



# The Consulting Veterinary Nurse

NICOLA ACKERMAN



 WILEY-BLACKWELL





# The Consulting Veterinary Nurse



# The Consulting Veterinary Nurse

**Nicola Ackerman**

BSc(Hons) RVN CertSAN CertN ECC A1 V1 C-SQP



**WILEY-BLACKWELL**

A John Wiley & Sons, Ltd., Publication

This edition first published 2012 © 2012 by John Wiley & Sons, Ltd

Wiley-Blackwell is an imprint of John Wiley & Sons, Ltd, formed by the merger of Wiley's global Scientific, Technical and Medical business with Blackwell Publishing.

*Registered office:* John Wiley & Sons, Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

*Editorial offices:* 9600 Garsington Road, Oxford, OX4 2DQ, UK  
The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK  
2121 State Avenue, Ames, Iowa 50014-8300, USA

For details of our global editorial offices, for customer services and for information about how to apply for permission to reuse the copyright material in this book please see our website at [www.wiley.com/wiley-blackwell](http://www.wiley.com/wiley-blackwell).

The right of the author to be identified as the author of this work has been asserted in accordance with the UK Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by the UK Copyright, Designs and Patents Act 1988, without the prior permission of the publisher.

Designations used by companies to distinguish their products are often claimed as trademarks. All brand names and product names used in this book are trade names, service marks, trademarks or registered trademarks of their respective owners. The publisher is not associated with any product or vendor mentioned in this book. This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold on the understanding that the publisher is not engaged in rendering professional services. If professional advice or other expert assistance is required, the services of a competent professional should be sought.

*Library of Congress Cataloging-in-Publication Data*

Ackerman, Nicola.

The consulting veterinary nurse / Nicola Ackerman.

p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-470-65514-6 (pbk. : alk. paper) 1. Veterinary nursing.

2. Pet medicine. I. Title.

[DNLM: 1. Animal Technicians--Great Britain. 2. Animal Diseases--nursing--Great Britain. 3. Veterinary Medicine--Great Britain. SF 774.5]

SF774.5.A25 2012

636.089--dc23

2012005127

A catalogue record for this book is available from the British Library.

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Cover design by Meaden Creative.

Set in 10/12.5 pt Sabon by Toppan Best-set Premedia Limited



# Contents

Foreword by Helen Farrant	vii
Abbreviations	viii
Introduction	x
Acknowledgements	xi
Part I    The Role of the Nurse in the Veterinary Practice	1
1    Ethics	3
2    Consulting Room and Literature	6
3    The Consultation	9
4    Diagnostic Clinics	19
5    Marketing	29
6    Named Nurse and Protocol Writing	32
Part II    Nutrition and Diet	35
7    Food and Feeding	37
8    Feeding Behaviours	51
9    Nutrition for Puppies and Kittens	56
10    Nutritional Assessment	67
11    Dietary Transitions	72
12    Methods of Increasing Water Consumption	74
13    Dietary Supplements	76
14    Rabbit Nutrition	80
Part III   Behavioural Issues	85
15    Puppy and Kitten Behaviour	87
16    Noise Phobias and Fireworks	100
Part IV   ‘Well Pet’ Clinics	107
17    Vaccination Clinics	109
18    Post-Neutering Clinics	111
19    Senior Pet Clinics	113
Part V    Medical Clinics	117
20    Arthritis	119
21    Cancer	129
22    Cardiac Disorders	135

23	Cognitive Dysfunction	143
24	Dental Problems	146
25	Diabetes	153
26	Epilepsy	161
27	Gastrointestinal Disorders	164
28	Hepatobiliary Disorders	176
29	Obesity	185
30	Pancreatic Disorders	196
31	Renal Disorders	202
32	Nutrition-Related Skin Disorders	211
33	Urinary Tract Disorders	218
Appendix 1 Diet history sheet		233
Appendix 2 Unit Conversion Tables		235
Glossary		238
Index		241





## Foreword

*The Consulting Veterinary Nurse* is a useful reference for all veterinary nurses who run clinics in their practice. The author, Nicola Ackerman, is an experienced Registered Veterinary Nurse and she has drawn on her knowledge to provide a comprehensive guide, which includes information on how to run efficient and effective well pet clinics and medical clinics.

