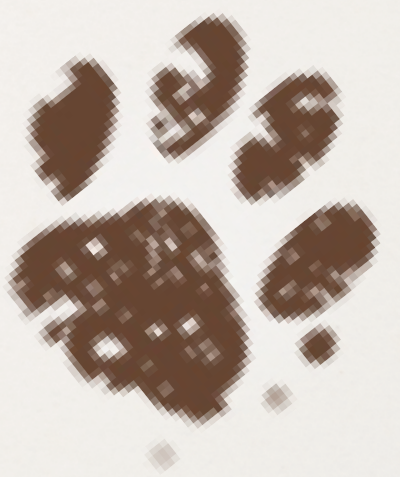
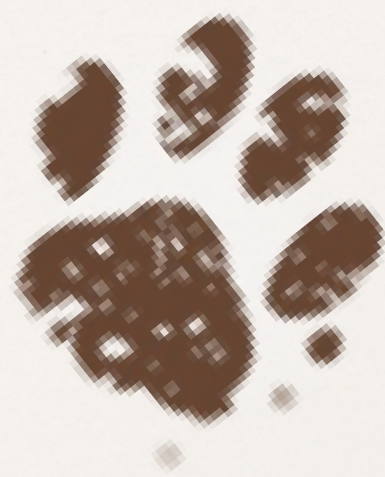
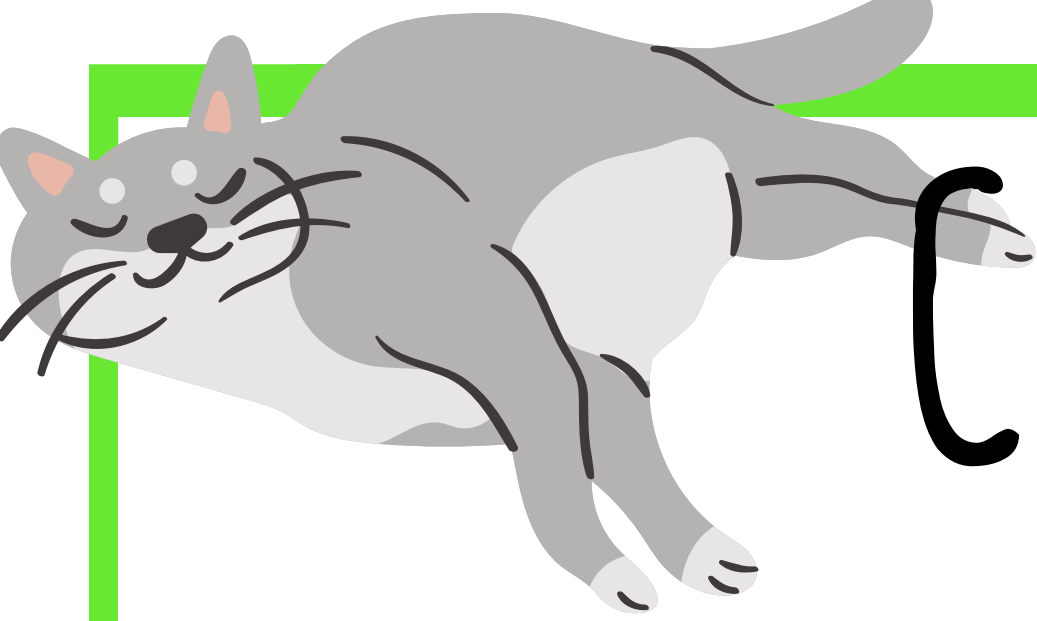


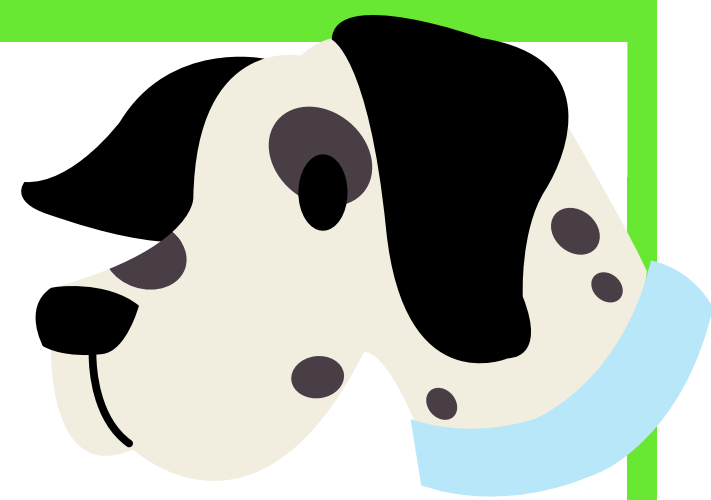
# THINGS I WISH I KNEW AS AN SVN



Tips and tricks from  
Veterinary Nurses



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# ACKNOWLEDGEMENTS

I would like to thank all of the veterinary professionals that took the time to share their tips and motivational quotes. This is truly a book by and for the veterinary community. Some submissions have been credited whilst others have been anonymised.



All tips have been submitted by members of the veterinary community. All tips should be used at the caution of the reader. Always consult a qualified veterinary professional, comply with the RCVS Code of Professional Conduct and ensure you are supervised before taking any action.

The author and contributors of this book are not responsible or liable for any injury or accident that occurs from using any of these tips.

# ABOUT ME

I am a Registered Veterinary Nurse who qualified from the Royal Veterinary College in 2019. Since then, I experienced the transition from student to a qualified member of the team. I felt it would have been helpful to have had a compilation of tips and tricks that would have made my SVN journey a lot easier. I hope that this collection will help others to gain confidence in clinical practice.



Remi Onabolu RVN



Be prepared to make mistakes. It's how we learn!

# THE DIPLOMA ROUTE

Student Veterinary Nurses are usually employed at a RCVS approved training practice and go to college one day a week. This is for a level 3 Diploma in Veterinary Nursing.

Students are given the opportunity to earn while they work and their training is often carried out in a single practice.

Assessments are often in the form of coursework, written examinations and practical Objective Structured Clinical Examinations (OSCEs). This route typically takes 2 years to qualify as an RVN.



# THE DEGREE ROUTE

Another route to become an RVN is through gaining a degree at university. This can be through a 3 year Foundation (FdSc) or a 4 year Bachelors degree (BSc). A FdSc degree is classed as a level 5 qualification whereas the BSc degree is a level 6. Many universities will organise the layout of their courses differently, but this will consist of placement blocks and theory blocks either for a few weeks or for up to a year at a time. Placements are often unpaid and can be organised by the university.

A BSc degree may be beneficial for those that want to further develop their research skills and knowledge. Some universities even offer RVNs to 'top-up' their qualification to a BSc degree.



# NURSING PROGRESS LOG

Some nursing training programmes use a Central Skills Log (CSL) rather than the NPL.

The Nursing Progress Log (NPL) is an online skills list which allow students and their clinical coaches to keep track of their competence. These skills cover the RCVS day one competencies that are required by a veterinary nurse to register. These range from legislation affecting practice to theatre practice.

A new task will be demonstrated by a clinical coach so that the SVN can demonstrate the task back to them. Once the clinical coach is confident that the task can be carried out safely, the SVN can practice the task until they feel competent. Once they claim competency, they must show the skill to the clinical coach so that they can be 'signed off' for that task.



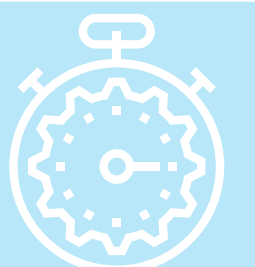
Log your nursing progress log (NPL) during lunch. This will give you more time to relax at home after work



