K9 Casualty Care

Converting Your TEMS Skills to K9s

Pilot Edition · prepared for Los Angeles Fire Department · 12 August 2026

Closest Emergency Vet for Today

Vet ER CA - Los Angeles - Metropolitan Animal Specialty Hospital (MASH)

MASH - Metropolitan Animal Specialty Hospital
Board-certified specialists plus emergency clinicians

- Open 24/7
- 6565 Santa Monica Blvd
- Phone (855) 350-7387
- mash.vet

#TheDogISMyHomework

- #MakingADifference #ForDogsSake
- Send evidence of any homework assignment to any of the following:
  - Woof@K9MEDIC
  - Post to FaceBook and tag #K9MEDIC
  - Text to Jo: 805-758-4859
- Jo sends free stuff (currently sending t-shirts)
  - Note: not a formal legal ‘contest’ or ‘draw’

Tactical Context

- Incoming fire
- Darkness/limited visibility
- Environmental factors
- Casualty transportation problems
- Delays to definitive care
- Command decisions

After Securing the Scene:

- **Treat** the casualty
- **Prevent** additional casualties
- **Complete** the mission

TCCC/TECC - Timing and Sequencing is Everything

GOOD MEDICINE CAN SOMETIMES BE BAD TACTICS.

The Right Things To Do

AND

The Right Time to Do Them

…focusing on the most Preventable Causes of Death

3 Phases of Care

PHASE 1:

“Care Under Fire” /
“Direct Threat Care”

90% Tactics
+ 10% Medicine

PHASE 2:

“Tactical Field Care“ /
“Indirect Threat Care”

50% Tactics
+ 50% Medicine

PHASE 3:

“TacEvac” /
“Evacuation”

90% Medicine
+ 10% Tactics

PHASE 1

“Care Under Fire” / “Direct Threat Care”

MOVE / Recall

MUZZLE Hasty

MASSIVE HEMORRHAGE Hasty

PHASE 2

“Tactical Field Care” / “Indirect Threat Care”

MOVE

MUZZLE

MASSIVE HEMORRHAGE

Upgraded to Improvised, Direct Action Baskerville, MEDs

FULL >>>

Massive Hemorrhage: Blood Sweep

- Active bleeding is not always obvious!
  - Fur
  - Ground cover may absorb blood
- Perform hands-on 360 degree Blood sweep against the fur
  1. Limbs: *Sweep, Pits, Check*
  2. Tail: *Sweep, Base, check*
  3. Body: *Against Fur*
  4. Head:

Massive Hemorrhage: Blood Sweep — K9 MEDIC Best Practices

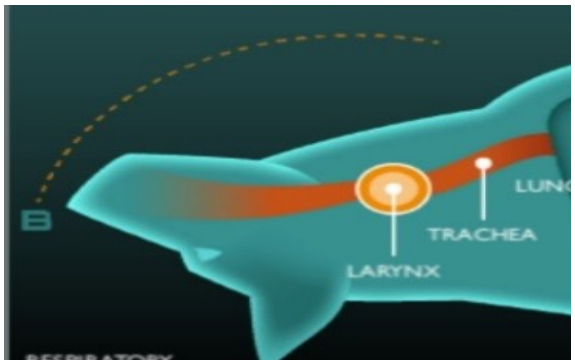
- ***Fast and Flat hands***
- ***Position of Comfort for Dog***

Simon Says
Practice
All together
Step by Step

Against fur:

1. Limbs: ***Sweep, Pits, Check***
2. Tail: ***Sweep, Base Check***
3. Body: Divide into sections moving from tail to head
4. Head: Quick bleeding inspection (neuro later)

Airway



- Barking or whining confirms airway
- IF Unconscious
  Head into the inline position
  Nose – Ears – Spine: All in a line
- Consider intubation / SX airways
  (based on scope)

Respirations: Respiratory Rake — K9 MEDIC® Best Practices

- Respiratory Rake – finding holes in chest
  - Relevant holes can be small
  - Fingers pressed tight together, bent, perpendicular
  - Scratching/scraping/raking against fur to identify small hole in fur
  - Upper chest to groin area