The book contains a wealth of information on all aspects of running a clinic, including: how to provide clients and patients with an excellent level care; the answers to questions which clients frequently ask in a clinic; how to gather a patient's history; carrying out an examination and the necessary equipment for this – along with a list of common abbreviations. Nicola also discusses the role of the veterinary nurse and the consideration of nutritional and behavioral issues within the setting of a veterinary nurse-lead clinic.

This book will be a useful reference for both veterinary nurses who are experienced in running clinics and those who are just starting out.

Helen Farrant on behalf of the BVNA



# Abbreviations

AAA	aromatic amino acids
ACE	angiotensin converting enzyme
ADH	antidiuretic hormone
ALA	alpha-linolenic acid
ALP	alkaline phosphatase
ALT	alanine aminotransferase
AMTRA	Animal Medicines Training Regulatory Authority
ARD	antibiotic-responsive diarrhoea
BCAA	branched-chain amino acids
BCS	body condition score
BER	basal energy requirement
BV	biological value
CHD	canine hip dysplasia
CHF	congestive heart failure
CRF	chronic renal failure
CS	chondroitin sulphate
DCM	dilated cardiomyopathy
DCP	dyschondroplasia
DER	daily energy requirement
DEXA	dual-energy radiographic absorptiometry
DHA	docosahexaenoic acid
DJD	degenerative joint disease
DM	dry matter
DMB	dry matter basis
DOD	developmental orthopaedic disorders
EAA	essential amino acids
ECG	electroencephalogram
EFA	essential fatty acids
EPA	eicosapentaenoic acid
EPI	Exocrine pancreatic insufficiency
FLUTD	feline lower urinary tract disease
FOS	fructo-oligosaccharides
GAG	glycoaminoglycan
GALT	gut-associated lymphoid tissue

---

GDV	gastric dilation–volvulus
GE	gross energy
GFR	glomerular filtration rate
GGT	gamma-glutamyl transpeptidase
HE	hepatic encephalopathy
IBD	inflammatory bowel disease
IBS	irritable bowel syndrome
IDDM	insulin-dependent diabetes mellitus
Ig	immunoglobulin
IRIS	International Renal Interest Society
MCS	muscle condition score
ME	metabolisable energy
MER	maintenance energy requirement
MTP	microsomal triglyceride transfer protein
NE	net energy
NFE	nitrogen-free extract
NIDDM	non-insulin-dependent diabetes mellitus
NRC	National Research Council
NSAID	non-steroidal anti-inflammatory drugs
NUVACS	National Unit for the Advancement of Veterinary Communication Skills
OA	osteoarthritis
OCD	osteochondrosis dissecans
PLE	protein-losing enteropathy
PSGAG	polysulphated glycoaminoglycan
PSS	portal systemic shunts
PUFA	polyunsaturated fatty acid
RAA	renin–angiotensin–aldosterone
RER	resting energy requirement
ROS	reactive oxygen species
RVN	registered veterinary nurse
SCFA	short-chain fatty acid
SG	specific gravity
SH	sodium hyaluronate
SIBO	small intestinal bacterial overgrowth
SQP	suitably qualified person
STT	Schirmer tear testing
TPN	total parenteral nutrition
VFA	volatile fatty acids
VLDL	very low-density lipoproteins
VSA	Veterinary Surgeons Act 1966



# Introduction

The role of the veterinary nurse has evolved greatly, from being merely a kennel maid to a fee-earning regulated professional. Nurses have a vital role to play in the veterinary practice, in the offering of advice to clients, performing work in order for the veterinary surgeon to make a diagnosis, and in preventive healthcare.