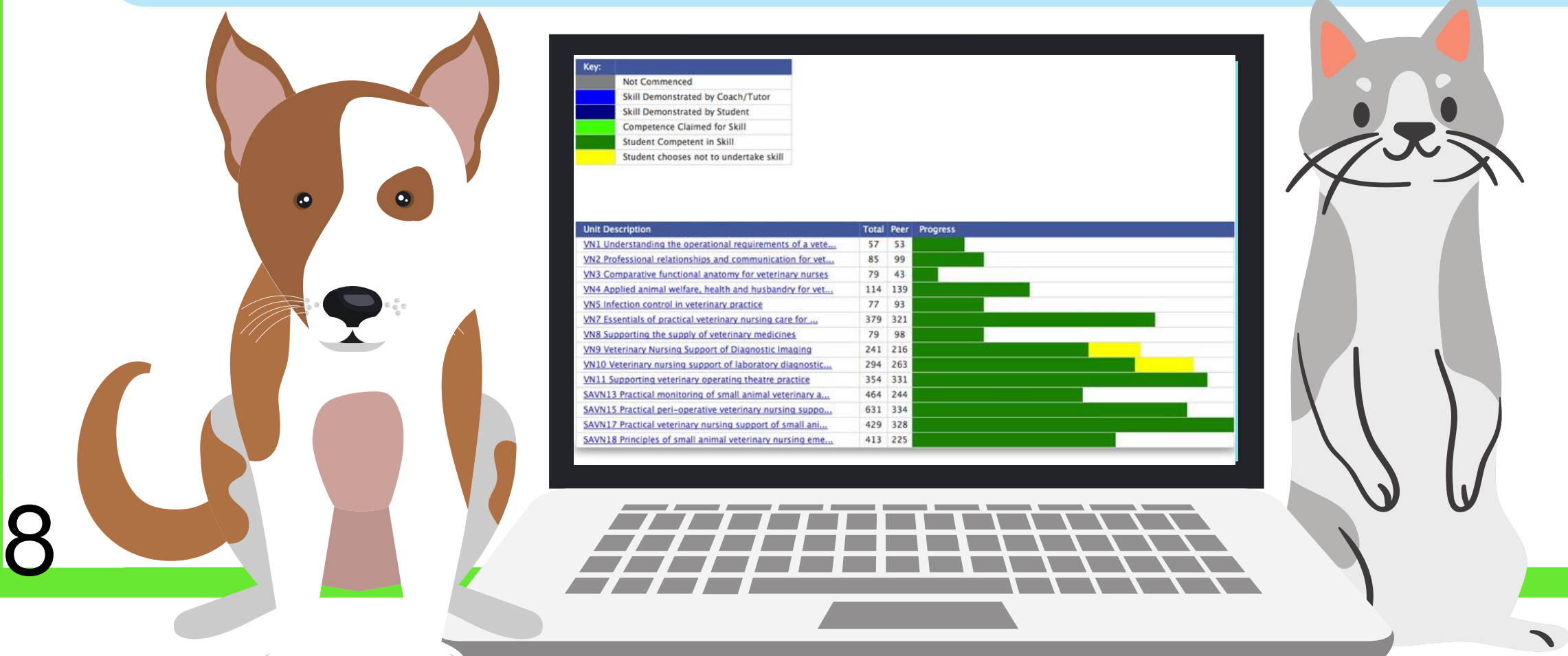
Have weekly meetings with your clinical coach. If this isn't happening, then push for it. Set weekly goals and do not be afraid to tell someone to stop what they are doing because you need it for your NPL - [@chronicalsofastudentvetnurse](#)



Log your college lectures, practical sessions and any CPD that you do - [@chronicalsofastudentvetnurse](#)



Keep a record of all the hours and days that you have spent in practice as well as sick days. This will help in the long-run when the RCVS need proof of hours



# TOP TIPS TO MAKE THE MOST OF YOUR PLACEMENTS

1

CAKE 

Bringing in cake on the last day of your placement will never go unappreciated

2

CRASH BOX 

Always ask where the crash box is when you're at a new practice. This will help at the time of an emergency if you are needed to fetch equipment

3

"HOW CAN I HELP?" 

Never be afraid to ask if you can assist your colleagues with anything. Always be a team player

4

STAY BUSY 

Stuck twiddling your thumbs? Either check if there is a daily cleaning list, stock up equipment, or stick on another pile of never-ending laundry!

5

KNOW WHAT YOU NEED 

Try and keep an ongoing list of the certain tasks that you need for your Nursing Progress Log and ensure that everyone knows what you need to do

Take a moment at the end of the day to thank your colleagues. It may just be the pick-up they needed.



# COMMON ABBREVIATIONS

ABC - antibiotics

AD- right ear (auris dextra)

AS- left ear (auris sinistra)

AU- both ears (aures unitas)

BAR - bright alert responsive

BID- twice per day

CHF- congestive heart failure

CRI - constant rate infusion

DCM - dilated cardiopathy

DUDE - defaecating urinating drinking eating

Dx - diagnosis

EOD - every other day

FB - foreign body

GDV- gastric dilation volvulus

GI - gastrointestinal

HCM- hypertrophic cardiomyopathy

HGE- hemorrhagic gastroenteritis

IM- intramuscular

IPPV- intermittent positive pressure ventilation

IV- intravenous

NPO - nil per os AKA nothing by mouth,

OD- right eye (omne in die oculus dexter)

OS- left eye (occulus sinister)

OU - both eyes (oculus uterque)

PRN- as needed (pro re nata)

QAR - quiet, alert and responsive

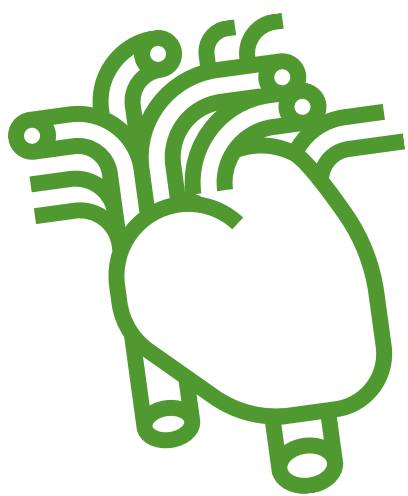
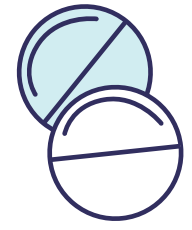
QID- four times daily

RTA - road traffic accident

SC- Subcutaneous

SID- once a day

TID- Three times a day



# STUDY TIPS AND MOTIVATION



Crash Course Biology on YouTube is helpful for anatomy and physiology exams



Don't compare yourself to other students - everyone learns at different paces and have different areas that they are strongest in



Try and designate one day a week to revise notes to help with your long-term memory - *Ayesha RVN*



Do not spend all your time making your notes pretty



Whether you worry about your exam on Friday, or not it's still going to come regardless, you can't change that. The only thing you can control is how you prepare



Try and make revision fun. Make flashcard games as soon as you learn a new topic



Make sure that you have met the learning objectives



Dissertation tips: pick a topic that you like. Write bit by bit (Rome wasn't built in a day). Have good communication with your supervisor.



Don't spend all your money on textbooks. Check out your practice's library, online (magonlinelibrary, Google Scholar, PubMed) and your college/university library



## Useful sites:

Clinicians brief

VetNurse.co.uk

Eclinpath (for pathology)

Vetlogic

Science direct journal

Quizlet

(and try podcasts too)

# PRACTICAL EXAM TIPS



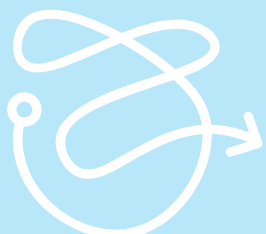
Read the task clearly



It may be helpful to talk through what you are doing through the exam so that you do not forget anything



During your OSCEs, talk the examiner at the beginning and say hello - they are not that scary



Do not overcomplicate the task. You've done this a million of times! You've got this!



Talk a family member through the steps as you complete a task



Remember to breathe!

## Useful revision videos

Jane RVN on YouTube

S&J Veterinary Nursing  
Revision videos





**SOMETIMES  
WHEN WE GET  
OVERWHELMED,  
WE FORGET HOW  
FAR WE HAVE  
COME**

*@theempoweringrun*



# DEALING WITH STRESS

The 'Stress Bucket' is a great way to consider coping strategies for managing stress. Imagine that you have a bucket that you carry with you which slowly fills up when you experience different types of stress. This can get lighter each time that you do relaxing and fun activities. When full, any small stress factor could cause the bucket to overflow, resulting in burnout. This is the feeling of exhaustion. Taking time out to focus on yourself and reduce stress can help to avoid this.



Prioritise your health and workload



Write down your concerns. Sometimes it helps to put things into perspective once you can see them



It's okay not to be okay after "one of those days"



Ask for help and be kind to yourself



Acknowledge your limits



**We're here to listen.**

[www.vetlife.org.uk](http://www.vetlife.org.uk)

