



Critical Care

BY NANCY S. LOVING, DVM

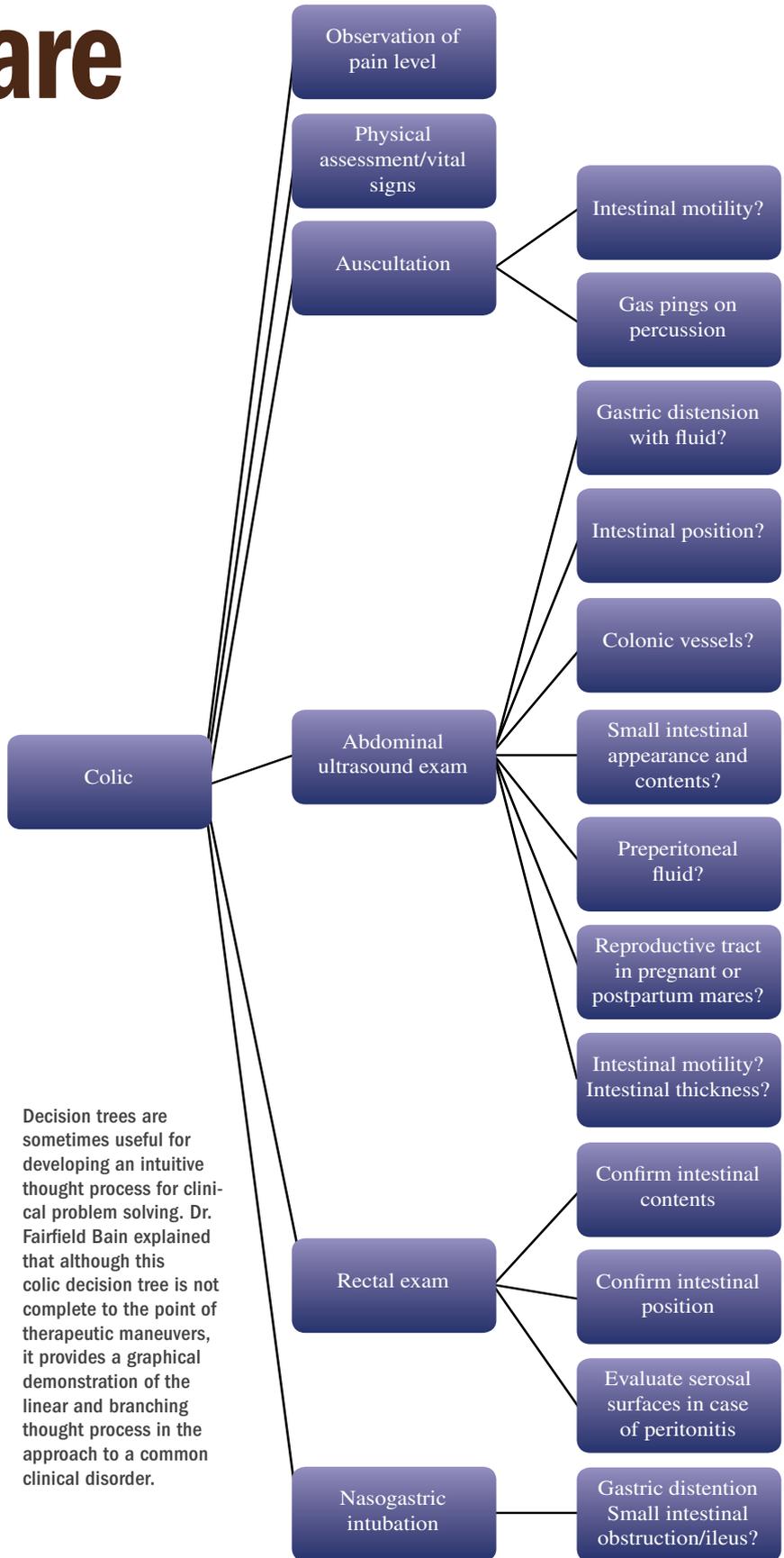
Critical Care in Private Practice

There have been marked changes in the level of equine critical care, noted Fairfield Bain, DVM, MBA, Dipl. ACVIM, ACVP, ACVECC. These changes, he said, are in large part due to improved skills, training, and experience of practitioners that facilitate expeditious case assessment. In today's electronic world, this is coupled with networking opportunities to obtain information and guidance from other clinicians. Also noteworthy are the improved availability of tools for rapid diagnosis and improved quality of facilities outfitted with high-tech equipment and qualified personnel for thorough patient care/monitoring.

He said these improvements have increased the knowledge base and resources of today's veterinarian. The critical care patient is viewed with a longer list of differential diagnoses and improved understanding of diagnostic strategies. Advanced technology, such as ultrasound, endoscopy, digital radiography, and patient-side lab testing, means more rapid answers on site.

