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Emergency Animal Clinics

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No other area of veterinary medicine receives as much publicity as emergency care, especially when, for some reason, it isn’t available. Because emergency care is what the public demands, many veterinarians find themselves accountable to clients 24 hours a day, with no time free for their personal life. Precisely because of the need for good veterinary care during non-practice hours and to alleviate the veterinarian’s burden of always being on call, emergency animal clinics have recently become established across the country.

Dr. Randy Roberts, one of two veterinarians staffing the Animal Emergency Clinic in Omaha, Nebraska, says that he can’t conceive of a reason why a veterinary practitioner wouldn’t want to participate in such a clinic. There are many benefits including:

1) More satisfied clients. Most owners are happy to know that there is a qualified veterinarian and well-equipped clinic available 24 hours a day, seven days a week, 52 weeks a year. Otherwise, their only alternative would be to call their own, however disgruntled, veterinarian out of bed to unlock his clinic door and treat their ailing animal.

2) Happier veterinarians. With the burden of emergency calls removed, veterinarians are free to relax and make plans during the evening hours without fear of being called back to the office unexpectedly.

3) Better professional image. Often negative feelings are generated when owners with a seriously ill animal fail to find a veterinarian to treat their pet. This “bad press” reflects back on the rest of the veterinary profession, whether it is deserved or not. A well staffed and equipped emergency clinic can be a logical and effective answer to this problem.

Is an emergency clinic a feasible and profitable undertaking? Yes, it can be, provided the area population is large enough to supply an adequate caseload and provided the clinic is set up and run properly. Don Dooley, practice consultant to animal hospitals, is responsible for setting up many of the emergency clinics across the country. Following his advice on practice management in emergency clinic situations, most veterinarians have had no real problems.

The question of whether a practice loses money to an operating emergency clinic has always arisen. Studies have shown that in a daytime practice, most unpaid bills are from emergency cases; and any practice could manage better without these extra problems. Therefore, alleviating emergency cases would promote a more financially efficient clinic and less headaches for the practitioner.

The emergency clinic in Omaha was based on Dr. Dooley’s suggestions. It is a corporation consisting of 22 area veterinarian-stockholders, each having purchased shares in the corporation. There is one administrator who runs the business and fields all complaints and suggestions. Cooperation among the area veterinarians is a necessity to keep the corporation running smoothly.

The modern separate emergency facility is equipped with everything necessary to operate a clinic: all needed drugs, kennels, equipment for blood and chemical analyses, exam room, X-ray machine and automatic processor, surgery suite, inhalation anesthetic machines, suction apparatus, defibrilator, and EKG machine. It is staffed by two veterinarians as well as several animal technicians. Office hours are from 6 pm to 8 am Monday to Friday, 12 noon on Saturday to 8 am Monday and all holidays. All area veterinarians involved urge their clients to use the emergency clinic to get help for after-hours emergency problems.

When an emergency case is presented, all pertinent owner information is recorded on a standard treatment form. The animal is then
given a physical exam by the veterinarian and the owner is given an estimate of cost for the particular problem. If the animal must be hospitalized for treatment, a deposit based on the estimated cost is required.

The minimum fee is $25, which includes a $15 emergency fee and a $10 physical exam. Rates for other veterinary services such as lab work, medication, radiographs, and surgery are comparable to most area practices. No routine surgeries such as spays or dentistry work are performed, nor is any orthopedic surgery, which involves both costly equipment and time.

All patients hospitalized during the night must be picked up by 7:30 am the following morning. The animal is then discharged with a copy of the case history, medications and treatments performed and X-rays (if taken) which the owner gives to his or her family veterinarian if further hospitalization is necessary. The emergency clinic always calls the family veterinarian to alert him or her that the patient is being transferred to his/her case.

The major objective of the emergency veterinarian in critical cases is to stabilize the animal so that the family veterinarian can take over the following day. The majority of the cases (approximately 40%) are trauma related such as hit-by-car, big dog-little dog and gunshot accidents. Therefore, the clinic sees many open chest wounds, gunshot wounds, and foreign body cases. In addition they also perform a number of canine C-sections and unplug blocked tomcats.

On a personal level, Dr. Roberts feels there are many advantages and disadvantages of being an emergency clinic veterinarian. The work hours may be an advantage or a disadvantage.

Monetary reward is naturally higher than in a regular day-time practice but certainly working 120 hours per week (and more during holidays) is a factor to consider before jumping into such a clinic situation. One also never has to deal with the chronically sick animal that never gets better. Conversely, one seldom gets the satisfaction of seeing an animal that was treated at the emergency clinic get well.

Any personal life invariably suffers from such an erratic work schedule. It, understandably, can be very devastating to a close personal relationship or to a marriage.

All things considered, what type of person is best suited for an emergency clinic situation? Dr. Roberts suggests that the individual should be: 1) single, 2) have been in a daytime practice for at least one year to gain experience and self confidence (Things move so fast in emergency situations that if the individual can’t handle the problem adequately alone, his self confidence may be badly damaged) and 3) a spur-of-the-moment type person. If an individual is not, it is hard to get a routine going juggling four to five cases at once. Because things move very fast, most decisions are made reflexly within the hour, usually allowing little time to think. On the other hand, therapeutic treatment of a case in a daytime practice usually begins the next day after tests, observation, and deliberate study. A daytime practice is not geared for this fast pace; and so when an emergency hit-by-car, for example, is admitted there is often pandemonium. Sometimes, Dr. Roberts admits, even the emergency situations are becoming routine.

How long does the average veterinarian work at an emergency clinic? The answer seems to be either one month or several years. A person either dislikes the job intensely or enjoys it tremendously. There is no in-between. Dr. Roberts feels it is a more interesting, exciting and more challenging situation than daytime practice because one is not constantly counseling clients about fleas, dental tartar or other mundane problems.

Certainly emergency clinics are presently coming into their own and are the direction veterinary medicine is heading in the future. They will unquestionably provide the best veterinary care for a demanding public during non-practice hours, while at the same time ease some of the burden and responsibility carried by the individual practitioner. Undoubtedly, they are instrumental in promoting peace of mind and preventing sleepless nights, grouchy days, and ulcers.

Work as an emergency clinic veterinarian would be a challenging and rewarding experience, provided the individual could handle the hectic pace, erratic work schedule, and demands it would place on his or her private life. It would be a very viable option in today’s expanding veterinary practice that we as veterinary students should look into in the future.