

EMERGENCY EUTHANASIAS; Getting it right when time is tight

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Introduction

While we desire for euthanasia decisions and appointments to be calm and carefully orchestrated, emergency situations may feel quite different. There is reduced time to plan on what's important to the client, meaning they are making quick decisions based on guidance from the veterinary team. A study from 2022 asking pet owners how they define a good death revealed that owners with at least 24 hours to plan euthanasia had a 66% improved opinion of the experience. (1) Preplanning for such things as allowing loved ones to be there, bringing special foods/belongings, and aftercare arrangements is important to all clients, regardless of the setting. In emergencies, it's going to come down to how the veterinary team makes the best of it with little time to prepare, and perhaps even less time to properly perform the procedure.

Getting Standards in Place

Every veterinary procedure requires standard protocol to be followed to ensure the best results. Each step is important and deserves to be well-thought out, streamlined, and adhered to by the team. Euthanasia is no exception. With protocols in place, it stands to reason that everyone will perform it with some semblance of consistency, even in emergencies. If the team is performing euthanasia differently, clients have a tough time understanding what's normal and abnormal and the team is more likely to make mistakes. Consistency helps everyone know what to expect from beginning to end. When building emergency euthanasia protocols, it is useful to reflect on the unique parameters of your hospital/service and adjust accordingly, keeping in mind the 14 Essential Components of Companion Animal Euthanasia, which are important anytime clients are present.

The 14 Essential Components of Companion Animal Euthanasia:

- G** = Grief support materials provided
 - O** = Outline caregiver and pet preferences
 - O** = Offer privacy before and after death
 - D** = Deliver proper technique
 - E** = Establish rapport
 - U** = Use pre-euthanasia sedation or anesthesia
 - T** = Thorough, complete consent
 - H** = Helpful and compassionate personnel
 - A** = Adequate time
 - N** = Narrate the process
 - A** = Avoid pain and anxiety
 - S** = Safe space to gather
 - I** = Inclusion of loved ones
 - A** = Assistance with body care
- (Created by the Companion Animal Euthanasia Training Academy, ©2017)

Euthanasia protocol training should be standard for all employees. Every staff member involved with euthanasia in any way, i.e., scheduling appointments, performing euthanasia, etc., should be taught exactly what to do. And for veterinarians, this includes learning all AVMA-approved companion animal euthanasia techniques. As with all procedures, we learn by watching first, then performing it ourselves. All personnel should be granted the opportunity to witness a proper euthanasia appointment, be it fast or more controlled, before being expected to deliver one. The

team also benefits from having euthanasia resources available always. This includes books on euthanasia, compassion fatigue resources, and client communication.

During emergencies, there are rapid things occurring around the patient and client. If the client is observing this, they can feel very confused and scared, especially knowing these will be the last moments with their pet. When possible, one team member should be appointed to care for the client, which CAETA refers to as a euthanasia attendant. This person is responsible for guiding the client(s) through the procedure and offering emotional support. The hospital will have to decide which team member is ideally suited, such as a technician, a social worker, a client support team member, or the attending veterinarian. Clients will have someone greet them, explain things gently, offer information during the euthanasia procedure, help them out when they are ready to depart, and follow up if warranted.

There are times when euthanasia must be conducted quickly when clients are not present. In many instances, this can reduce complexities brought by emotions, however the medical aspects of the procedure will remain the same. Whether clients are present or not, the available emergency personnel will approach euthanasia with compassion and technical proficiency.

When Time is Short

Slower, more controlled euthanasia appointments are often scheduled for 30-60 minutes. This allows for the standard appointment elements. In emergencies, we may find the critical nature of the patient forces these elements to be rapidly carried out rather than let the patient suffer in distress, i.e., difficulty breathing, seizures, extreme pain. When forced to euthanize quickly, some elements can be postponed allowing for more time on what matters now, most importantly a technically smooth death. And even if things must be done quickly, clients should be allowed to be present if they wish. The following is a list of euthanasia elements that are included in pre-scheduled euthanasia appointments. Note how only 2 things are left out in an emergency.

Emergency Appointment Elements That Should Remain (in red)

Greet the client	Establish rapport
Review paperwork	Pre-euthanasia sedation time
Privacy before death	Proper euthanasia technique
Privacy after death	Memorialization
Body handling	Room cleaning
Staff self-care	Record keeping, sympathy card, and drug logging

Kindness, basic details, and a good euthanasia itself must still be carried out. One of the most important elements of a fast euthanasia is to establish rapport with the client. This helps ensure the client has trust in the team to facilitate a good death, and ultimately believes that they care about what's happening. Rapport can be established through a few kind statements of welcome and gratitude for being able to provide necessary euthanasia to a suffering pet. It can be carried on with gentle eye contact and physical touch, plus 3-5 empathy statements during the appointment. Clients are more likely to accept a fast euthanasia appointment when it feels less clinical and safe. (2)

Consent for euthanasia must be obtained, ideally in writing, however a verbal consent is acceptable as long as witnesses are in the room to acknowledge it. If the patient is conscious, they should be given pre-euthanasia sedation or anesthesia to lessen pain and anxiety during the euthanasia injection itself. If the person performing the procedure feels an intraorgan injection of pentobarbital is preferred to placing a catheter, the patient must be fully unconscious.

Regardless of how busy the setting is or how pinched for time, offering even 1 minute of privacy to the client after euthanasia is beneficial. Clients need a moment to soak it all in; to begin to accept this new reality. When time affords

no luxuries, privacy before death can be passed over. Use the sedation time as the window of opportunity for clients to reflect on the life and loss. Some form of body handling will need to be done and cleaning of the room after. And record keeping, writing the sympathy card, and drug logging can all take place later in the day when time is more plentiful.

Memorializing the life of a pet through keepsakes like paw prints and fur clippings are important but do not need to be done during the appointment with the client present. When short on time, this can be done later by the aftercare company. If the pet is being taken home from burial, making such things can be done once emotions have settled.

Staff self-care is very important following euthanasia. The patient's rapid decline may have taken everyone by surprise or the hope to provide life-sustaining care was cut short. We should consider making 10 minutes for team self-care a standard part of any euthanasia.

Conclusion

When the decision has been made to euthanize a patient, the first question the staff must answer is how it can be done without complication as quickly as needed. If the patient is stable, there is time to layer in the components that support everyone. If the patient is stable but feeling considerable pain or anxiety, CAETA advocates for sedation to provide rest for the patient while arrangements may be made by the client and team. In other words, don't rush something that doesn't need to be rushed. Taking a deep breath and creating a calm setting is always the right approach. And if the patient is close to dying on their own but needs medical assistance through euthanasia to lessen suffering, utilizing good emergency euthanasia protocols will improve the odds of success.

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