Using colic as an example, he noted that such diagnostic techniques allow the clinician to corroborate findings from the physical and rectal exams, information gleaned from passing a nasogastric (stomach) tube, and abdominal fluid analysis. The ability to manage pain is still an important indicator of the need for surgery.

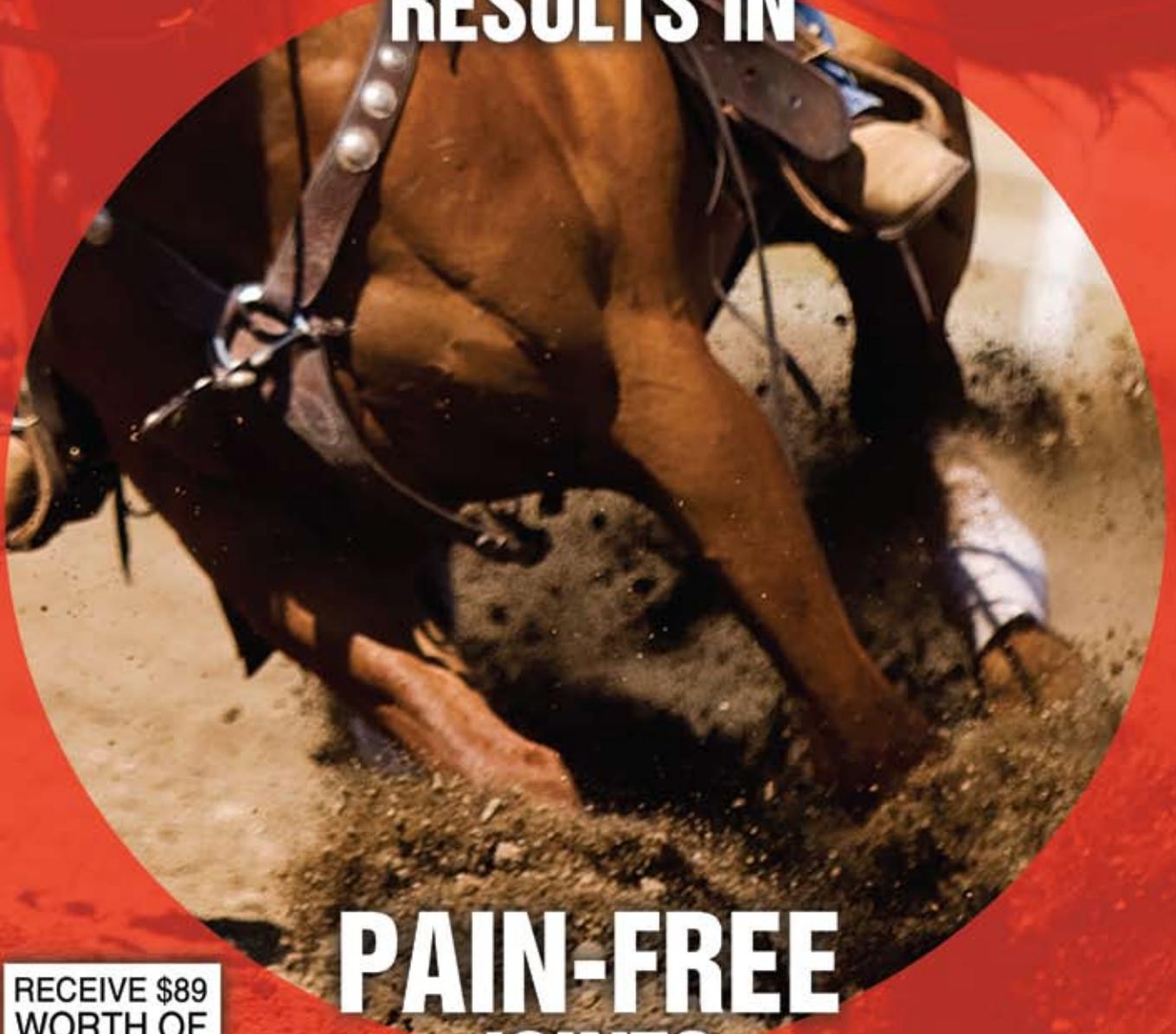
Bain stressed that the goal with any critical care patient is to make the most accurate diagnosis in the most expedient manner. Abdominal ultrasound adds invaluable information to the work-up and hastens diagnosis, along with isolating the area of bowel involved in colic. Other changes include the variety of available pain control methods and the equipment available, such as nonthrombogenic (non-clot-forming) intravenous (IV) catheters to administer large quantities of IV fluid therapy. He remarked that in the past two decades, equine vets have made significant advancements in shock management through the use of anti-endotoxemia drugs



Decision trees are sometimes useful for developing an intuitive thought process for clinical problem solving. Dr. Fairfield Bain explained that although this colic decision tree is not complete to the point of therapeutic maneuvers, it provides a graphical demonstration of the linear and branching thought process in the approach to a common clinical disorder.

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