helpline

health support

financial support

Vetlife 24/7 confidential helpline

**0303 040 2551**

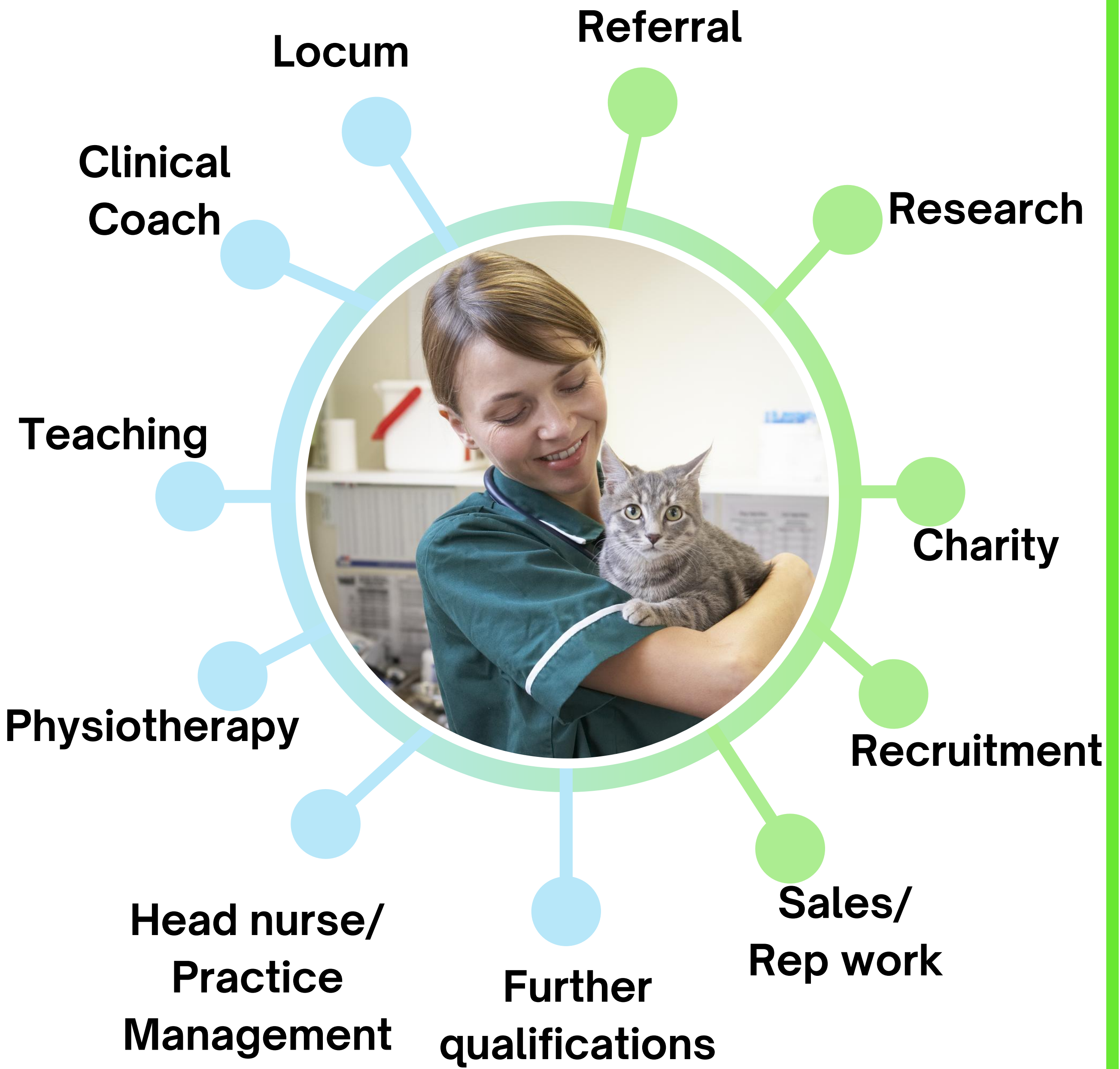
Anonymous email support via website

[helpline.vetlife.org.uk](mailto:helpline.vetlife.org.uk)

 VetlifeVBF  
 @VetlifeVBF

**vetlife**  
Support for the  
veterinary community

# FUTURE CAREER OPTIONS

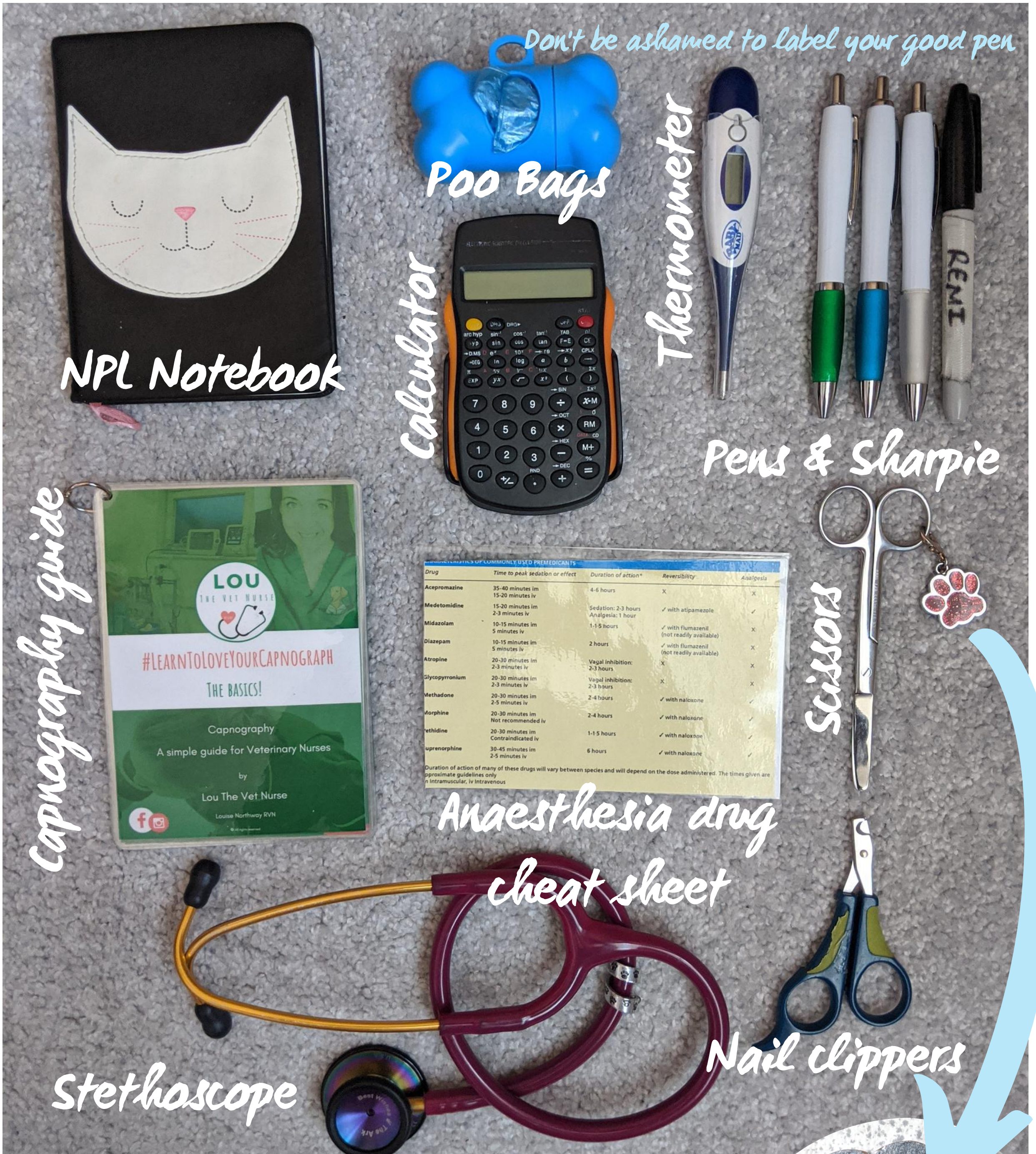


Check out Vets: Stay, Go, Diversify for more support

# WHAT'S IN MY PICK-POCKET?

Label your own equipment. Otherwise they may not be returned to you if they are lost. A dog tag is suffice

Have a notebook with you with drug calculations (side effects, trade and drug names), calculating fluid rates, important numbers, passwords, normal TPRs, flea and worm tx, capnography, etc



