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# Implementation of nursing care plans: a review of three cases – Part 1

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**ABSTRACT:** Nursing care plans tend to be applied wholeheartedly – or not used at all in general practice. Until recently only human models could be applied in the veterinary context, some of which were dated and none were completely relevant.

This series of articles will look at the author's use of different nursing care plans in a first-opinion practice and discuss how useful they are, and the advantages and disadvantages of using them.

The articles are all based on cases seen at the author's practice.

## CASE 1

### Non-elective emergency surgery

Lancelot is an 18-month-old lurcher. He was brought into the surgery with a deep laceration on the palmar aspect of his right carpus (**Figures 1, 2 & 3**).

When he was rushed in by his owners there were no vets available to see him immediately, so he was examined by a qualified nurse with assistance from one of the student nurses. A pressure bandage was applied to stem the flow of blood.

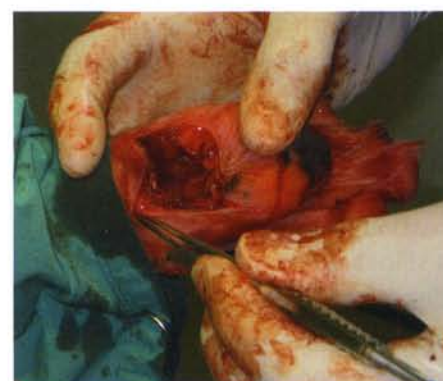
The vet was notified of Lancelot's arrival and came to assess his injury 15 minutes after arrival. It was decided that a general anaesthetic and suture repair was the best course of action.

Another pressure bandage was applied on top of the initial one; he was settled in a kennel and closely monitored to ensure his condition did not deteriorate any further.

Because he was admitted during the afternoon, shortly before shift changeovers, it was crucial that all nursing staff knew his case details or had access to them.

After a lengthy time in theatre, the patient was moved to the recovery ward where he was hospitalised for the next 12 hours

**Figures 1, 2 & 3.** Lancelot's wound



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Figure 4. Bandage in place

before being discharged and sent home with clavulanate-potentiated amoxicillin (Noroclav 250mg, Norbrook) – dose 1.5 tablets twice a day; and meloxicam (Metacam Oral Suspension, Boehringer) – dose for 22.5kg once a day.

During surgery it was revealed that he had sliced through the muscle layers, tendon, nerves and several blood vessels. Had the owners not brought him in when they did, there was a very real possibility that he might have bled to death.

Owing to the extensive injuries Lancelot had sustained, the vet elected to 'splint' the leg with the carpus flexed, and fashion a Robert Jones style bandage to keep it in place (Figure 4).

## Hospitalisation sheets vs. nursing care plans

This patient was going to be hospitalised overnight as his surgery had finished late in the evening and he would not have had time to recover fully from the anaesthetic before going home (Figure 5).

### Would a care plan have proved more useful and provided more continuity of the care received than a standard hospitalisation sheet for this patient?

The veterinary practice in question uses hospitalisation sheets that are based on

a tick box system with space overleaf to write notes about the animal. Checks can be scheduled and the use of a circle inside the box indicates that task needs to be carried out at the time stated at the top of that column (Figure 6).

Nursing care plans take into consideration a multitude of aspects about the individual animal and it could be argued they are only useful for patients receiving long-term nursing care.

The most recent addition to veterinary nursing care is the introduction of the Ability Model, created by Andrea Jeffery and Hilary Orpet. This is the first veterinary specific model (Figure 7).

The core of this model is the focus on the 10 abilities that an animal needs to undertake in order to function normally, depending upon where it lies within its lifespan (e.g. neonate, adult, geriatric) and key factors which may impact on the patient via it's owner (e.g. finances, religious beliefs and so on).

The 10 abilities range from the basic needs of life, such as eating, drinking, and toileting habits, to other tasks that are carried out subconsciously, such as breathing, thermoregulation and expressing normal behaviour.

If the care plan had been applied to the patient being discussed, more time would

have been needed with the owner during the admission process to ascertain the facts needed to formulate the plan. This was not possible in the first instance owing to the extensive blood loss and the need to get the patient stabilised and to stop the bleeding.

Asking questions such as: What food does he like eating? Where and on what does he like to sleep? and Does he enjoy being groomed? These are all important when using care plans but in this case were clearly not the priority.

However, once the patient was in recovery and his owner notified of the outcome of the surgery, it was an ideal time to seek answers to the questions to formulate his care plan. The vet had filled out the hospital sheet and made sure the nurse in charge of Lancelot's care knew when his next dose of medication was due, what time his vital signs needed recording, and when he would be allowed food and water.

### If this information is compared to that on a nursing care plan, could it be argued that in this particular case the care plan would not actually change the care given to the dog?

If the dog was going to be hospitalised for a significant length of time, a care plan would have been an ideal way to ensure that the care given was appropriate and that nothing had been missed – because

Figure 5. Lancelot in recovery.





