Oregon Veterinary Medical Board
NEWSLETTER
Summer 2010

Rule Changes

In March, the Board held a public hearing on rule changes proposed in February. Four written comments were received and one veterinarian attended the hearing. The Board adopted final rules at its April 10th meeting. Changes and guidelines are also posted on our website.

These amendments clarify the yearly VCPR exam requirement consistent with its original intent, i.e., *the initial exam conducted to establish a VCPR may NOT be waived*. Once the VCPR is established, subsequent exams may be waived, unless little Sweetums is presented for a new health problem or his sputative temperament precludes safe examination. Please remember to always document in the patient record any exams or treatments permissibly declined. Other changes are:

OAR 875-015-0030 Minimum Standards

This is a significant change you need to be aware of. The amended rules require provision of minimum levels of analgesia and sedation. (See resources on page 2 and attachments.) New language is bracketed, and deleted text is struck through.

(3) A veterinarian shall use appropriate and humane methods of anesthesia, analgesia and sedation to minimize pain and distress during any procedures [or conditions] and shall comply with the following standards:

(a) Animals shall have a documented physical exam conducted [within 24 hours] prior to the administration of a ~~sedation~~ [sedative] or anesthetic, which is necessary for veterinary procedures, unless the temperament of the patient precludes an exam prior to the use of chemical restraint;

(b) An animal under general anesthesia for a medical or surgical procedure shall be under [direct] observation [throughout the anesthetic period and] during recovery from anesthesia until the patient is awake and in sternal recumbency;

(c) A method of cardiac monitoring shall be ~~available~~ [employed to assess heart rate and rhythm repeatedly during anesthesia] and may include a stethoscope or electronic monitor;

[(d) A method of monitoring the respiratory system shall be employed to assess heart rate and rhythm repeatedly during anesthesia and may include a stethoscope or electronic monitor;

(f) Anesthetic [and sedation] procedures and anesthetic [and sedative medications] used shall be documented;

[(j) Analgesic medications, techniques and/or husbandry methods shall be used to prevent and minimize pain in animals experiencing or expected to experience pain, including but not limited to all surgical procedures;

(k) Chemical restraint may be used in conjunction with, but not in lieu of, analgesic therapy;

(l) Appropriate ~~pain management shall be made available to the animal~~ [analgesic therapy shall be guided by information specific to each case, including but not limited to species, breed, patient health and behavioral characteristics, the procedure performed, and the expected degree and duration of pain];

Please note:
Minimum pain management is now mandated by rule and may not be omitted by the veterinarian or declined by the client.

The new rules also require a minimal exam prior to euthanasia.

[(9) Euthanasia: Documented consent shall be obtained and a physical exam conducted prior to performing euthanasia. The exam may be limited to the elements necessary for the humane application of the procedure, such as a weight estimate and visual assessment if necessary due to the patient's condition or temperament. When ownership and identification of an animal cannot be reasonably established, the medical record for euthanasia shall contain a physical description of the animal.]

Recommended Resources for Analgesia:

- Brock N. *Veterinary anestheia update, 2nd edition. AAHA Press, 2007.*
- Tranquilli, WJK, Grimm KA, Lamont LA. *Pain management for the small animal practitioner, 2nd edition.* Teton NewMedia, 2004. www. tetonnm.com
- Gaynor JS & Muir WW. *Handbook of Veterinary Pain Management, 2nd Edition. Mosby, Inc. 2009*
- AAHA/AAFP Pain Management Guidelines for Dogs & Cats. J Am Anim Hosp Assoc 2007; 43: 235-248

OAR 875-030-0010 Criteria For Becoming a Certified Veterinary Technician

The Office of Legislative Counsel notified the Board that section 4 of this rule is inconsistent with statutory requirements. Accordingly, section 4 is repealed. Effective now, out-of-state applicants who graduated from accredited programs prior to 1990, and hold an active CVT license elsewhere, and have a minimum of 7,500 hours of experience will have to take and pass the VTNE in order to be licensed in Oregon.

As there have been fewer than a half-dozen such applicants since this waiver was created in 2000, little impact is expected.

For all other VTNE applicants, current rules require that proof of claimed experience be provided via W-2 forms. The evolution of VTNE eligibility rules may be likened to the 'one bad apple' adage. Regrettably, in their eagerness to sit for the VTNE while on-the-job experience is still a valid option, some applicants have claimed experience they can't substantiate and some veterinarians have certified the false claims. As one well-intentioned veterinarian discovered, that's a violation of the Veterinary Practice Act.

All but a few states have eliminated on-the-job experience as a criterion for VTNE eligibility. The failure rate for OTJ candidates nationally is 70 percent. The pass rate for candidates from accredited education programs is close to 80 percent. This prompted the American Association of Veterinary State Boards (AAVSB) to establish a five-year, five-times policy: a candidate who cannot pass the test after five tries in five years is ineligible to re-test without obtaining specific approval or accredited education.

Retaining a low bar for entry into the profession is inconsistent with the Board's purpose of protecting the public by establishing and enforcing eligibility, licensing and practice standards. Please help by supporting the certification goals of your qualified employees.

Legisation Update

The Governor has directed health regulatory boards to identify and implement administrative efficiencies. A preliminary report on improving boards' efficiency is expected in August.

The Board is not introducing legislation this session. To recap what happened in the last session, the Legislature approved the Board's request to shield veterinarians' private information from disclosure to the public. This means that your personal e-mail and home address and phone number may not be provided as part of a public info request. Many licensees have provided the Board a publicly discloseable business e-mail address.

