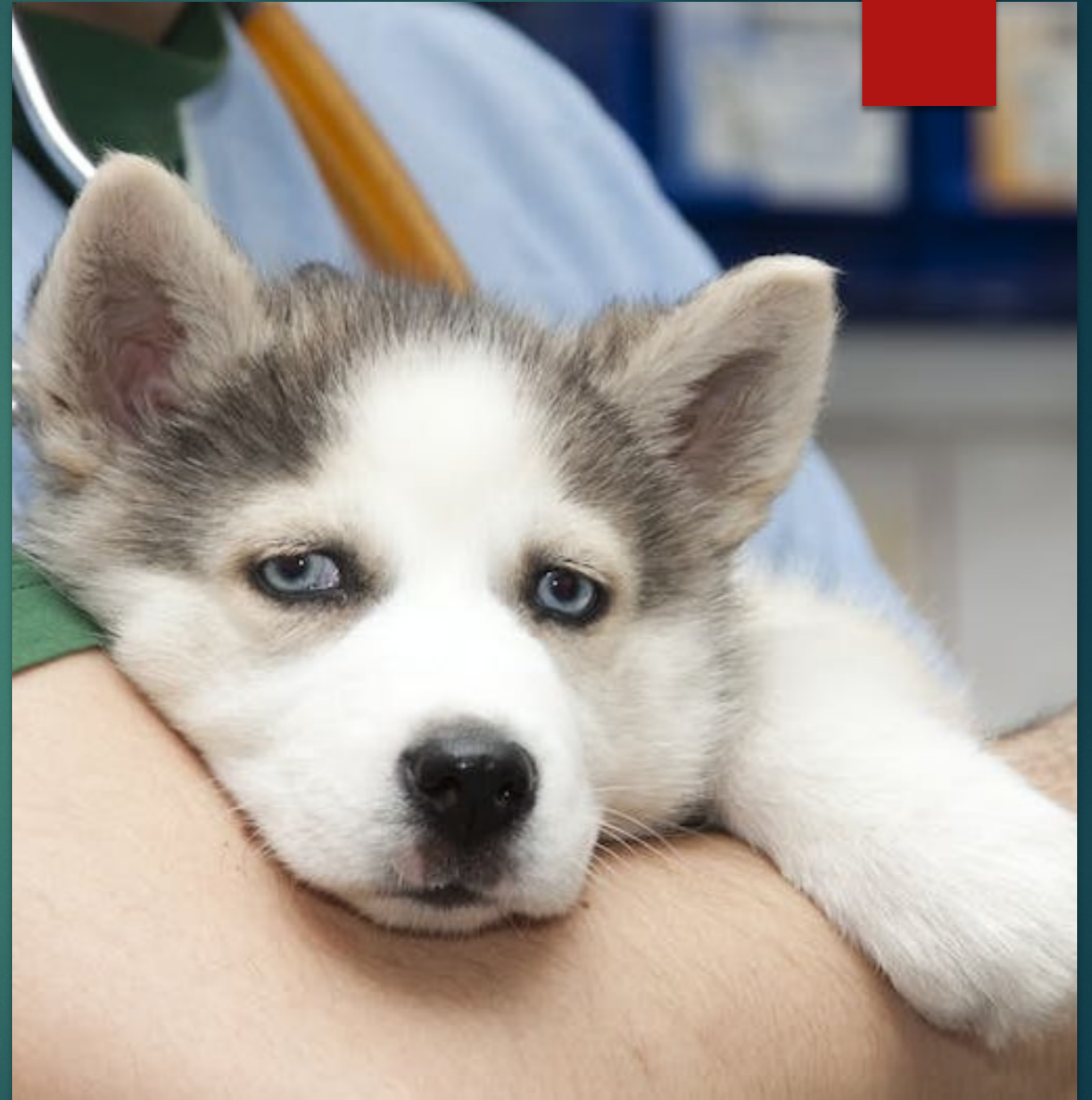


Unrealistic Expectations

- ▶ Trouble accepting the truth
- ▶ WANT IT NOWWWWWWW
 - ▶ Do not let clients train you
- ▶ Veterinary medicine is not human medicine
 - ▶ Human doctors and nurses can be some of the most difficult clients
- ▶ Not enough money in the world to cure them
- ▶ Financial constraints