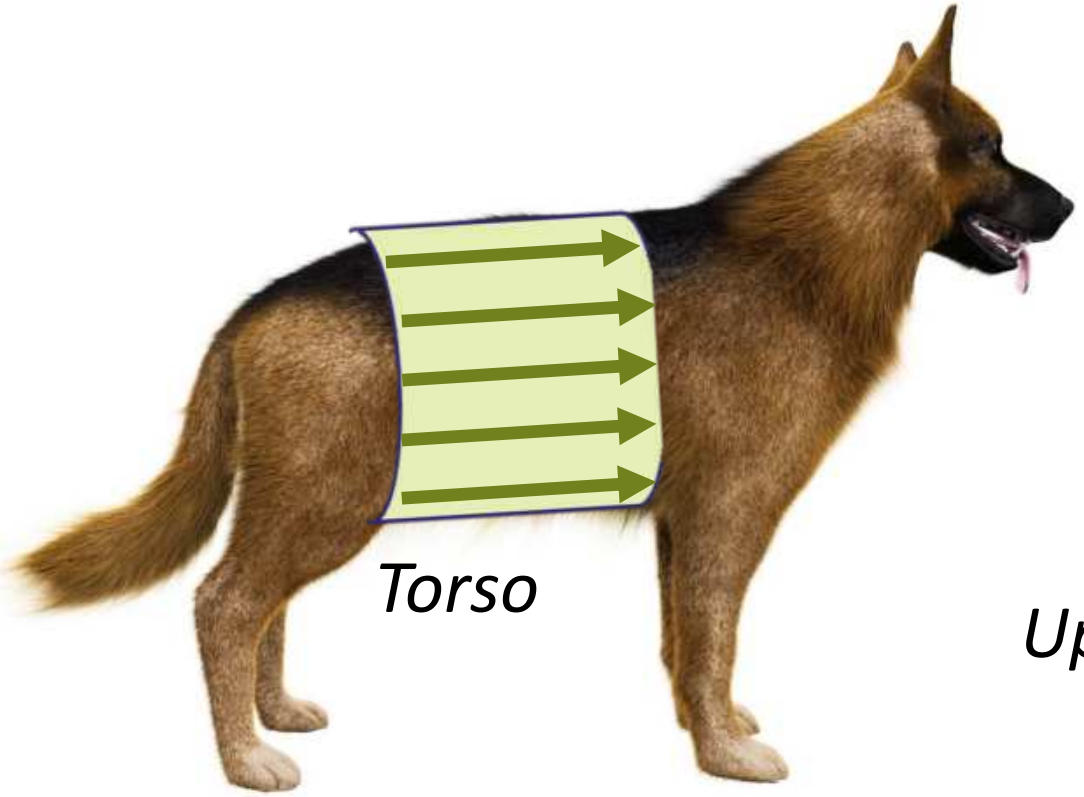
  - Why?
    → Tension Pneumothorax

Respirations: Respiratory Rake — K9 MEDIC® Best Practices

- *Hand Positions:*
  - *Bent nails, catch on pant seam for feel*

Try It Now

Respirations: Respiratory Rake — K9 MEDIC® Best Practices



Respirations: Respiratory Rake — K9 MEDIC® Best Practices

Simon Says
Practice
All together
Step by Step

- *On Stuffie in Position of Comfort*
- *Barrel: Parallel to Spine*
- *Chest Plate: Vertical Stripes Up, from pit to pit*

Circulation: ReCheck Wounds, Check Pulse

1. ReCheck Wound Management

2. Check Pulse to determine fluid admin

   - Femoral Pulse Check
     - Easiest to find
     - Determines fluid administration
   - If Weak/Absent Pulse
     - Then, consider fluid administration
     - Until femoral pulse returns

Head Injuries

- Mechanism of Injury?
- Assess
  - LOC / Behavior
  - Eyes PERLA
  - Fluid in Ears/Nose

Hyperthermia

- Can co-exist with trauma related injuries
- Rule out heat injury
  BEFORE actively warming patient
- Be cautious of muzzle use
  on any K9 with heat panting
- No need to temp in this phase
  - Situation
  - Handler reporting
  - Panting and behaviour presentation

