



Medication protocols for emotionally challenged dogs during veterinary visits and procedures

from Zero Pain Philosophy and Behavioural Referrals Veterinary Practice

This protocol is designed to be used in conjunction with a dog friendly approach to managing the individual patient. Emotional assessment of the patient should have been carried out as part of that management process. Where necessary advice regarding the emotional health of the patient through consultation with a veterinary colleague working in behavioural medicine may be sought.

PRE-VISIT COMPONENT OF PROTOCOL

Give oral anxiolytic at home 1-2 hours prior to visit. Options:

- Trazodone 4-8 mg/kg PO
- Alprazolam 0.01-0.1 mg/kg PO
- Diazepam 1-2 mg/kg PO

Give a trial of the therapeutic dose of the chosen drug several days prior to scheduled appointment and assess effect

The use of benzodiazepines may be most appropriate when patients will benefit from potential amnesic effect of the medication in order to prevent negative memory formation which can be detrimental to future visits. With alprazolam a test dose of 0.01 mg/kg can be given first as those animals that react with agitation will often do so at the very low dose. If there is no reaction at the low dose you should then trial the therapeutic dose on a different day as some dogs do show a reaction at the higher dose.

In cases where the trial dose of therapeutic dose of trazodone alone has been unsuccessful and/or the patient is particularly emotionally challenged by a veterinary visit it is possible to combine trazodone with gabapentin using the following recommended dose:

Trazodone 4-12 mg/kg PO and Gabapentin 20 mg/kg PO

For small dogs liquid preparations can facilitate administration of the medication and accuracy of dosing.

In situations where medications above are not appropriate for individual patient and / or cases where emotional arousal is a significant factor the use of noradrenergic acting medication such as Sileo® (according to manufacturers published dose rate) can be considered.

In cases where patients are attending consultations only or routine blood sampling the pre-visit component may be sufficient alone. For particularly challenged patients and those undergoing procedures it may be appropriate to combine with sedation protocols on arrival at the practice.

The presence of acute or chronic pain must always be considered as a potential factor when patients are exhibiting challenging behaviour. The use of gabapentin as part of the pre visit protocol may be of particular benefit for patients with a pain component, provided they are gabapentin naïve. The use of EMLA or cold spray preparations should be considered before embarking on procedures such as venepuncture.

ON ARRIVAL AT THE PRACTICE

Depending on level of sedation produced it may be then be possible to give an IM injection on arrival at the surgery of:

- 0.02 mg/kg medetomidine
- 2 mg/kg ketamine
- 0.2 mg/kg butorphanol

If unable to give IM injection despite oral anxiolytics at home give oral medetomidine at least 0.05 mg/kg. Once sedated give IM injection of

- 2 mg/kg ketamine
- 0.2 mg/kg butorphanol

If after oral medetomidine the dog is really sedated then give IM injection at half those doses;

- 1 mg/kg ketamine
- 0.1 mg/kg butorphanol

If conducting surgery the butorphanol should be replaced with methadone at 0.2mg/kg.

Inclusion of a benzodiazepine at some stage is beneficial due to the retrograde amnesic effects. Options:

- Orally, as part of the at home option (as discussed above).
- Intramuscularly once sedative options discussed above have taken effect midazolam 0.25mg/kg.
- Intravenously as part of the anaesthetic induction protocol. Give 1 mg/kg propofol or 0.5 mg/kg alfaxalone followed by 0.25 mg/kg midazolam IV. Then titrate propofol or alfaxalone to achieve tracheal intubation.

The inclusion of medetomidine in these protocols assumes no underlying cardiovascular disease is present.

Please provide oxygen by mask during sedation

DURING HOSPITALISATION

If patients are hospitalised the use of medication to reduce the emotional impact of that stay can be considered.

Options include:

- Trazodone 4-6 mg / kg up to bid (NB different dose from pre vet visit protocols)
- Alprazolam 0.01-0.1 mg/kg PO

During hospitalisation attention must also be paid to the use of dog friendly interactions and management techniques and the emotional health of the patient should be monitored alongside its physical health reason for hospitalisation.

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