NPL Notebook

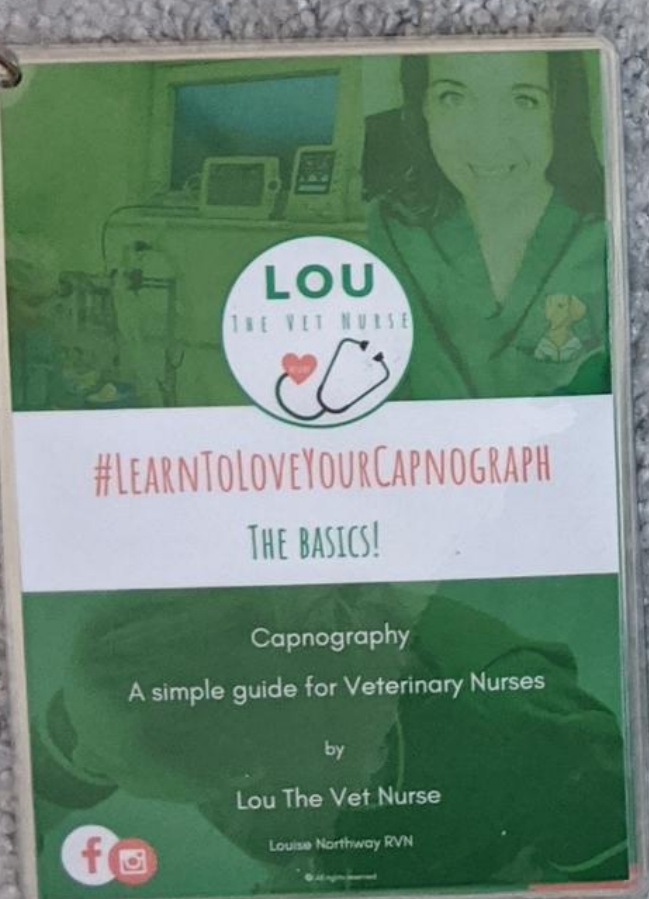
Poo Bags

Calculator

Thermometer

Pens & Sharpie

capnography guide



Drug	Time to peak sedation or effect	Duration of action*	Reversibility	Analgesia
Acepromazine	35-40 minutes im 15-20 minutes iv	4-6 hours	X	X
Medetomidine	15-20 minutes im 2-3 minutes iv	Sedation: 2-3 hours Analgesia: 1 hour	✓ with atipamezole	✓
Midazolam	10-15 minutes im 5 minutes iv	1-1.5 hours	✓ with flumazenil (not readily available)	X
Diazepam	10-15 minutes im 5 minutes iv	2 hours	✓ with flumazenil (not readily available)	X
Atropine	20-30 minutes im 2-3 minutes iv	2-3 hours	X	X
Glycopyrronium	20-30 minutes im 2-3 minutes iv	2-3 hours	X	X
Methadone	20-30 minutes im 2-5 minutes iv	2-4 hours	✓ with naloxone	✓
Morphine	20-30 minutes im Not recommended iv	2-4 hours	✓ with naloxone	✓
Urethane	20-30 minutes im Contraindicated iv	1-1.5 hours	✓ with naloxone	✓
Urethane	30-45 minutes im 2-5 minutes iv	6 hours	✓ with naloxone	✓

\*Duration of action of many of these drugs will vary between species and will depend on the dose administered. The times given are approximate guidelines only.

Anaesthesia drug cheat sheet

Scissors

Stethoscope

Nail clippers



# ANAESTHESIA & THEATRE TIPS



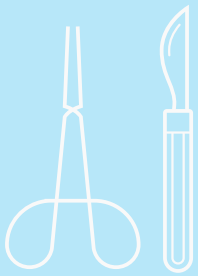
Don't forget to manually monitor your patients under anaesthetic - there can still be an ECG trace present for up to 5 mins after the heart has stopped beating - *@Chronicalsofastudentvetnurse*



Consider an oesophageal stethoscope if you are monitoring for an invasive surgery



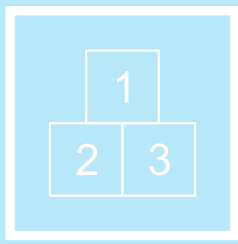
A swab tied with catgut can make a useful throat pack - *@Chronicalsofastudentvetnurse*



There is no such thing as a routine anaesthetic, only routine procedures



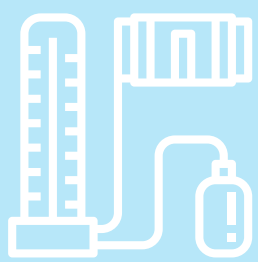
When admitting spay procedures: Always ask the owner what they would like to do if you find out that their pet is pregnant mid-procedure. Also confirm when they had their last season



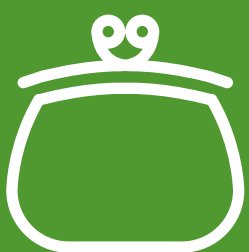
Always do a swab count post-surgery



Don't be scared to tell your colleagues if you're not feeling well during surgery. Its better than fainting into the surgical site. Ensure you have a good breakfast or snack and plenty of water before you start too- *@Chronicalsofastudentvetnurse*



Make sure you check the levels of anaesthetic gas throughout the procedure

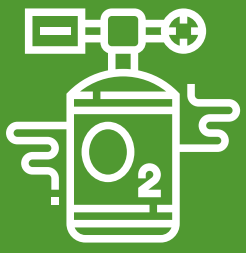


Always label that you have a purse string suture in and leave it extra-long sutures in to remind you

Doing a messy dental? Cut a hole out in a puppy pad and stick the patient's head through it. This will act as a barrier to keep the rest of the body dry



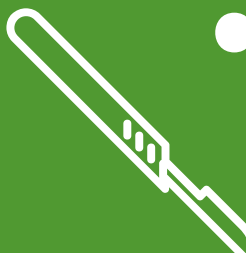
# ANAESTHESIA & THEATRE TIPS



Pre-oxygenated animals desaturate slower - *McNally et al. (2009)*



Aim to use low dead space capnograph adaptors in small patients to obtain accurate ETCO2 samples and to reduce the likelihood of rebreathing - *@louthetvetnurse*



- When admitting lump removal cases. Try and clip markers of the lumps with the owner to help locate them, or go through a skin chart with them



To gauge the appropriate size of endotracheal tube to use, you can place the tip of the tube between the nares. Always prepare to bring an ET tube that is one size up and one smaller



Tape a rectal thermometer to your patients tail during anaesthesia so that you can get a rectal temperature easily during anaesthetics without letting any heat escape from under the drapes - *@chronicalsofastudentvetnurse*



Providing pre-oxygenation via mask is more effective than flow-by - *Ambros et al. (2018)*



Can't remember what ECG clips go where? Remember the traffic light system. Red (right), yellow (left), green (hind) - *@molthesvn*



Looking for somewhere to place the pulse oximeter when the tongue is a no go? try the prepuce, vulva, pink toes or ears if they are not pigmented - *@louthetvetnurse*



If using a red rubber endotracheal tube, use a syringe cap to keep the cuff inflated. Bend the little tube over and slide a syringe cap or syringe over it - *Rebecca RVN*



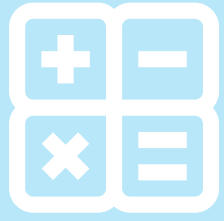
Ambros, B., Carrozzo, M. V. and Jones, T. (2018) 'Desaturation times between dogs preoxygenated via face mask or flow-by technique before induction of anaesthesia', *Veterinary Anaesthesia and Analgesia*, 45(4), 452-458

McNally, E. M., Robertson, S. A. and Pablo, L. S. (2009) 'Comparison of time to desaturation between preoxygenated and nonpreoxygenated dogs following sedation with acepromazine maleate and morphine and induction of anaesthesia with propofol', *American Journal of Veterinary Research*, 70(11), 1333-1338

# ANAESTHESIA & THEATRE TIPS



Never press the oxygen flush button when a patient is connected to the breathing circuit. Always disconnect as the pressure is very high and may cause barotrauma - @louthevetnurse



Using medetomidine? Always make sure you have the antagonist (atipamezole) calculated & to hand ... or better still, drawn up ready to administer in case of an emergency @louthevetnurse



Cannot hear the heart properly through the stethoscope? Double check that you are using the correct side of the stethoscope as some can have two heads. This has made some people unnecessarily panic before



For paw surgeries, put the clipped paw in a glove filled with diluted hibiscrub in order to prep the foot for surgery



Put baby socks on the paws of your patient to reduce any more heat loss during surgery



Consider elevating the chest slightly during anaesthesia to allow easier and more comfortable breathing if the patient is in dorsal recumbency - @molthesvn



You can use a fluid bag as an alternative to hot hands. Put dye into the bag (to ensure that it is not accidentally used for fluid therapy) and warm in the microwave. Warm for 45-60 seconds, but keep an eye on the bag to ensure it does not burst



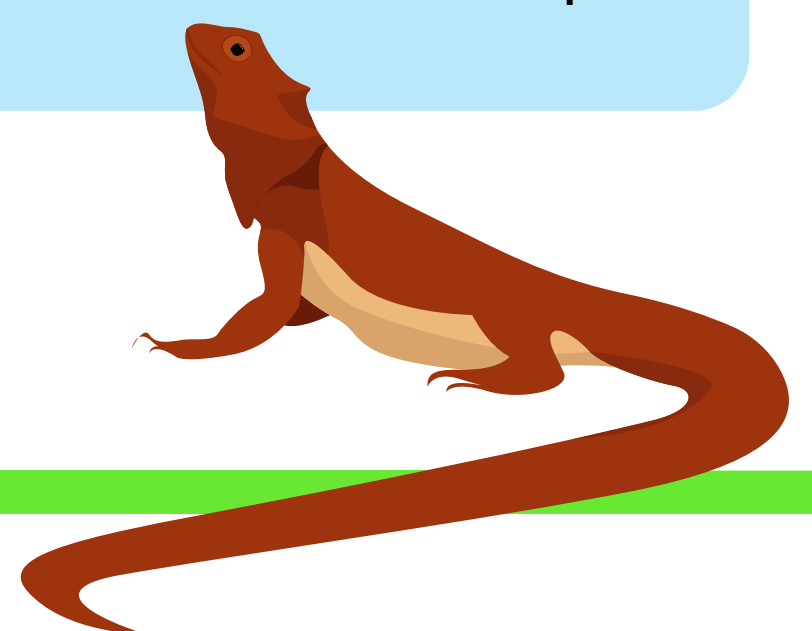
Most anaesthetics are 95% calm monitoring, the other 5% panicking. So ensure that you know what to do and believe in yourself



