Triage for Emergent Patients

This study composed a list of veterinary triage discriminators and attempted to determine whether its application could result in more accurate categorization of emergent patients than could intuitive triage. The veterinary triage list (VTL) used as a model the Manchester triage system, a system with 5 categories—red (immediate), orange (very urgent), yellow (urgent), green (standard), blue (nonurgent)—each assigned with a maximum target waiting time (TWT).

TWT categories included 0, 15, 30–60, and 120 minutes and were associated with triage categories red, orange, yellow, and green, respectively. TWTs were prospectively determined by veterinary nurses (TWT-N) and were estimated based on owner-provided history and visual inspection. A second TWT assessment was performed by the review team (TWT-R). The study group was also retrospectively triaged by the main investigator using the VTL (TWT-VTL). Results for TWT-N and TWT-VTL were compared with those from TWT-R. Intuitive triage by nurses showed significantly less correlation to TWT-R than did triage performed with VTL.

Specific training for veterinary nurses and emergency doctors in performing triage and implementing a standardized triage system was likely to result in more appropriate TWTs for emergency patients.

Commentary
This study compared traditional (ie, intuitive) triage methods with a method using a triage score. Human triage scores were modified to fit emergent veterinary patients. The score had 68 total discriminators divided into 8 subcategories. The study found that traditional triage was much more likely to “under-triage” more emergent patients, as compared with the retrospective evaluation of cases using the formulated triage score. Traditional triage may not have included an emergent physical examination. Although the triage score has many discriminators and may require more time, it was more likely to result in a correct triage category. An emergent physical examination was also recommended, as parameters discovered during examination can impact the triage score, allowing recognition of more unstable patients.—Lisa Powell, DVM, DACVECC

Source

Birds of a Feather: Quality Care for Pet Poultry

Backyard poultry refers to chickens, waterfowl, or turkeys that are not part of the commercial sector, including pet and exhibition birds, small layer/meat bird flocks, and birds for private egg production. Backyard poultry owners may often be served by local veterinarians rather than commercial poultry veterinarians.

This article addressed the importance of suitable poultry housing, which must provide adequate shelter, protection, space, and ventilation. Clean bathing water, litter, and perches must be provided. Balanced nutrition should be appropriate for age and species; formulated pellets, grain, and grit must be provided. Drinking water should be clean to prevent *Clostridium botulinum* infection. Prevention of endoparasites (eg, nematodes) and ectoparasites (eg, lice, mites) depends on appropriate supplement administration, disease recognition, and environmental management.

In laying birds, prompt recognition of disease conditions (eg, egg peritonitis, oviduct prolapse) is important. Keeping beaks, claws, and spurs trimmed can prevent secondary problems. Breeding should be monitored for bareback, which occurs secondary to breeding trauma. Diarrhea can be a common and important indication of underlying problems. Bullying and environmental changes can also cause stress. Understanding husbandry and management is key to ensuring adequate health and welfare.

Commentary
Often, the economic value of poultry is nothing compared to its worth as a pet. Clients are frequently willing to invest (logistically, financially, emotionally) as much in a pet chicken as someone would in a Hyacinth macaw. Never should foregone conclusions be drawn regarding what a client might be willing to do for these pets, which deserve as much attention and quality medical care as any other of the avian world.—Don J. Harris, DVM

Source