For a nurse with a keen interest in consulting, this is an ideal opportunity to pursue the specialism that interests them while still being of use to the veterinary practice. Veterinary practices are businesses, and nurses that consult need to perform sufficient work in order to not only cover their costs and overheads, but also to make a profit. This is not necessarily through charging for nurse clinics, but through products sold, increasing footfall through the practice, helping with client loyalty and promoting compliance with veterinary advice.

Simplistically, nurse consultations create loyalty, are a better welfare choice and add to the commercial success of the business.

Veterinary nurses who fully utilise skills learnt during training are more likely to remain with the profession, and feel more valued members of the practice. Veterinary nurses are not 'mini-vets' and perform a completely different role to veterinary surgeons, though veterinary surgeons also undertake many roles that can be done by nurses, such as blood sampling and postoperative checks.

The purpose of this text is to act as a source of information for those veterinary nurses who undertake consultations, clinics and other initiatives such as puppy parties.



# Acknowledgements

I would like to acknowledge all of the support from all of my family, friends and colleagues that has enabled me to complete this book. The role of the veterinary nurse has changed dramatically even within the time I have been practising, and I hope that this text will enable more nurses to become involved in consulting and expand their roles within veterinary practices.

I would therefore like to acknowledge all the veterinary nurses who have led the way in enabling veterinary nursing to become a recognised profession in its own right, both the RCVS VN Council and the BVNA.



# **Part I**

## **The Role of the Nurse in the Veterinary Practice**





# 1

## Ethics

The role of the veterinary nurse has evolved into a regulated profession. A registered veterinary nurse (RVN) is regulated by the Royal College of Veterinary Surgeons under the Veterinary Surgeons Act 1966 (VSA). A solid understanding of this legislation is required in order to ensure that your actions are not only within the law but also in line with the professional code of conduct.

As a consulting nurse it is important to know your own limits, both to be within the law and not to exceed your own personal limitations. Under the VSA only veterinary surgeons are permitted to make a diagnosis. When examining an animal or answering an owner's questions, you must take care in the area of diagnosis. The veterinary nurse is permitted to inform the owner of the clinical symptoms that the animal is displaying, such as weight loss, increased thirst, tachypnoea, anaemia. You can discuss conditions that display these symptoms, and give guidance on what steps the owner needs to take next – for example, consultation with a veterinary surgeon. If it is likely that the animal will require further investigations, such as blood tests, the owner should be advised that this may occur in the veterinary consultation and the owner can prepare the animal if required; for example, they can pre-starve the patient rather than having to come back for an additional appointment.

### **Suitably qualified persons**

It is useful for veterinary nurses to have the 'suitably qualified person' (SQP) qualification in order to prescribe and dispense appropriate medicines for animals. The SQP qualification is regulated by the Animal Medicines Training Regulatory Authority (AMTRA) and requires annual retention fees alongside continued professional development that has been approved by AMTRA. Many anthelmintics are prescription-only medicine (POM-VPS) or in the non-food animal (NFA-VPS) category, which means they can be prescribed by a veterinary nurse with the appropriate SQP qualification. It is necessary for a nurse who conducts clinics to



**Figure 1.1** Example of anthelmintics that SQPs can prescribe.

hold this qualification, so that appropriate anthelmintics can be given without needing to consult the veterinary surgeon (Figure 1.1).

One of the roles of the veterinary nurse is to ensure compliance with recommendations given by the veterinary surgeon. Sometimes this can refer to medications, and you should confirm with the owner that they are able to administer the medications that have been prescribed. In some cases a different format of medication, such as liquid instead of tablets, can be helpful. These cases require not just an initialled change to the prescription, but a separate prescription that must be written by the veterinary surgeon.

When animals are presented to the veterinary nurse for a repeat of injectable medications a veterinary surgeon stills needs to be present in the building as you are administering the medication under veterinary direction. The veterinary surgeon should be in a position to intervene if required, even after they have prescribed the medication.

As an RVN it is vital to have personal indemnity insurance. RVNs are responsible for their own actions, and this includes any work undertaken within a consultation or clinic. Indemnity insurance for RVNs can be included under the veterinary practice's insurance policy for all staff, or as a personal policy for those who are self-employed. Self-employed locum nurses have to ensure that they are adequately insured.