Hypothermia

- Common with:
  - Massive Hemorrhage
  - Shock
  - Environmental Exposure
  - IV Fluid Resuscitation

- Shock patients will start to match ambient temp

Hypothermia Prevention

- **ACTIVELY WARM** to PREVENT Hypothermia **BEFORE** it occurs

✅ Keep off cold surfaces
✅ Wrap (Burrito) vs Cover
✅ ADD heat sources

PHASE 3

“TACEVAC” / “Evacuation Care”

PHASE 3: Tac Evac / Evac

You're Not Home Yet…

- Full Vitals
- Full Head to Tail
- Full Intervention

MMMARCHHH - Overview

PHASE 1: Care Under Fire / Direct Threat Care:

- MOVE!
- Muzzle: Hasty version
- Massive Hemorrhage: Hasty version

PHASE 2: Tactical Field Care / Indirect Threat Care

- Muzzle: Full muzzle or improvised leash/gauze/etc or Med for Chemical Restraint
- Massive Hemorrhage: Peripheral Pressure Dressing and Hemostatic Agents
- Airway: Position Head / Intubation / Surgical
- Respiration: Chest Seal and Decompress Tension Pneumothorax
- Circulation: Recheck for major bleeds, Pulse Check
- Head Injury: Mechanism, LOC, Eyes/Ears/Nose
- Heat Injury: Rule Out
- Hypothermia: Prevent!

PHASE 3: Tac Evac / Evac

- Full Vitals
- Full Head to Tail
- Full Interventions

MMMARCHHH – Phase 2 Hands-on Practice

Muzzle: Full muzzle or improvised leash/gauze/etc or **M**eds

Massive Hemorrhage: Peripheral Pressure Dressing + Hemostatic Agents

Airway: Position Head / Intubation / Surgical

Respiration: Chest Seal, Decompress Tension Pneumo

Circulation: Recheck for major bleeds, Pulse Check

Head Injury: Mechanism, LOC, Eyes/Ears/Nose

Heat Injury: Rule Out

Hypothermia: Prevent!