The ongoing effort to strip boards' authority to write a final order was defeated; however, its proponents won the ability to hold boards to a higher standard of proof if they re-write an administrative law judge's order. Current efforts include a citizens' initiative that may allow complaints against licensees to go before a judge or jury.

The bill that requires health professionals to report prohibited conduct is still being interpreted. The Board will make rules on this matter when concerns have been resolved.

Board Members

- **Dolores Gallindo, CVT, Gresham (Chair)**
- **Mark Reed, Public Member, Portland (Vice-Chair)**
- **Lauren Acton, DVM, Woodburn**
- **Robert Lester, DVM, Portland**
- **Rocky Liskey, Public Member, Klamath Falls**
- **Mark McConnell, BVMS, MRCVS, Springfield**
- **Marla McGeorge, DVM, Portland**
- **Colleen Robertson, DVM, John Day (New Member!)**

Staff

- **Lori Makinen, Director**
- **Gayle Shriver, Admin. Assistant**
- **Dennis Cheney, Investigator**

In December the Board bade adieu to Dr. Leon Pielstick, whose service began in 2001. His large-animal expertise and pastoral perspective guided Board deliberations and decisions on many difficult issues. Dr. P's occasional use of pseudonyms, notably 'Bubba', revealed a mischievous sense of humor but failed to mask a disciplined intellect. Although retired from practice, Dr. Pielstick continues to run the Sheldon wild horse project and does occasional relief work. Reached by cellphone while on horseback near his home in Burns, Dr. Pielstick reflected fondly on his Board service and said his primary duties nowadays are doing what Susan says, chasing grandkids, and riding horses.

Common Misconceptions Related to Pain Management

■ ***Animals don't experience pain the way we do.***

False. Animals, including humans, possess similar anatomical and physiological mechanisms for detecting and processing painful stimuli. They also share behaviors indicative of pain and distress. Assessing behavioral signs of pain is both important and challenging in nonverbal animals and humans. Thus, considering similarities between the human and animal experience of pain is a useful rule of thumb.

■ ***Pain is a tool that can be used to keep animals from further hurting themselves in the post-operative period.***

Disproved. Unrelieved pain is not an appropriate way to reduce mobility because it significantly alters physiological function and impairs healing. Confinement and chemical sedation paired with appropriate analgesia should be used to minimize post-op activity, promote recovery and improve patient outcomes.

■ ***Anesthetized animals do not need analgesic medications***.

Yes they do. When patients are anesthetized for surgery, their nervous systems continue to process and respond to the barrage of painful stimuli associated with tissue damage and inflammation. Untreated, this pain can modify the nervous system, resulting in 'wind-up' of pain pathways and development of hypersensitivity to painful and non-painful stimuli.

■ ***Butorphanol is appropriate analgesic therapy for all surgical procedures.***

No, because: No single analgesic drug is appropriate for all surgical procedures in all species. Each class of analgesic medications targets pain in a unique way. Individual drugs also differ with regard to efficacy, duration of action, and potential adverse effects. The Pain Relief Ladder (next page) offers guidelines for analgesia based on anticipated pain intensity.

■ ***Pain management is expensive.***

Not necessarily. Providing effective analgesia doesn't have to be expensive. The following cost table provides current prices of various analgesics for multiple species.

Veterinary Pain Relief Ladder

Pain Intensity	Analgesic Approach
Severe	**Multi-modal Analgesia** recommended. **Advanced analgesic techniques** recommended (epidural administration of local anesthetics +/- opioids & constant rate infusions. **Full mu-opioid agonoists** (morphine, hydromorphone, Fentanyl) plus adjuncts such as NSAIDs, local anesthetics, Alpha-2 agonists. Antiepileptic drugs (Gabapentin), NMDA antagonists (Ketamine)

Pain Intensity	Analgesic Approach
Moderate	Consider **Multi-modal Analgesia**. NSAIDs plus adjuncts, such as local anesthetics, partial opioid agonists (Buprenorphine), Tramadol, Alpha-2 agonists, NMDA antagonists (Ketamine).

Pain Intensity	Analgesic Approach
Mild	**Single-agent therapy** acceptable. Non-steroidal anti-inflammatory drugs (NSAIDs), local anesthetic infiltration or opioid agonist-antagonists (Butorphanol).

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Adapted by Heidi L. Shafford, DVM, PhD, DACVA from World Health Organization's Pain Relief Ladder

Sample Costs for Analgesia

Current costs of various analgesics for multiple species.
This table is not intended to be used as a guide for analgesic therapy.

Example	Drug	Cost per dose
Dog 50 lb; 22 kg	Morphine, injection Bupivacaine, incisional block Carprofen, injection	27 cents 60 cents $3.78
Cat 10 lb; 4.5 kg	Hydromorphone, injection Bupivacaine, incisional block Meloxicam, oral	8 cents 13 cents 39 cents
Horse 1,000 lb; 454 kg	Xylazine, injection Flunixin, injection Butorphanol, injection	80 cents $1.35 $4.00
Cow 1,000 lb; 454 kg	Lidocaine, paravertebral block Flunixin, injection Morphine, injection	72 cents $1.07 $1.09
Rabbit 7 lb; 3.2 kg	Lidocaine, intra-testicular block Buprenorphine, injection Meloxicam, oral	3 cents 49 cents $1.10

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By Heidi L. Shafford, DVM, PhD, DACVA