Unrealistic Expectations

- ▶ Unless you have worked in this field then owners will never understand
- ▶ Always be honest
 - ▶ False sense of hope
- ▶ Clients' unrealistic expectations will put pressure on you and your staff
- ▶ Abuse should never be tolerated
 - ▶ Fire them



Financial Concerns

- ▶ Don't judge a person by their appearance/demeanor
- ▶ CareCredit or other services
 - ▶ Scratch pay
 - ▶ Wells Fargo
- ▶ When calling for an emergency transfer, most places will give general estimates
 - ▶ If not at least get consultation fee
- ▶ Wasting owners' money
- ▶ Must be able to have open communication with owners



Financial Concerns

- ▶ Usually very uncomfortable for people
- ▶ Really listen to clients in the room
 - ▶ Random stories may be a hint
- ▶ Focus on the care vs the money
- ▶ Respect client boundaries
- ▶ If owner's do not have the finances, a game plan must be made to keep pet comfortable
 - ▶ Humane euthanasia is never the wrong answer
- ▶ Emotions and money are never a good combination



Patient Stability

- ▶ Initial Triage steps
- ▶ Unless absolutely necessary never send away an actively dying pet
 - ▶ Doctor not on site or available by phone
- ▶ Owners' vs technician transportation
 - ▶ Who's driving
- ▶ May have to “stabilize” owner as well
- ▶ Pet may decompensate
- ▶ Veterinary ambulance



Patient Stability

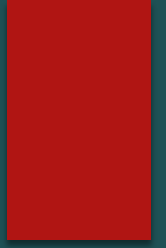
- ▶ Muzzles
 - ▶ Basket vs nylon
 - ▶ Tape
- ▶ Stretchers
- ▶ Wraps
- ▶ Back injuries
- ▶ Jaw fractures