Always pair Massive Bleeding with Muzzle Safe, Muzzle Check™

MUZZLE /MED

MASSIVE BLEEDING

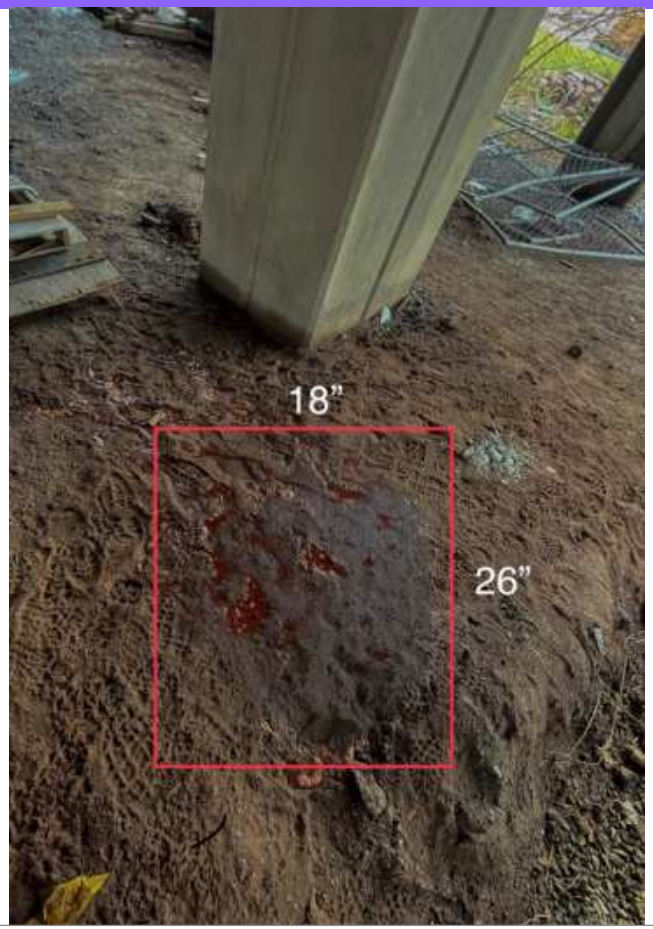
Massive Hemorrhage

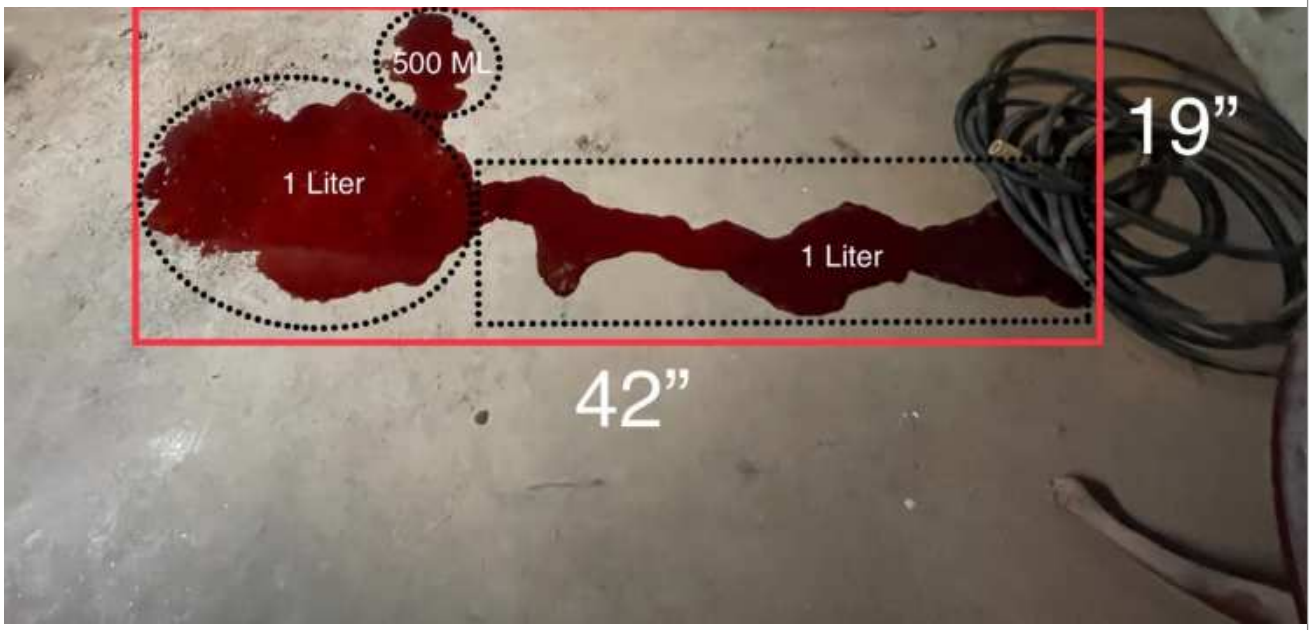
- Any active bleeding with large quantity at fast rate
- Some wounds are scary, but not much bleeding
- Not Sure?
  - Better to assume bleeding is a life threat than to ignore

Massive Hemorrhage

- Average 60lb K9 = 2.5L of blood
  - ~80-90mL/kg of blood *(same as pediatric)*

Massive Hemorrhage: Realistic Environments

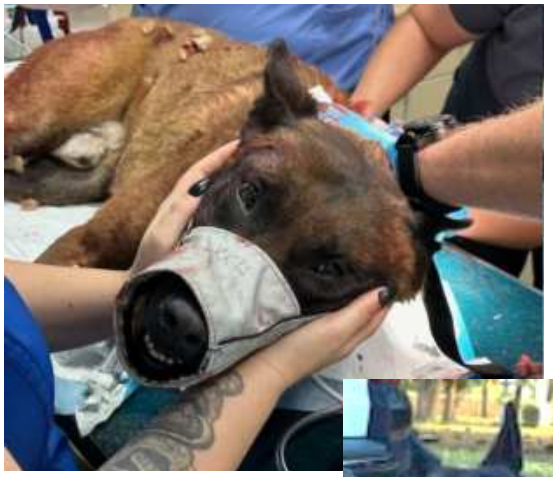




REAL CASE

K9 Enzo, LVMPD

Las Vegas, NV: Mar 29, 2024



SITUATION

- Belgian Malinois, ~3 yrs old, 1 year on the job.
- Stabbed repeatedly by barricaded subject just bitten

Pre-Hospital

- Hands-on, pressure dressing, IV
- Rushed to a nearby veterinary hospital,
  then flown by the LVMPD air unit to veterinary trauma hospital.