Planning, preparation, communication and tailoring anaesthesia plans is essential in reducing risk to our patients - @louthevetnurse



A makeshift ET tube for a bearded dragon can be made using a 18G IV cannula attached to a size 3 ETT adaptor - @louthevetnurse



# ANAESTHESIA & THEATRE TIPS



Try learning instrument names by making your own flashcards - @Chronicalsofastudentvetnurse



Make sure that you go through a pre-surgery checklist



Always check the admission form before, during and after the procedure



Consider a doppler to listen to the heart if you are working with a small furry. Lightly tape this to the patient to keep it in position under the drapes



Place a damp swab over the tongue before you place the pulse oximeter on for a better reading - @pye\_rvn



The appropriate endotracheal tube length should measure from the tip of the nose to the scapula - @louthevetnurse





# LABORATORY

*(Lab is definitely NOT boring)*



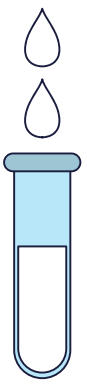
Look at blood results after you have run them to check if they have run properly. Familiarise yourself with normal values

Always check the plasma colour when measuring the packed cell volume - *@maylauren4*

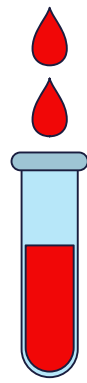
Use some forceps to hold microscope slides when staining them to keep mess to a minimum

Allow serum blood tubes to clot for 30 minutes before centrifuging to avoid any haemolysis of the cells

## Plasma colour meanings



White -  
Lipid



Red -  
haemorrhage



Yellow -  
Icteric/jaundice

## Tips for sample collection by IDEXX

1

### RIGHT TUBE

- Choose the correct tube and size
- Fill the tube to the minimum fill line
- Invert 10 times to mix well

2

### CELL CARE

- Use the largest gauge needle possible to reduce cell rupture
- Remove the needle to fill tubes

3

### HANDLING

- Keep samples refrigerated until the courier arrives (excluding blood smears)
- Allow plain serum to clot before centrifugation

4

### LABEL

- Label the tube clearly (incl. the test needed)
- Do not cover the tube expiration date

# BELIEVE IN YOURSELF!



It's okay not to be perfect, sometimes you have to take the good with the bad. It's okay not to be okay, experience is key! Nobody is born knowing everything - @svndiaries



Everyone makes mistakes so don't be too hard on yourself... the most important thing is what you learn from them, to improve your skills for the future. - Emma CertVNECC RVN



We've all cried when we've lost a patient or a case hasn't gone to plan, and that's ok, it's means you care deeply about your job. - Terri Jones



It's okay not to know everything, nobody ever does. Don't be afraid to ask for help if you need it either, because everybody started somewhere! - Tawny Kershaw FdSc RVN AFHEA



Every nurse has different strengths and weaknesses. It makes life much less stressful once you stop comparing yourself - @Rosiebourne\_



You don't have to be expert in every part of the job. Everyone has areas that they prefer or gravitate towards, be it anaesthesia, lab, nurse clinics etc... and together you make a team - Anon



I wish someone had told me it's okay to be angry at the situations we see. DO NOT BOTTLE IT UP



There's nothing wrong with admitting you're struggling with something.



You may be facing the most horrific challenge of your life, but it is possible to still achieve everything at the end



You will make mistakes, own up to them and learn from them - hiding only hurts you and the patients



# HANDLING AND RESTRAINT



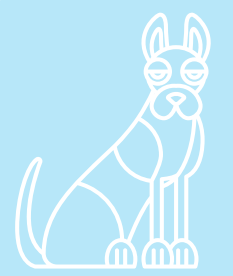
Fear-free handling is priceless. It's better to take your time, even if this means multiple visits to the practice than to cause a pet to become nervous and aggressive next time - *@fibro\_vetnurse*



Not all 'difficult' cats are nasty. They are mostly just misunderstood. Study feline behaviour and practice feline handling. Check out: [www.icatcare.org](http://www.icatcare.org)



Weigh some of your cat carriers and label them. This will come in handy when you need to weigh cats that are difficult to handle. Just weigh the cat in the carrier and subtract the weight of the carrier



Sometimes less is more. Sometimes the patient isn't being nasty, they are panicking. Talk to them softly, hold them gently and try to slow your own breathing



Use chemical restraint over physical if time is not on your side- *@fibro\_vetnurse*



You can get cats to comply really well with blood sampling, placing catheters, etc, just using stroking, a calm and gentle approach, speaking softly and applying less pressure - Francesca Lees RVN ISFM CertFN



Have a cat that won't stay still on the scales? Slowly turn on a sink in the room as a distraction. Only do it if the cat is not very scared and nervous - Rebecca RVN



Take cats to a quiet room for exam/procedures. The last thing you want is for the cat to freak out when the vet brings through a tank of a staffy!



For more cat friendly tips, go to the International Society of Feline Medicine website



The Fear Free online course is great for improving your knowledge on fear-free visits for your patients. This is currently free for students. Check out [www.fearfreepets.com](http://www.fearfreepets.com)



Always make sure that you reset a muzzle once you are done with it

# MEDICATION



It may be easier to draw up medication from a glass vial if you invert it- This results in less air being drawn up and the contents still stay in the bottle - [@chronicalsofastudentvetnurse](#)



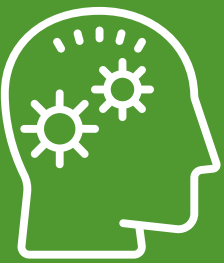
Use gloves when handling medications & always get someone to double check your dispensed medication - [@maylauren4](#)



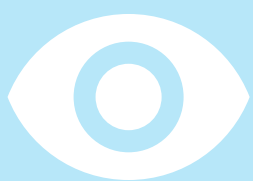
Use a snap top vial snapper for opening vials - [@chronicalsofastudentvetnurse](#)



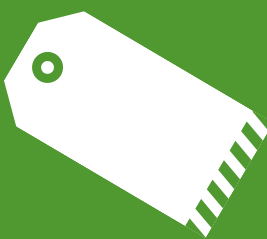
Use a new needle every time. This is to maintain an aseptic technique and for patient comfort - [@louthevetnurse](#)



Avoid learning injectable drug doses in ml/kg - [@louthevetnurse](#)