During a consultation, the person conducting the consultation is responsible for the health and safety of all the people in the room; this includes the client. This means that if the client is hurt, even if by their own pet, the practice is responsible. Any injuries, such as bites or scratches, should be entered into the practice's Accident Book. It is therefore prudent to ask a colleague to restrain any animals that are not being adequately cooperative. If children are being unruly, you are within your rights to request the parent/guardian to ask their children to behave. If con-



**Figure 1.2** Entertainment for children can prove to be a useful distraction during lengthy consultations.

sultations are going to be lengthy, activities to keep children occupied can be a useful distraction. Pictures to colour in, or a pretend 'vet kit' with a stuffed toy, can be a great hit with younger children (Figure 1.2). The pictures that they draw or colour can be put up on the wall or notice board.

# 2

## Consulting Room and Literature

When conducting their own nurse clinics or consultations, nurses need to portray themselves as professionals. This includes how and where the nursing consultations are held. Having to conduct a consultation in the waiting room or preparation room does not portray the person holding the consultation as professional. If you are conducting your own consultations then it is important to have a room dedicated for this purpose.

The nurses's consulting room, like a veterinary surgeon's consulting room, needs to be clean, tidy and fit for purpose. All of the equipment that you will require to conduct the consultation needs to be in working order and easily to hand (see Box 2.1). All other members of staff, especially receptionists, need to be made aware that during the specified block of time this consulting room is to be kept solely for the use of nurse consultants.

### Box 2.1 Equipment required for the consulting room

- Microchip scanner and microchips
- Various types of nail clippers
- Bandaging materials
- Grooming combs and brushes
- Toothbrushes and paste
- Leaflets
- Pen, and paper to write on
- Slip lead
- Suture and staple removers
- Weighing scales
- Thermometer
- Vaseline
- Gloves
- Cotton wool
- Table cleaning disinfectants
- Hibiscrub
- Tape measure



**Figure 2.1** Always be happy to speak to clients in reception.

On many occasions clients turn up to the practice in person without an appointment, or telephone in wanting advice. You should always make an effort to speak to these clients; if it is not possible to speak to them immediately, you should offer to contact them later (Figure 2.1). Receptionists should take appropriate contact details and/or make an appointment for the client to bring their pet in to see you. The consulting veterinary nurse should appear as approachable as possible.

Environmental factors within the consulting room are also important. It is important for the room to have good ventilation and temperature control (Figure 2.2).

Some consultations may be lengthy – for example, an initial consultation for an obesity clinic. It is therefore important to have chairs in the consulting room, as some clients will prefer to sit down.

## Literature

Most clients will find it difficult to remember everything that is said to them in the course of a consultation. It is helpful to give clients handouts on what you have been discussing, and in some cases to give specific written instructions. When clients walk out of the consultation room with information in hand, they have a perception that they have received better value for money than if they just walk out empty-handed. Clients who have received written instructions, either a handout or specific written instructions, are more likely to comply with the instructions given to them.

The literature that you decide to use in your consultations with clients needs to be of a high standard. There are two views of what types of literature should be used. One approach is to use only literature that is produced by the veterinary practice itself, with the practice's branding on it. In this case all the literature is in line with your practice policy, and you can be completely at ease with what is



**Figure 2.2** The consulting room needs to be clean and ventilated.



**Figure 2.3** Examples of equipment required in a consulting room.

written there. The other approach is to use literature that is produced by manufacturing companies. This is generally well written and produced to a very high standard, but sometimes it is written around a specific product, rather than around a condition, which can be a disadvantage. Many pharmaceutical companies are now producing condition-specific literature, because of the restrictions on advertising of prescription-only veterinary medications (POM-V) directly to pet owners.

Any equipment you may need during the consultation needs to be present in the consulting room. All equipment needs to be clean and in working order. It can be useful to label equipment in order to designate it to each specific consulting room, in order to ensure that the required equipment is always to hand (Figure 2.3).