In-Hospital

- Surgery and ICU overnight.
- Transfused with donor blood from Las Vegas Animal Blood Bank.
- Delayed crash on ~day 2: further transfusions

OUTCOME:

- Back on duty mid-July 2024 — about 5 months.
- No lasting effects;
- 3 apprehensions in his first weeks back!

Photos: LVMPD via FOX5 Vegas · Sources: LVMPD press release 03/29/2024; 8 News Now (KLAS)

REAL CASE

K9 Enzo, LVMPD

Las Vegas, NV: Mar 29, 2024

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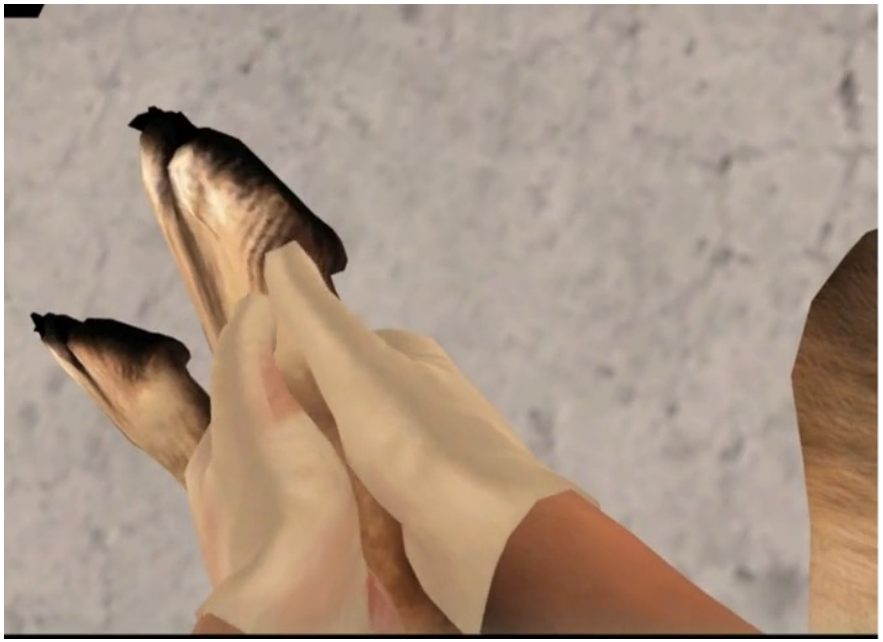
Massive Hemorrhage – Assessment Reminder



Perform hands-on 360 degree Blood sweep against fur:

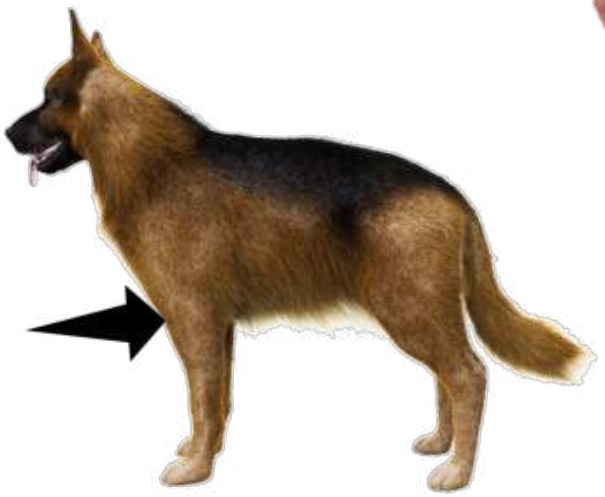
1. Limbs: *Sweep-Pit-Check*
2. Tail: *Sweep-Base-Check*
3. Body: *Against Fur*
4. Head: *Quick Check*

Massive Hemorrhage: What tools? When? Who?

