

Telephone triage

Kath Howie, RVN, advises on how to recognise a real emergency on the phone



There are few real veterinary emergencies. However, responding to emergencies that do happen rapidly can make the difference between the patient living or dying.

As receptionists you are the most likely people to respond to the emergency phone call and it is important that you can recognise an emergency and ask the right questions before seeking out another team member for further help.

Taking an emergency phone call

Always remember the following...

- Just because a patient has been unwell for two to three days does not mean it has not become an emergency in the last couple of hours.
- “Oh-that-owner-is-a-nightmare syndrome” – please remember that people’s perceptions are different. Some people can cope with things like an abscess draining pus all over

their house, others will go into a complete panic. It is not for us to judge an owner by their reaction to a certain situation and it will not help if you are offhand or dismissive of their worries.

Remember the human-animal bond is very strong with some clients; and their animals, rightly or wrongly, are treated like children. It is our job to reassure clients, recognise what is desperately urgent and what can wait a couple of hours.

- Some people find things hard to explain, so always ask the client to use a visual description. For example, if an animal is bleeding, ask how much has been lost by asking the owner to describe the puddle size on the floor; or if a wound is present, ask owners to measure it inches or centimetres. This can give you an idea of how serious the injury is and allows less room for misinterpretation.

Common emergencies

Road traffic accident (RTA)

Some owners whose animals have been in RTAs are reluctant to attend the surgery because the animal has got itself home.

You cannot force people to bring their animals in; but, you should explain to them the following:

1. The reason their pet has managed to get home is probably down to an adrenaline response that kicks in as soon as something traumatic happens and gives them enough 'flight' response to get home. It does not mean they are not seriously injured. The same happens with some



Road traffic accidents are a real emergency: owners should be encouraged to bring the pet in, even if it seems OK. It could be the adrenaline response keeping the pet going.

patients that looked like they were seriously ill at home, and then, after the journey to the vets, look much better on arrival.

2. Just because an animal has curled up and gone to sleep or eaten some dinner when it got in does not mean there are no internal injuries. Internal bleeding is not always immediately apparent, and the sooner they are seen the better.

3. Often the adrenaline response will make the animal appear OK, but often once it has rested and the response has worn off, it will be in pain and require analgesia.

Urethral obstruction (blocked bladder)

This is most commonly seen in middle-aged, male cats and is a true emergency. Presenting signs can include vocalisation, in and out of the litter tray, vomiting, anorexia, inappropriate urination in the preceding days (i.e. on beds, furniture, carpets), collapse, wobbliness, odd behaviour, straining when trying to pass urine (this list is not exhaustive).

If these patients are left untreated it will quickly lead to

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fatalities. If we have an emergency phone call about a male cat or dog, I always explain to clients that, yes it could just be cystitis. However, if the patient cannot pass urine it could go into renal failure and leaving the condition could be fatal for their pet. We cannot possibly say over the phone that their animal will be OK if they leave it.

Gastric torsion

This normally occurs in large breeds of dog, but can occur in any breed. The patient may be vomiting unproductively, groaning, salivating, uncomfortable, with pale or blue mucous membranes, swollen distended abdomen (this list is not exhaustive).

Again, this is true emergency. The patient will die if we don't intervene rapidly, so should be seen as soon as possible.

Many owners of these dogs will either have experience of the condition or have knowledge of it. If they say they think it has a torsion, don't ignore them: they are likely to be right.

Dyspnoea

There are many causes of dyspnoea (difficulty breathing) in small animals, such as fluid on the chest, trauma, heat stroke, asthma (in cats), air in the chest, trauma to the lungs and obstruction of the airways. Pain in some patients will cause an increased respiratory rate.

No matter what is causing the dyspnoea, these patients need to be seen as soon as possible: if left untreated, whatever the

cause, they will often die from lack of intervention.

Thromboembolism

This is common in older cats – they will appear to be absolutely fine, then very suddenly go off their back legs. Changes in breathing will be noticed by the owner and they will often be screaming in pain (you will often hear this during the phone call). These patients will have a blood clot in their hind legs causing excruciating pain, and the clots will often move to the lungs.

It is a particularly distressing condition for the owners and the animal, and these patients need to be seen as soon as possible.

Practice policy

Another thing you may want to consider is your practice policy on: difficulty giving birth, epileptics, bleeding patients, collapsed patients and how you will advise your clients to move the patient – remembering that for some clients moving a Yorkshire terrier in pain is as difficult as moving a great dane that has collapsed.

Always remember, no article or booklet will cover all emergencies and the most important thing is to ASK someone if you are not sure. Nothing can be more damaging or detrimental to patients and clients than the wrong advice being given because you are not sure.



The advice given by the receptionist will influence whether veterinary intervention in a true emergency is given in time.