# 3

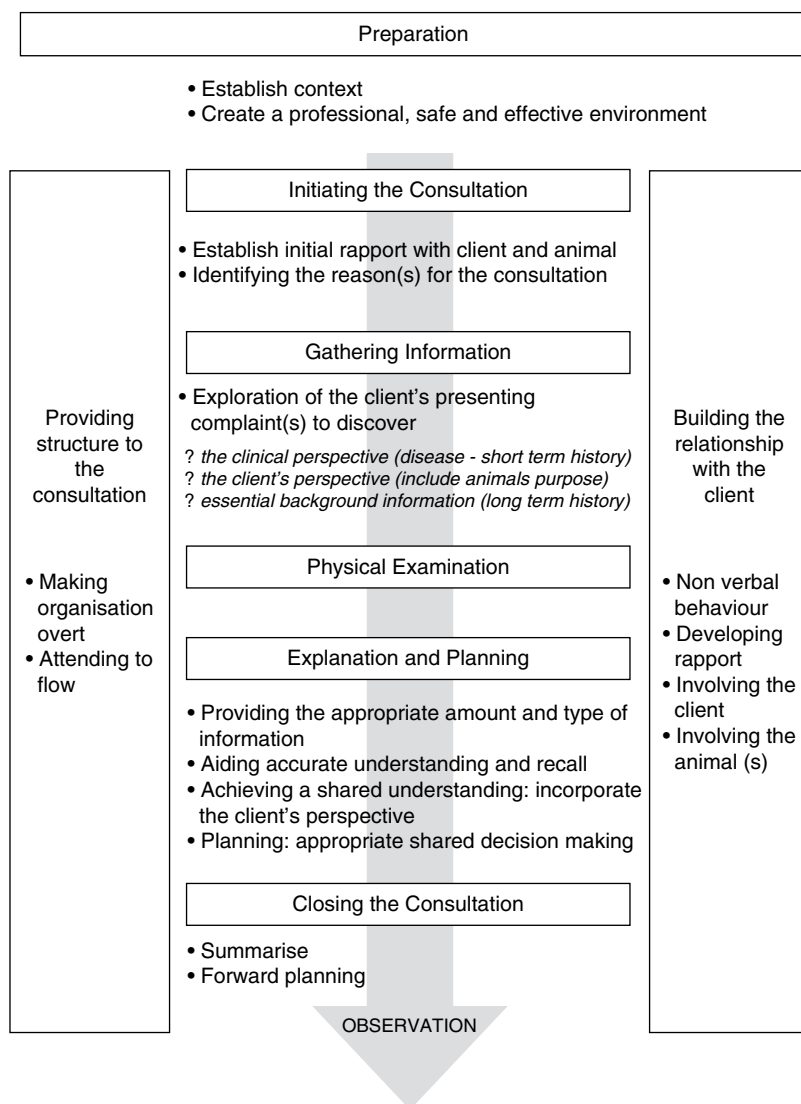
## The Consultation

Several frameworks for consulting have been developed for medical education, but none has been developed specifically for veterinary use. There is considerable overlap between the two fields, so it was decided to adapt a widely used medical consultation model to the veterinary context, taking account of the likely differences between veterinary and medical consultations. The Cambridge-Calgary consulting model (Figure 3.1) has been adapted by the National Unit for the Advancement of Veterinary Communication Skills (NUVACS), and is therefore the most relevant to the veterinary profession.

### Preparation

Before starting any consultation it is important to prepare adequately. Any equipment required for the consultation should be prepared (see Chapter 2) and the consulting room needs to be clean. You should read through the clinical history of the animal, as you need to be fully aware of any relevant previous history. Whether or not the consultation is about the previous clinical history of the animal, if you mention or ask how the animal has been since the incident, the client feels that you care about their pet. It is always worth checking vaccination status, last time of worming, and other parasite control. If any relevant comments have been noted in the clinical history, the client should be reminded about these. For example, if the veterinary surgeon has requested repeat blood sampling or a repeat clinical examination in a specified period of time, the client should be reminded about it. Make a note of the animal's name, sex and age, and use this information when talking to the client.

