



DEPARTMENT OF THE ARMY
106TH MEDICAL DETACHMENT VETERINARY SERVICE SUPPORT/
PUBLIC HEALTH ACTIVITY KOREA
UNIT 15190
APO AP 96271-5190

EAMB-VET

14 Mar 2019

MEMORANDUM FOR DISTRIBUTION

SUBJECT: 106th Medical Detachment (VSS)/Public Health Activity-Korea Privately Owned Animal Policy on Elective Anesthetic and Surgical Procedures

1. References.

- a. AR 40-3, Medical, Dental, and Veterinary Care, April 2013
- b. AR 40-905, Veterinary Health Services, August 2006
- c. AIPH (VET) Memo A13-02, Credentialing of Veterinary Staff, June 20013
- d. Army Public Health Command, Veterinary Medical Standardization Board Anesthesia and Pain Guidelines, August 2017

2. Purpose. Establish policies and procedures for elective anesthetic and surgical procedures on Privately Owned Animals.

3. Applicability. The below procedures will be followed by all personnel assigned or attached to the 106th Medical Detachment (VSS)/Public Health Activity-Korea (MDVSS/PHA-K), as well as those not part of the Command working within 106th MDVSS/PHA-K facilities.

4. Responsibilities. The Commander, 106th MDVSS/PHA-K will ensure dissemination and compliance.

5. Procedures.

a. All credentialed Veterinary Corps Officers (VCOs) and Veterinary Medical Officers (VMOs) are authorized to perform elective general anesthetic procedures (specified below) on Privately Owned Animals (POAs). Non-Appropriated Fund (NAF) veterinarians are not authorized to perform anesthetic procedures unless accompanied by a credentialed VCO or VMO.

(1) VCOs and VMOs will furnish documentation of clinical credentialing to the 106th MDVSS/PHA-K 64F upon arrival to the unit. If the VCO/VMO is unable to furnish documentation of clinical credentialing, it is at the discretion of the Commander to

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direct re-credentialing under the guidance of the 64F, or to assign said individual(s) to non-clinical duties.

b. Authorized elective POA procedures include: routine spay (ovariohysterectomy or ovariectomy) and neuter procedures, alone or in combination with prophylactic gastropexy on otherwise healthy, juvenile POAs; and routine dental prophylaxis. All additional elective anesthetic procedures, alone or in combination with the aforementioned, will be at the approval of the 106th MDVSS/PHA-K 64F.

(1) All POAs undergoing any authorized anesthetic procedure will have pre-anesthetic blood work to include a complete blood count and serum biochemistry panel performed within seven (7) days of the anesthetic procedure. VCOs and VMOs will review the results of the blood work in advance of surgical planning and make a clinical determination if the animal is a candidate for the procedure. Additional day-of-procedure blood work shall include PCV/TS, blood glucose, and AZO stick.

(2) Any POA(s) identified to have co-morbidities at the time of pre-anesthetic evaluation including, but not limited to, cardiac, liver, renal or endocrine disease will undergo additional diagnostic evaluation prior to their anesthetic procedure. It is the responsibility of the VCO/VMO to discuss these cases with the 64F prior to pursuing any elective anesthetic procedure.

(3) Any and all other elective procedures are authorized only by exception and at the discretion of the 106th MDVSS/PHA-K 64F. For an exception to policy, the primary VCO/VMO assigned to the patient must contact the 64F regarding the proposed procedure, to include, but not limited to: all clinically relevant history, concurrent illness/disease status, surgical procedure, anesthetic and after care plans.

c. Any VCO/VMO, whether primary or assisting, participating in an elective general anesthetic event assumes equal responsibility for making clinical judgements regarding the health of the animal(s) and the need for medical treatment.

d. POA overnight hospitalization is not authorized unless in the event of an emergency or an exception to policy has been authorized by the 106th MDVSS/PHA-K 64F and/or Commander.

e. All staff, regardless of whether they perform anesthesia and surgery or not, must read the Veterinary Medical Standardization Board (VMSB) guidelines and understand that they must abide by these standards whenever possible. Should deviation from the VMSB guidelines be indicated, the VCO/VMO will pursue all efforts to seek guidance from the 106th MDVSS/PHA-K 64F to ensure patient safety and standard of care.

f. Authorization for use of the USAG Humphreys endoscopy and laparoscopy

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equipment is only by the 106th MDVSS/PHA-K 64F or under their direct supervision.

6. Point of contact for this memorandum is the 106th MDVSS/PHA-K Clinical Specialist (64F) at emily.k.purswell.mil@mail.mil or DSN: (315) 737-9770.

Patti Glen
LTC, VC
Commanding