How long should CPR last

Everyone who has performed cardiopulmonary resuscitation (CPR) has come across that question, when not receiving return of spontaneous circulation despite best efforts after 10 or 20 minutes: shall we “call it”? When is it futile to continue CPR any longer, and is duration of CPR alone a valid parameter to terminate resuscitation efforts? Reported CPR durations in dogs and cats surviving to hospital discharge are predominantly less than 10 minutes, however individual cases and anecdotal information suggests that survival with good neurological outcome is possible after that time. This is further supported by strong evidence in human resuscitation. The capacity for neurological recovery after prolonged CPR (e.g., >20 minutes) is well described in experimental studies in dogs and in clinical studies in humans. Termination of resuscitation for dogs and cats remains a decision that should be made on the reversibility of the cause of CPA, the efficacy of CPR based on physiologic feedback, and, as an additional factor, the duration of CPR. A ubiquitously valid cut-off for the time of CPR cannot be recommended at this time. More observational data from multicenter veterinary CPR registries is required to provide a better understanding on the role of duration of CPR when considering termination of resuscitation.

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Behavior: The Chill protocol

The Chill Protocol is a relaxation protocol developed to manage fearful and aggressive dogs branded by the authors at Cummings School of Veterinary Medicine at Tufts University, where it has been routinely administered to dogs and cats prior to medical appointments and to facilitate anesthesia since 2014: * Gabapentin (20-25 mg/kg, PO), should be administered the evening before the scheduled appointment. * A combination of gabapentin (20-25 mg/kg, PO) and melatonin (small dogs, 0.5-1 mg, PO; medium dogs, 1-3 mg, PO; large dogs, 5 mg, PO) should be administered at least 1 to 2 hours before the scheduled appointment. * Acepromazine (0.025-0.05 mg/kg, oral transmucosal) should be administered 30 minutes before the scheduled appointment. The timing of the administration of the Chill Protocol is essential, as it is important that medications take effect prior to the stimulation caused by the trip to the hospital.

Renata S. Costa, DVM, MPhil et al.
Clinician’s Brief, 05:19

What the standard of care is not

As veterinary medicine has become more standardized across the country, the application of the local standard has all but disappeared, even in states that have such language in their laws. The result is a hybridization of the two previous standards utilizing the national standard as its core but taking into consideration local deviations and knowledge as factors in the overall standard of care. This standard of care does not require the success of every treatment. It does not require that you perform every test available, nor the most advanced, exotic, or expensive procedures. It does not require that a generalist perform procedures that would normally be performed by a specialist. Nor does it require that you conform to the highest standard of skill or use extraordinary diligence. It also does not mean that your choice of surgical technique or treatment cannot vary from that provided by other reasonable veterinarians. It does not even require that every diagnosis be correct. And, under this standard, veterinarians are not presumed negligent if injuries, or deaths, occur during, or after, treatment. The standard requires that the veterinar-