Let's consider...

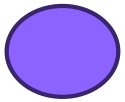
… a K9 Handler was shot in arm
What would we use?

But if a K9 was shot in the same relative location??



5 Human vs K9 Differences

1. Small Diameter Limb
- like pediatric
- direct pressure often works

2. Cross-section shape:
- elliptical  vs circular 
- direct pressure often works

3. Cone vs cylinder Limb:
- more difficult to secure in place

5 Human vs K9 Differences

4. Fur:

- reduces friction

5. Increased Skin Mobility

- bandages shift

Circulation: Tourniquets (TQs) for K9?

- *"CATs DON'T Work on Dogs"*
  - Nothing with windlass (hard stick)

- That's OK because Dogs don't NEED TQs
  - Janice Baker research
  - Differences described

- Hemostatic Agents + Pressure Dressings = BEST Option

Anyone not convinced about using hemostatic agents?

But Wait.... I thought Direct Pressure Worked? Do I need to use Hemostatic Agents too?

- Yes, direct pressure **may** be effective for K9 wounds…
- SF Medics learn to stop human bleeding with plain gauze
  But they still they carry hemostatic agents.
  Because it's the **Best Care**!
- **ForDogsSake…. Spend the extra $35 bucks for your dog**
  …and it's backup for you too.

Photo with permission: #CriticalCareVeterinarian

But What about amputations?

- Use Other Tourniquets ONLY if Complete Amputation “stump”
- Then, 1st choice
- But still nothing with a windlass
- Fortunately, often bleed less than intact wounds
- Which TQ?

SWAT-T

Stretch-Wrap-And-Tuck – aka "Multi-TOOL"

✓Small and lightweight
✓Multi-species
✓Multi-purpose

✕More difficult to use
✕Slick surface when wet

△Not recommended for primary human adult TQ

SWAT-T

Stretch-Wrap-And-Tuck – aka "Multi-TOOL"