Tape Muzzles

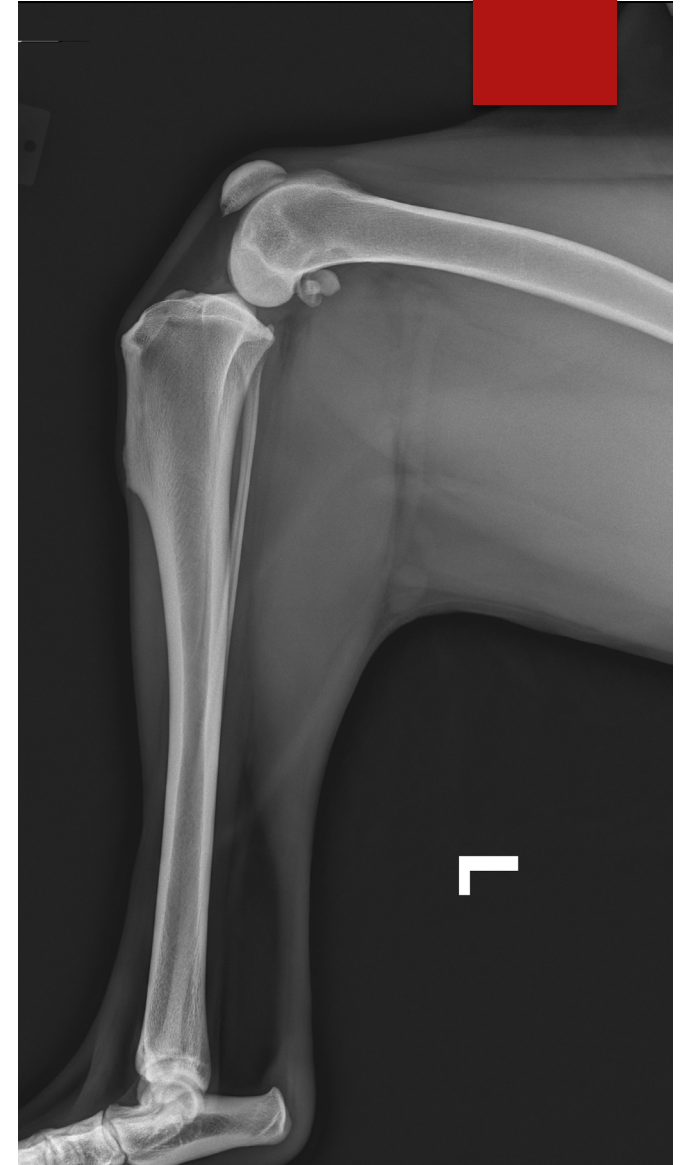






Diagnostics

- ▶ Transfer vs Referral
- ▶ Can help save clients some money
- ▶ Department based
 - ▶ Surgeons very specific
- ▶ Current Bloodwork
 - ▶ Age
 - ▶ Disease
- ▶ Testing may need to be repeated
 - ▶ Let owners know this



Radiographs

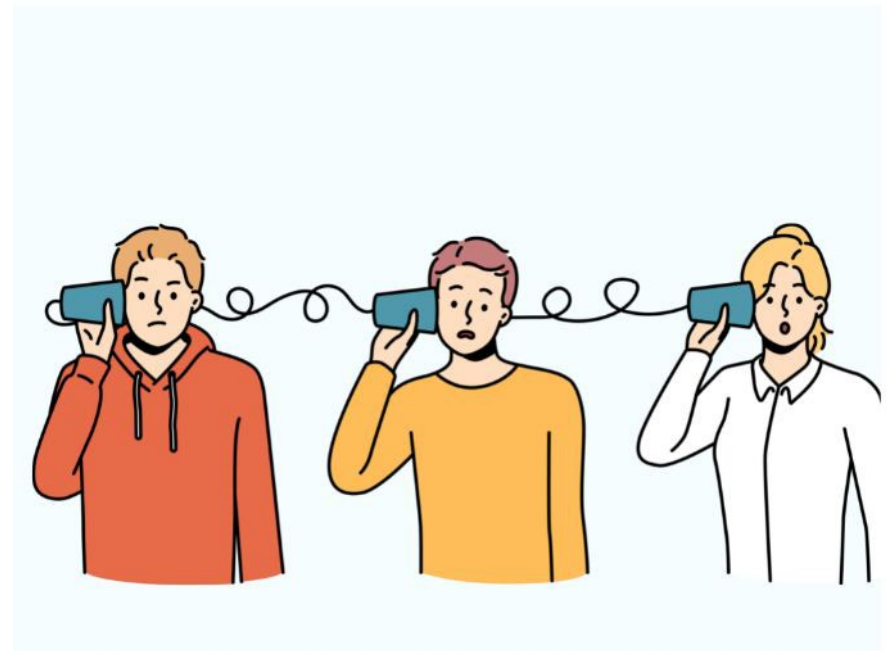
- ▶ If you are unable to email them, then transfer to disk for owner to take with them
 - ▶ Films must be sent with owner or take to clinic immediately
 - ▶ Photos of radiographs are never very helpful
- ▶ 2 vs 3 views
 - ▶ Chest & Abdomen
- ▶ Skull rads for jaw fractures
 - ▶ Meh.....

Importance of lateral view and AP view in X-ray.



Communication

- ▶ If you have a portal, most communication will happen on there
 - ▶ Email secondary
- ▶ Referral hospitals will only see the pet for that reason
 - ▶ Internal referrals/review of records may change where pet ends up.
 - ▶ Neurology vs surgery
 - ▶ Emergency vs critical care
 - ▶ Multiple departments



[ABOUT](#)[EMERGENCY](#)[SPECIALTIES](#)[PET OWNERS](#)[VETERINARIANS](#)[CONTACT US](#)[PAY ONLINE](#)

Specialty Hours*: M – Sat: 8am – 6pm

*Select services only

AVES Referral Portal

As we work to improve communication with our veterinary partners, we appreciate any feedback that you may have regarding our referral portal and ways to improve. If you have any questions or issues logging in, please don't hesitate to reach out to Portal Management at portal@AustinVets.com or call our hospital at 512-343-2837.