Your appearance is also a highly important factor in the client's perception of you. The nurse's uniform needs to be as clean as possible and hair should be kept tidy; long hair should be tied back. All staff members should wear name badges, which should be visible. Even though you tell the client your name at the time, many clients are stressed and do not remember many important facts, let alone the nurse's name. When writing down any future appointment times, write your



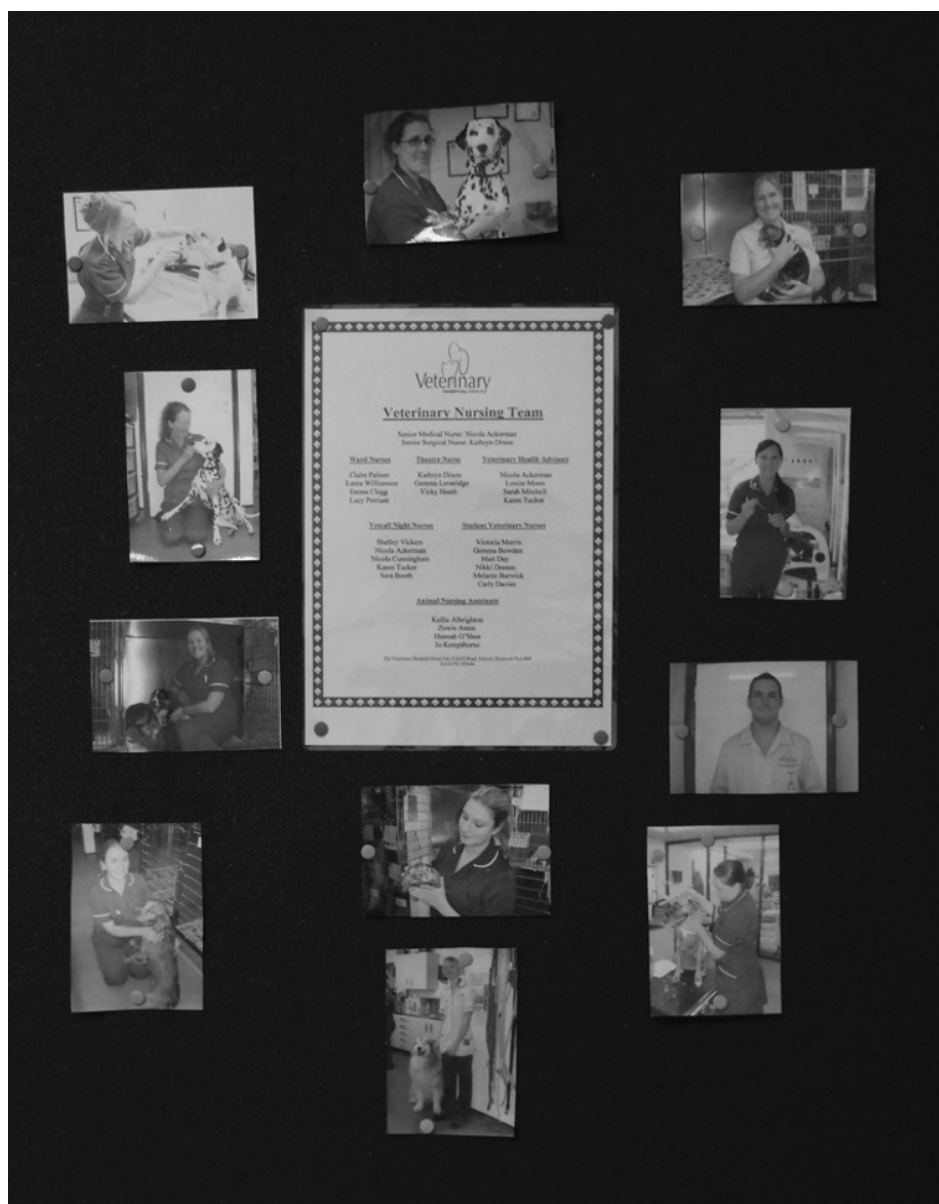
**Figure 3.1** Adapted Cambridge-Calgary model of veterinary consultation skills.

name next to the time. Photographs of staff members can be useful for clients, and help to increase the recognition of the role of the veterinary nurse within the veterinary practice (Figure 3.2).

