THE PAC

Hospital Sheet

Patient Name		**Date**	
ID Number		**Veterinary Surgeon**	
Species		**Nurse**	
Breed		**Client Name**	
Age / Sex	**M / F N**	**Client Address**	
Weight		**Client Contact**	
Diet		**History / Diagnosis**	
Day in Hospital	1 2 3 4 5	**Cautions**	

Catheter Placement:		**Parameter: am / pm**			**Diagnostic Tests:**		**Additional info:**
Date		Temp			Urinalysis		
Site		Pulse			PCV		
Time		RR			Haematology		
Checked	am: pm:	CRT			Biochemistry		

GLASGOW COMPOSITE PAIN SCALE					**FLUID THERAPY –** see reverse for workings	
DOG / CAT					**Volume for 24 hours**	
Score					**Rate**	
					Drops per minute	
Intervention					**Aqupharm Number**	
					Additive	

Key: ● = To do ✱ = Completed

Treatment	**Comment**	**Time:** 6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5
Pain Scale																									
Food (g)																									
Food intake																									
Water (ml)																									
Water intake																									
Urine (ml)																									
Faeces																									
Exercise																									
Medication	**Dose/route**																								
Fluid Therapy																									
Additives																									
Procedures																									
Diagnostics																									
Blood Pressure																									

Additional Information:

Time	Name	Notes

Fluid Therapy:

Aqupharm 1 (saline)	**Aqupharm 3** (5% glucose saline)	**Aqupharm 9** (Ringer's)	**Aqupharm 11** (Hartmann's)	**Aqupharm 18** (maintenance solution)
Giving set:		**Infusion connector:**		

Deficit ml = dehydration % x weight (kg) x 10	
Maintenance ml (24hrs) = 50ml x weight (kg)	
Ongoing losses = 4ml x weight (kg) x episodes	
Volume over 24 hours = deficit + maintenance + ongoing losses	
Fluid Rate – hourly rate (ml/hr) = total 24hr volume (ml) ÷ 24 **or** Initial rate ml/hr for 4 hr = ½ x 24hr vol ÷ 4 then Subsequent rate ml/hr for 20hr = ½ x 24hr vol ÷ 20	

Pain Assessment

Please use the 'Glasgow Composite Measure Pain Scale' available with the Animalcare Pain Management Toolkit. Mark scores and intervention in the space provided overleaf.

Nutritional Assessment:

Diet History	
Overall appearance	
Body condition score	**1 2 3 4 5 6 7 8 9**
Appetite	
Nutritional requirements	

Client Communication

Time	Contact name (vet)	Contact name (owner)	Discussed	Bill update

Animalcare

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