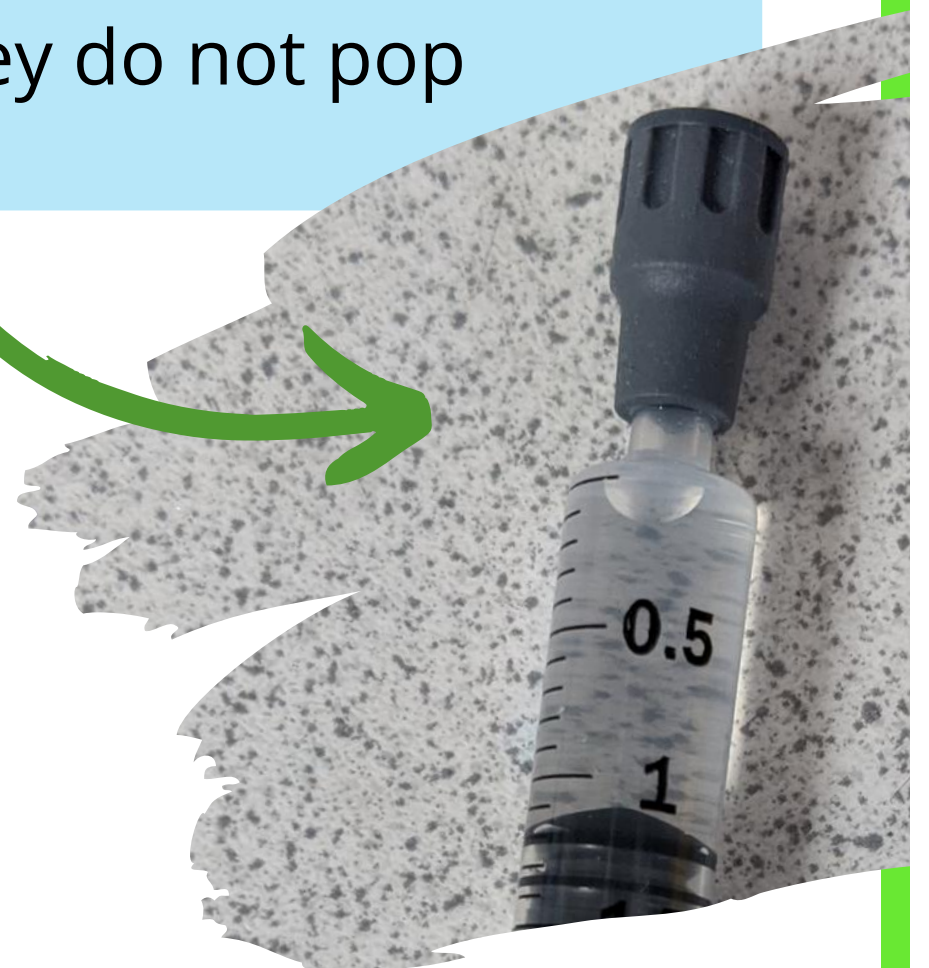
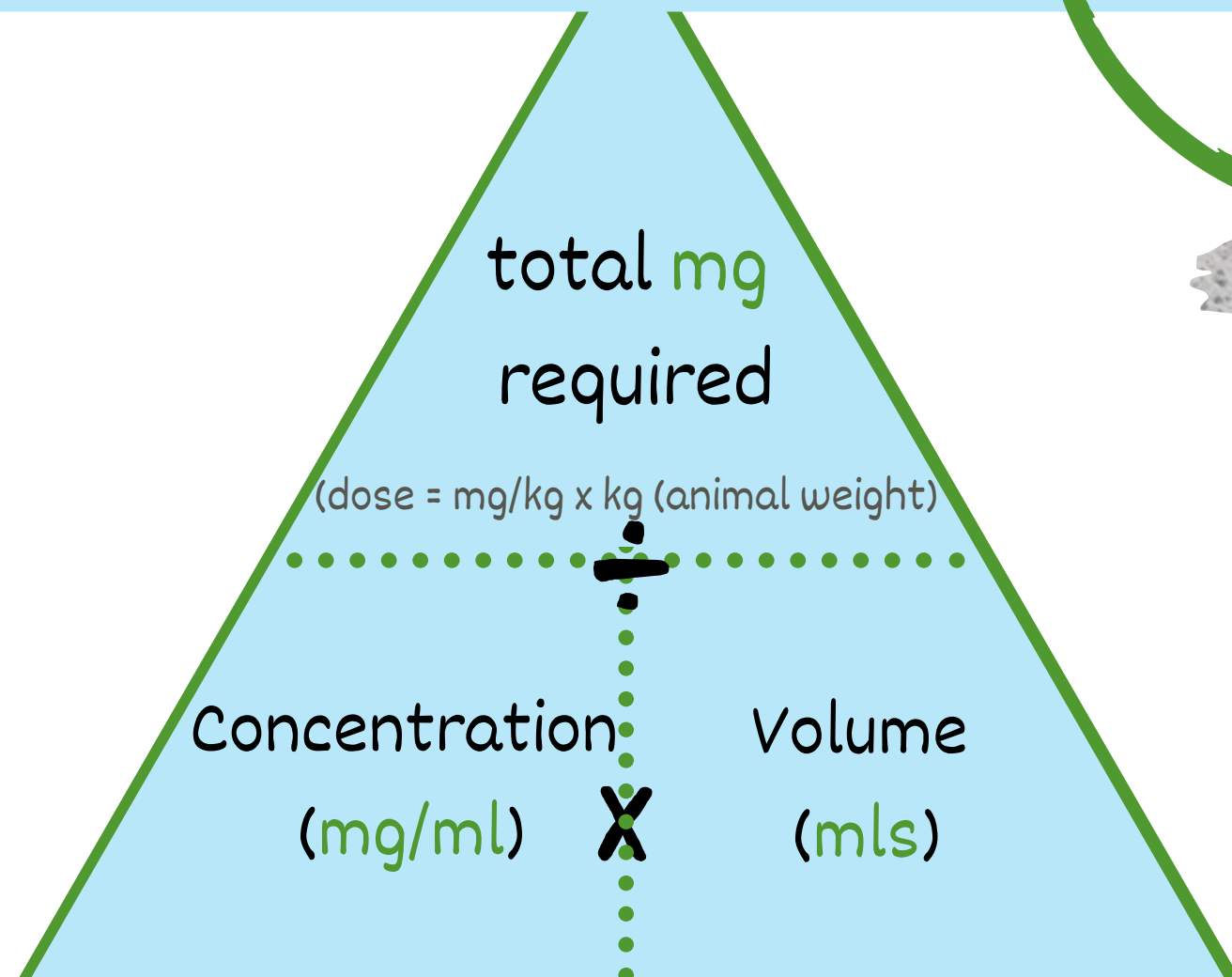


Don't be afraid to question other RVNs and Vets. If you think they may have put a wrong dosage or using the wrong vaccine, then check with them. Vets do sometimes make mistakes and we are their second pair of eyes!



Always label your syringes if you are not using them immediately

Keep clean broadline syringe tips to use them to cover any preloaded syringes (take care that they do not pop off)

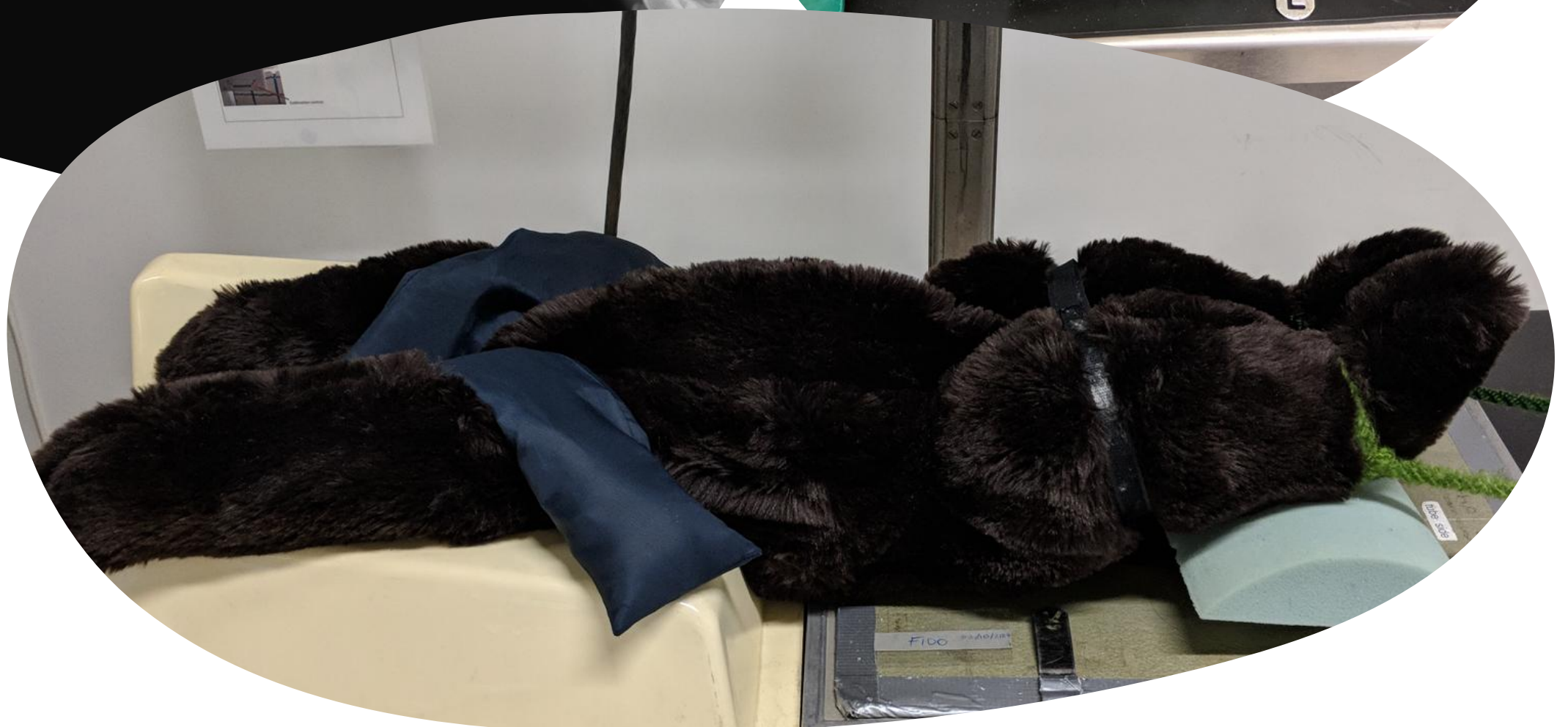


# X-RAYS

When taking X-Rays focusing on the forelimb, consider placing a saphenous catheter

IMV Academy Small Animal Learning have several guides on X-Ray positioning

When taking spinal X-Rays, mark the borders of each X-Ray with tape when you move further down along the spine so that you don't repeat the same area. Also, have the spine facing towards you to check that it is straight



# NURSING CONSULTS



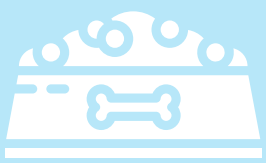
Always check nails in a consult. Some may be overgrown (especially dew claws) and can go unnoticed until they curl inwards



It's okay not to know something in a consult. Tell the client you don't know, but you will find out the answer. Don't try and blag your way through!



