

Brachycephalic Protocol for Referring Hospitals

Pre-Operative

Ensure O2 (kennel or mask) is quoted in your hospital's treatment plan

- If medically appropriate, have your rDVM prescribe 2 doses of Gabapentin and Trazodone and 1 dose of Cerenia. Recommended dosages (again, only if medically appropriate):

-Gabapentin 10-15 mg/kg (15-20 mg/kg if anxious/nervous/aggressive)- 1 dose the night before surgery, 1 dose the morning of surgery 2 hours prior to admit appointment.

-Trazodone 4 mg/kg (try 8 mg/kg if anxious/nervous/aggressive but young/healthy) - 1 dose the night before surgery, 1 dose the morning of surgery 2 hours prior to admit appointment.

- Cerenia 2 mg/kg- 1 oral dose the night before surgery.

- If the patient did not receive medications above from rDVM, when the patient walks in the door Gabapentin and Trazodone should be given orally at the doses above.
- Set up Oxygen Kennel or Oxygen Mask
 - Pre-Oxygenate for 10-15 minutes
- Set up nebulizer, with Epinephrine dose
 - Calculation
 - 0.05mg/kg mls Epinephrine qs. To a total of 10mls Saline
 - Will take approximately 10-15 minutes for nebulizer to finish
- Place IV Catheter

Premed

- Metoclopramide 0.5mg/kg SQ
- Cerenia
 - 1mg/kg IV or SQ (note that if product is refrigerated it does not sting as much IV)
 - *Only if oral dose of Cerenia was not administered the night prior*
- Gabapentin (Oral)
 - Did patient receive dose prior to arrival this morning yes or no; if not administer at dose above PO
- Trazodone (Oral)
 - Did patient receive dose prior to arrival this morning yes or no; if not administer at dose above PO
- Atropine 0.02mg/kg IV
- Nebulize inside O2 Chamber or in Oxygen mask

- Keep patient on O2 until induction medications are given

Knockdown

- Pre-Op SP02
- Wait for TSVS surgeon to arrive before inducing, so they can evaluate level of laryngeal collapse, length of soft palate, tonsil size and if saccule eversion is present at time of intubation.
- Administer the following medications:
 - Dexamethasone-SP (4mg/ml) Dose: kg x 1mg/kg / 7.5 / 4
 - Butorphanol 0.3 mg/kg IV
 - Propofol to effect
 - Midazolam 0.2mg/kg if needed
 - Cefazolin 22mg/kg IV q. 90 minutes
 - Have multiple endotracheal tubes available
 - Otrivine (Nasal puffer in both nostrils)
 - If there is mild to moderate pain present,
 - Buprenorphine 0.02 mg/kg IV q. 4-6 hours
 - If there is moderate to severe pain present,
 - Methadone 0.2-0.3 mg/kg IV
 - Hydromorphone 0.05 - 0.1 mg/kg IV
 - Morphine 0.5 mg/kg IM
- Connect patient to oxygen (100ml/kg/min), ECG, SpO2, and blood pressure monitor.
- Position and cover the patient to maintain temperature.
- Start IV fluid administration.

Intra-Op:

- Monitor HR, BP, RR, and temperature closely. Bradycardia is common and should be corrected promptly.
- Administer Cefazolin every 90 minutes.

Post Op:

- Maintain the patient connected to oxygen during recovery, until the patient is ready to be extubated (strong swallow reflex).
- Keep the SpO2 monitor connected to the patient post-extubation.
- Monitor respiratory rate, effort, and noise post-extubation.

- If patient is making respiratory noises, has increased effort, or is not oxygenating well, perform emergency tracheostomy or nasotracheal intubation and keep the patient on oxygen.

Consider referral to emergency or 24h clinic for overnight monitoring for the first 24h post-op

****In case of emergency, please have the following items on hand:***

- Have size appropriate tracheotomy tube ready
- 10 Blade
- Epinephrine
- Propofol
- Laryngoscope
- Q-Tips
- E-Tubes
- Famotidine 1mg/kg