If you are new to the AVES portal and need assistance setting up an account, please email portal@AustinVets.com.

If you are experiencing any issues accessing the portal login below, please click [here](#).

For patients needing to be seen urgently as a same-day referral, please also call 512-343-2837.

Primary Referring Veterinarian Login

User Name

Password *(Case Sensitive)*

[User Name Help?](#)

[Password Help?](#)

Secure Login

Communication

- ▶ If able, keep a log of who needs a referral and where they are going
- ▶ Ensure you are getting those records back as well
- ▶ Owner may want to bounce back and forth for care
 - ▶ Be careful with controlled medications



Why we don't refer

- ▶ Location
 - ▶ Nearest emergency/specialist hospital can be hours away
- ▶ Hour of operation
- ▶ Financial...again
- ▶ Loss of clients
- ▶ Bad past experiences
 - ▶ Usually do to miscommunication
- ▶ We forget to place the referral



Property vs Family

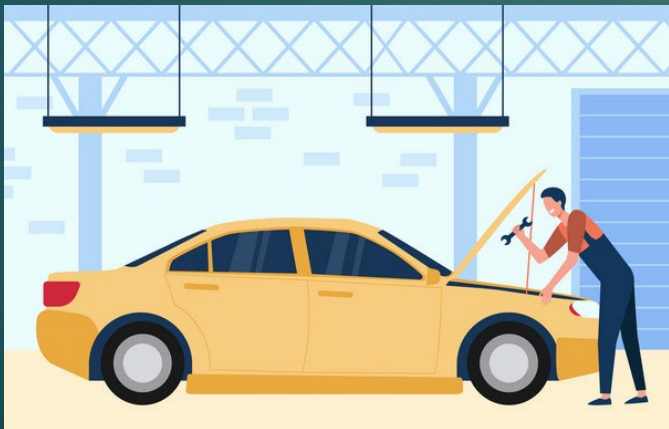
- ▶ Pets are technically considered property most places
- ▶ They have transitioned to more as family now
 - ▶ Dogs 85%
 - ▶ Cats 76% AVMA
- ▶ More owners willing to go above and even more above than in the past



Veterinary Ethics

Garage Mechanic Model

- ▶ Duty to Owner
- ▶ Pet is property
- ▶ Rural Areas
- ▶ Less likely to refer/transfer



Pediatrician Model

- ▶ Duty to pet
- ▶ Pet is seen more as a child
- ▶ Spreading to everyone
- ▶ More likely to refer/transfer



Pet Insurances

- ▶ Owners able to afford more advanced procedure
- ▶ Know how they work
 - ▶ Most owners do not
- ▶ Not our responsibility to know what their policy covers
- ▶ Advise owners of “special” breeds they may want to invest in insurance as soon as possible



DECLINES ALL DIAGNOSTIC TESTING



GETS MAD AT VET FOR NOT KNOWING WHY HER DOG IS SICK



Thank you
Any Questions?

Vanessa Huizar,
LVT, VTS (Dentistry)
Vtsdenrelief@gmail.com



References

- <https://blog.vettechprep.com/vettech-taking-a-good-history-in-the-exam-room>
- <https://www.dvm360.com/view/frame-questions-right-educate-veterinary-clients>
- <https://www.cliniciansbrief.com/article/veterinary-exam-room-protocol>
- <https://www.cliniciansbrief.com/article/strategies-seamless-patient-care-transitions>
- <https://pubmed.ncbi.nlm.nih.gov/26486981/#:~:text=Conclusions%20and%20relevance%3A%20A%20range,indoors%20in%20climate%2Dcontrolled%20conditions.>
- <https://www.avma.org/resources/pet-owners/emergencycare/13-animal-emergencies-require-immediate-veterinary-consultation-and-or-care>
- <https://www.aaha.org/globalassets/02-guidelines/referral/aaha-referral-guidelines-2013>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1482440/>
- <https://phys.org/news/2021-07-sociologist-pet-parents-pets-family.html#:~:text=%22Dogs%20and%20cats%20are%20treated,%20species%20families%2C%20she%20says>