Lightly pinch the area that you are about to insert the microchip into if the animal is a small puppy or kitten. Holding it long enough may stop them crying in front of the owner once you have implanted it



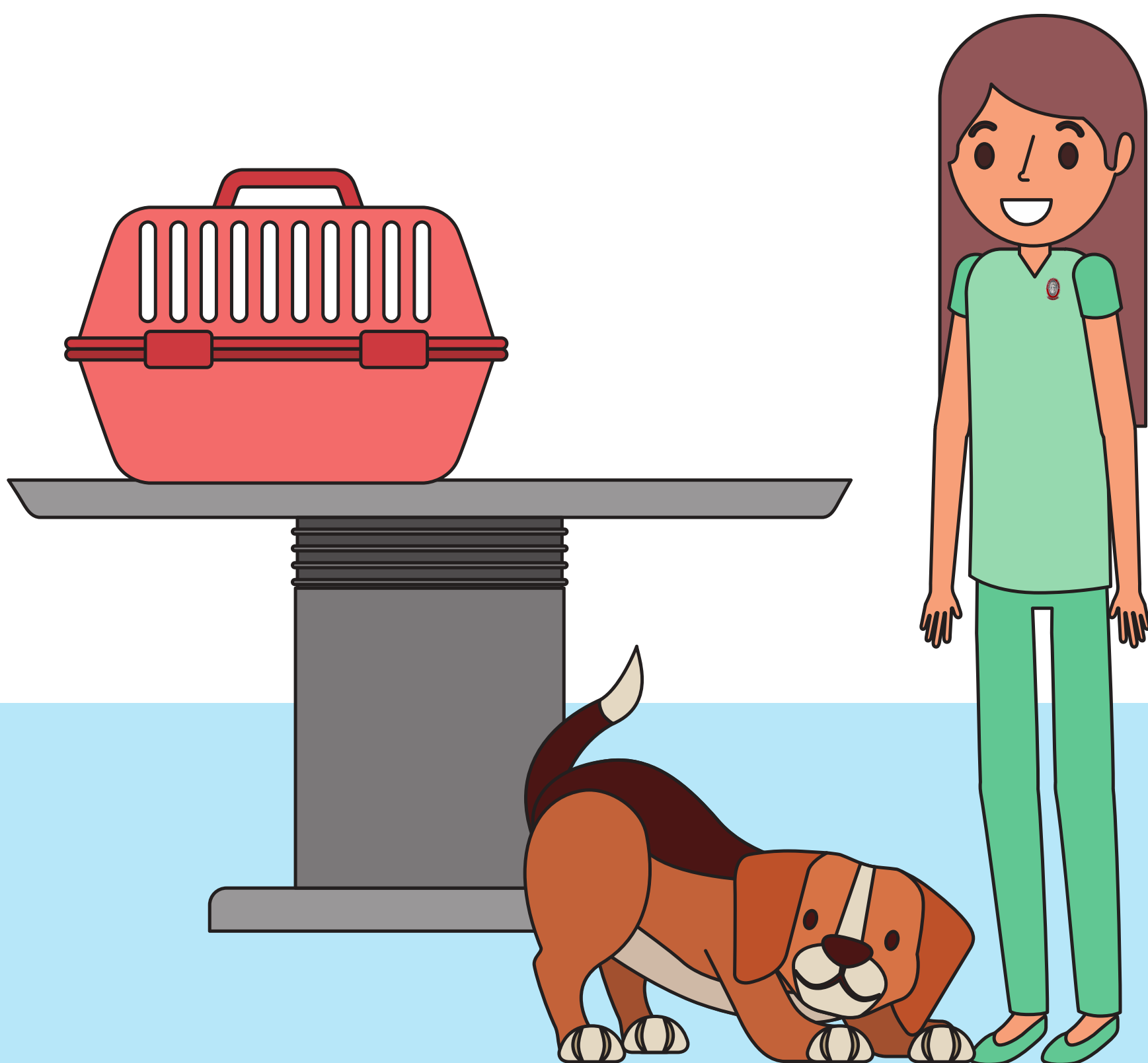
Offer treats to a puppy when you are giving medication/a microchip. They may not even notice



Have a silver nitrate pencil handy when cutting black nails - *Ayesha RVN*



Don't assume the breed



# DEALING WITH EUTHANASIA

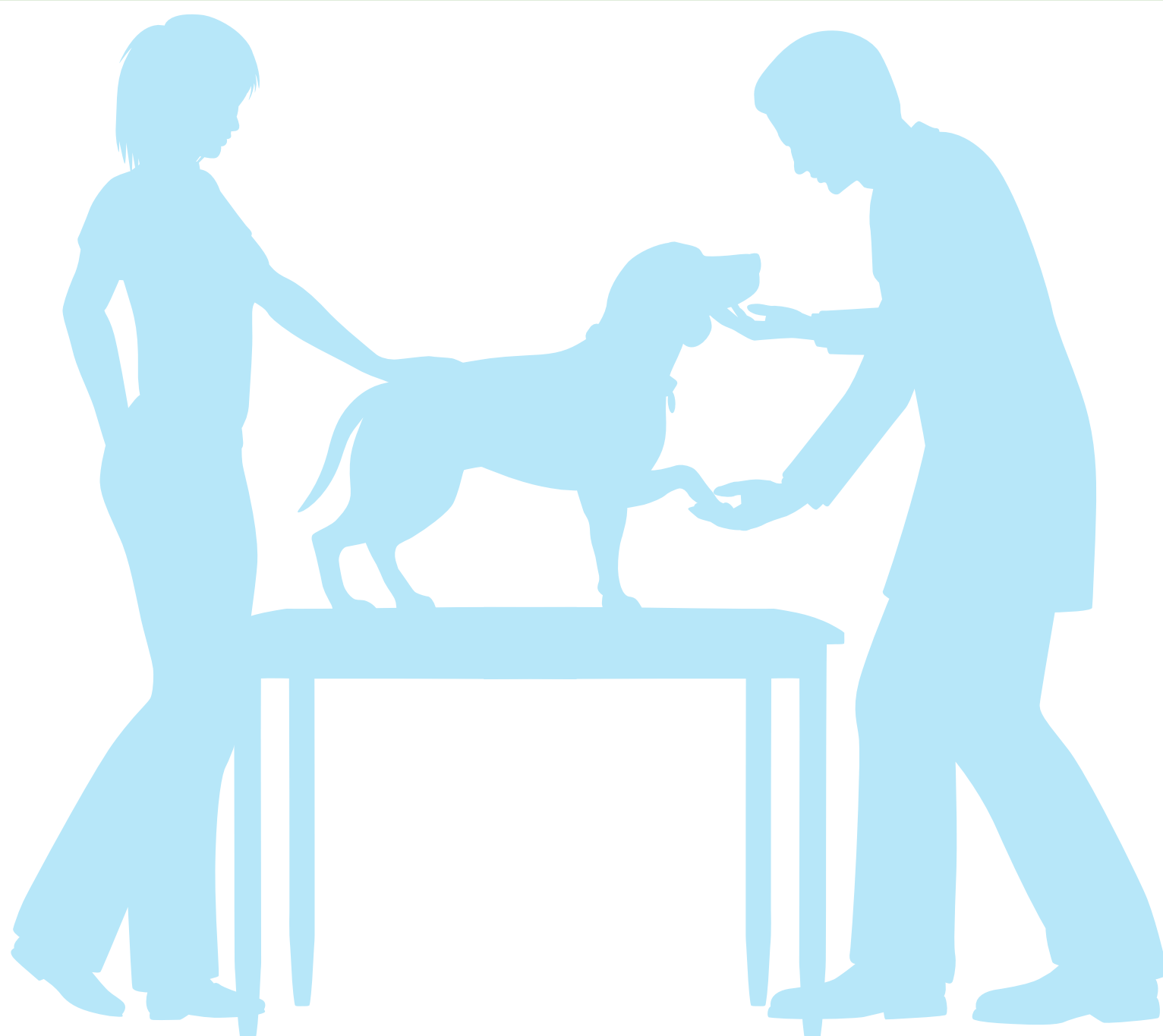
When going to a euthanasia house visit, always ensure that sedation is brought just in case

Curl pets up in a natural looking position after they have been put to sleep in case the owner wants to see them again - *Carrie Ball VCA, ACC Dip PBC, Cert Pet Bereavement BC*

Compassion is absolutely everything - how you handle euthanasia and the bereavement after has a crucial lasting effect for everyone involved, especially the owner. A few kind words, a card in the post or giving the owner time in a quiet room to say goodbye goes a very long way! It isn't ever something that should be rushed.