### Initiating the consultation

The consultation should start with your confirming the name of the client when calling them through from the waiting area. Always introduce yourself, and





**Figure 3.2** A display of the practice nurses and their roles can help to raise the recognition of the veterinary nurse.

confirm what the appointment is for. For example, ‘Hello, my name is Nicola, I am your nurse for today. Have you brought Timmy for his blood test?’ There are many occasions when the client will make an appointment for one cat, and then bring the other instead as the initial cat hasn’t made it into the cat transport box. There are also occasions when the reason for the consultation can change, but this



**Figure 3.3** A cat less stressed in the bottom half of its transportation box.

only becomes apparent when the animal is presented. If there has been a delay in the starting time of the appointment, you should apologise for this. Clients (and pets) don't like to be kept waiting, and not acknowledging it can make the situation worse.

You should also acquaint themselves with the animal. Dogs should be patted and cats removed from transport baskets. Use of the pet's name is vital. If a cat is not willing to come out of its basket, removing the top half of the basket is helpful. The cat can then be examined in the bottom half of the basket, or lifted out on its blanket on to the consulting table (Figure 3.3). This is why cat owners are always recommended to purchase cat transport boxes that can be opened from the top.

This stage is very important for creating rapport with the client and their pet. Remember to use names, shake hands with the client, greet the pet and, most importantly, involve the pet. In order to create good rapport, veterinary nurses need to empathise with pet owners. Owners need to see, hear and feel these emotions from the practice as a whole, not just from the veterinary nurse that they see in the nurse consultations. In most cases they think of their pet as part of the family, and this special bond needs to be respected.

### Information gathering

Background information can be gained from the clinical history, but in many cases additional information is required and is obtained through questioning. Many clients are more than happy to offer information, whether it is relevant or not, but sometimes you will need specific questioning in order to get the required information. Both open and closed questioning should be used when conducting a con-

**Box 3.1 Open and closed questioning***Open questioning*

An open question can be defined as one that is likely to receive a long answer (not just yes or no).

Although any question can receive a long answer, open questions deliberately seek longer answers, and are the opposite of closed questions.

Open questions have the following characteristics:

- They ask the respondent to think and reflect.
- They give you *opinions* and *feelings*.
- They hand control of the conversation to the respondent.

*Closed questioning*

A common definition is that a closed question can be answered with either a single word or a short phrase. Thus 'How old are you?' and 'Where do you live?' are closed questions.

A more limiting definition is that a closed question can be answered with either yes or no.

Closed questions have the following characteristics:

- They give you *facts*.
- They are easy to answer.
- They are quick to answer.
- They keep control of the conversation with the questioner.

**Box 3.2 Effective listening**

Good listening skills are an essential part of communication and have many functions:

- Seek clarification
- Take notes
- Avoid distractions
- Use pauses and silences
- Restate and summarise

sultation, as they will provide different types of answers (see Box 3.1). Questioning also helps provide information on the client's expectations, concerns, wants and needs. It allows you to demonstrate your professionalism and knowledge, while helping to build rapport and show empathy. Questions also help to give you time to think and time to focus. Ensure that you show genuine interest in what the client is saying; listen to what the client is saying and if necessary repeat what they are saying back to them in order to confirm details (Box 3.2).

This is a very important stage of the consultation, and one that is often overlooked or not fully completed. Sometimes when the consultation has finished the client often asks, '. . . and another thing'. This is an indication that questioning was not sufficiently thorough in the early stage of the consultation.

In some cases the client will ask for multiple procedures to be completed, or will have a very long list of questions. Your job is to find out what all of the