Always explain the process of euthanasia to the owner. So that they understand that those 'final breaths' after the patient has passed is just the muscles relaxing. Also make them aware that the eyes do not close and that there can be a chance of them voiding their bowels

It's okay to cry over someone's else's pet, it doesn't make you 'too caring' about a patient or 'too soft' - find your way of coping with euthanasia's, emergencies and PTS scenarios and let it all out if you need to. Look after your mental health, talk to others - compassion fatigue is real - *Meg Richards RVN*





Use EMLA more often! Put some onto part of an apron/gloves (so that it isn't absorbed by any bandage material). Leave it for at least 45 minutes to work



# INPATIENT CARE



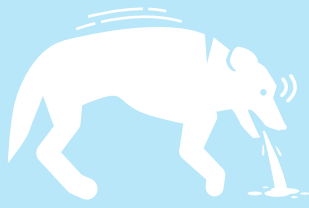
Used old fluid bags make good waterproof booties to go over bandages. Just cut off the giving set part and cut some slits at the top so that you can thread some bandage material in - Rebecca RVN



If in doubt, barrier nurse it!



Inappetent patient? Try different bowls, warm food, syringe feed and ask the owner how and what they feed their pet at home - @maylauren4



Put a puppy pad in a litter tray to be ready to catch vomit from the dog that has just been induced to vomit



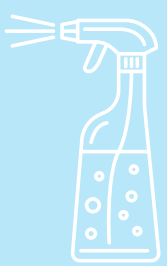
When taking blood pressures with a doppler, try using spirit on the skin before using gel



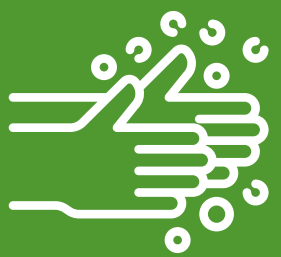
When giving guinea pig injections, try covering the face with a mask so that they are less scared.



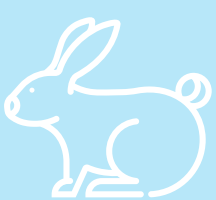
On a night/late shift? Don't forget to turn the lights off to encourage your patients to rest



Blood soaked fur? Try spraying some Hartmanns on it to help clean it - Nicola J RVN



Wash your hands thoroughly after handling predator species before handling rabbits - @chronicalsofastudentvetnurse



Ask owners to bring in rabbit companions and to bring in their own food when they are in hospital - @chronicalsofastudentvetnurse



Wondering if something is vomit or diarrhoea? Use a dipstick to find out the pH. Vomit will be more acidic - Jo HInde RVN

# INPATIENT CARE



Consider a catheter guard or buster collar if your patient keeps chewing their catheter out - @maylauren4



When barrier nursing, to help with infection control, picture that your patient is covered in paint and anything you touch after the patient spreads the paint around



Never leave your giving set until it is run through - @louthevetnurse



When caring for inpatients, especially nervous ones, avoid direct eye contact with them as this is threatening to them. Try to bend down to their level, towards their side and not face on, and this shows them you not being threatening. - Rachael Turner RVN VNCertECC



Where it is possible, avoid injections and medicating inside the kennel, try and treat this as the patient's safe area - Rachael Turner RVN VNCertECC



If a dog is having constant diarrhoea, consider a tail bandage to keep the tail clean



Always use headphones when taking the blood pressure of a feline



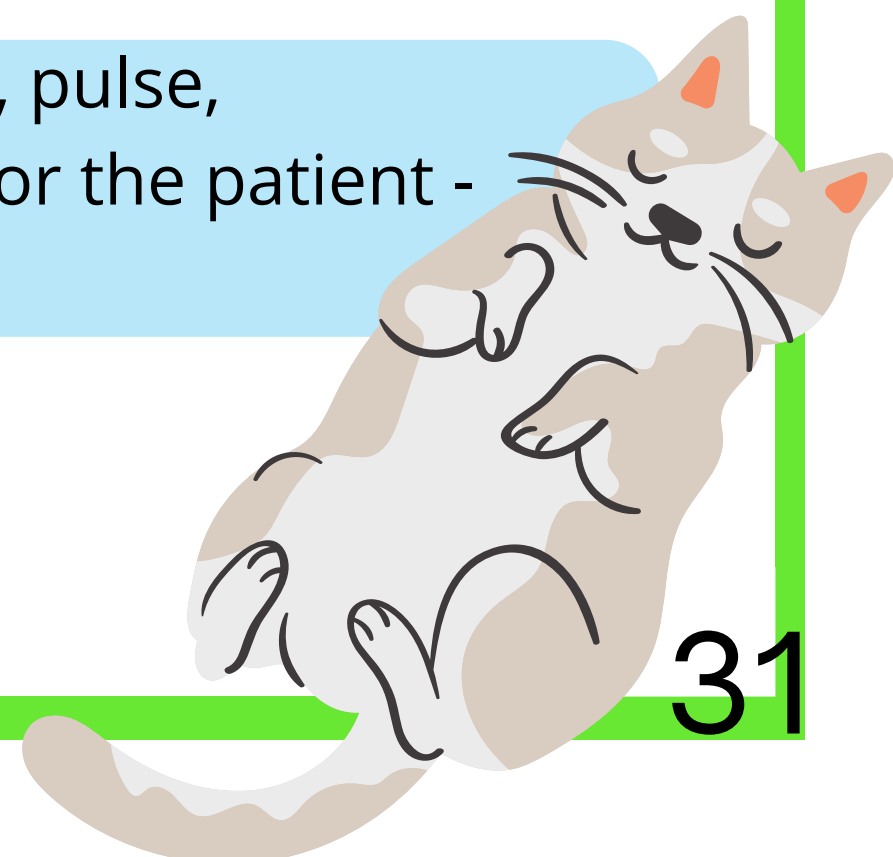
Is a patient on multiple drip lines? Stick a label on each giving set to ensure that you don't get confused



Struggling for a cat blood pressure? Try the tail - @chronicalsofastudentvetnurse



Do a TPR in the order of RPT (Respiration, pulse, temperature). This will cause less stress for the patient - @maylauren4



# CAT KENNEL TIPS

@chronicalsofastudentvetnurse



Provide somewhere to hide (i.e. a cardboard box)

Feliway spray/Pet Remedy-apply it to your hands and bedding



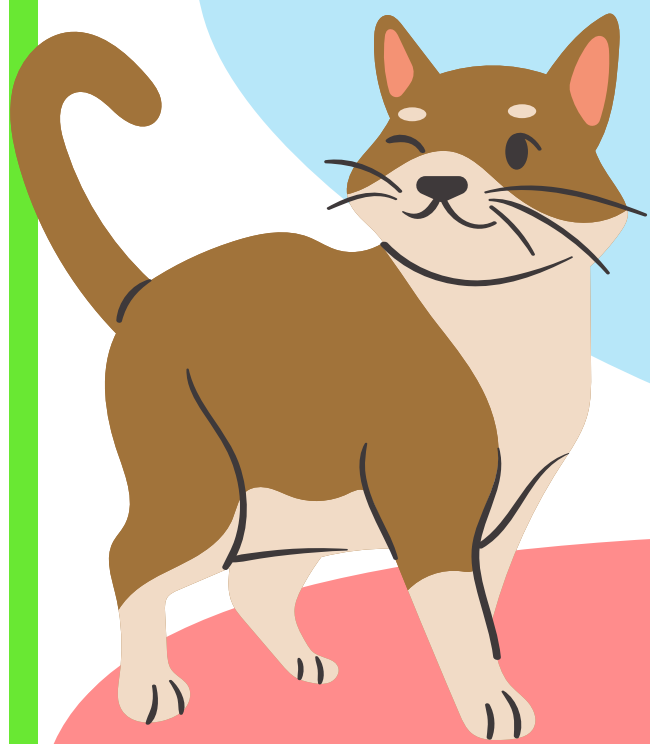
Cosy bedding (especially for golden oldies/potentially arthritic patients)

House away from other dogs



Play classical music - Music therapy can reduce stress levels in cats when they are in practice

Hang a towel across the front of their kennel to make them feel more comfortable



Use an empty food tray for cats that cannot walk in and out of a litter tray

If your patient is becoming upset when being handled, place them back in their kennel to relax. Turn the lights down and follow all of the above

# MISCELLANEOUS



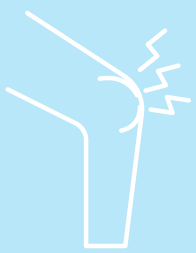
Document everything



Bring a change of clothes



Never put on a pressure bandage too tight and document and remind an owner if a patient has gone home with one on



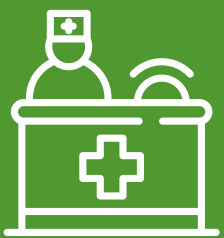
Be kind to your back and knees



Never say the 'Q' word.



Don't take harsh words from clients to heart



Never make too many assumptions on a patient from a phone triage. Be prepared for their arrival but be also prepared to assess and re-assess the patient only once it arrives!! Assess the patient not the phone call!



Always keep your mouth closed when doing anal gland expressions!



Don't let your job become your identity





**NEVER STOP  
TEACHING EACH  
OTHER. WE WERE  
ALL SVNS ONCE.**