SWAT-T as Tourniquet

- K9 Amputation Only
- Above the Wound
- Full Tension
- Stop the Bleed

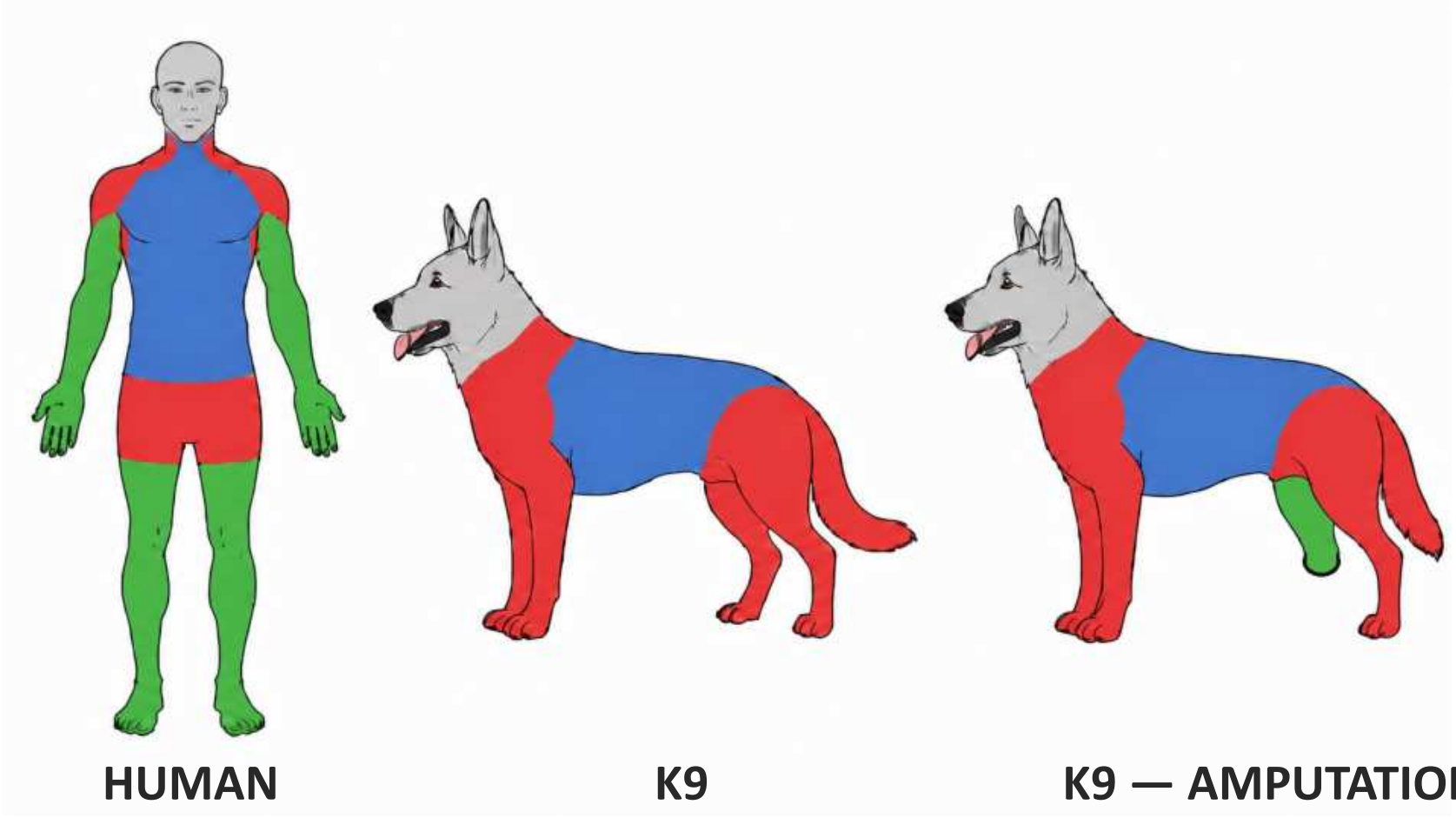
SWAT-T as Pressure Dressing

- Intact Limbs
- Over wound packing
- Moderate Tension
- Maintain the packing

ToDo SWAT-T pressure dressing and amputation pics

Treatment Zones

PACK TQ SEAL



HUMAN K9 K9 — AMPUTATION

Massive Hemorrhage: Hemostatic Agents

- Impregnated with chemical to promote clotting

- AVOID most granular “sawdust” forms
  - Older versions
  - Veterinary toe-nail products

- Approved list includes:
  - QuikClot Combat Gauze
  - Chitogauze
  - Celox
  - X-Stat

Massive Hemorrhage: K9 MEDIC Favorite — Celox Rapid

- Fastest working
  - Just ***1min*** compared to ***3min*** pressure hold
- Most widely effective
  - Chitosan
  - Works outside clotting cascade
  - ✅Hypothermia
  - ✅ Blood thinning products

Massive Hemorrhage: Wound Packing — Best Practices Update

Goal: hemostatic agent directly to source and secured

- Not getting to source:
  - Take time to scoop, watch for source, pooling direction, otherwise may be ineffective
- "Powerball" (ie knot at beginning)?
  - No: two hands, takes time, does not increase efficacy
    If it was better, it would come that way
- "Over the shoulder" (or pocket)?
  - No: less control, wet environment may preactive agent, does not increase speed

Massive Hemorrhage: Wound Packing — Best Practices Update

- Large packing loops?
  - No: does not control bleed effectively, nor faster
- Not waiting for X minutes
  - Essential to confirm bleeding has stopped, otherwise patient is still bleeding out
- Not removing and replacing with new hemostatic gauze if bleeding is not stopped
  - If bleeding continues, most likely user error (see above), try again.
  - Hemostatic to source is highly effective

Massive Hemorrhage : X-Stat 12 and 30 Hemostatic Agent

Video Notes

- Contra-indicated for areas "Not amenable to tourniquets"
- But…
  for dogs, no area IS amenable to tourniquets, so consider use for areas such as the outer thigh which is otherwise very difficult

Massive Hemorrhage: TXA – Tranexamic Acid

Antifibrinolytic agent: blocks breakdown of blood clots, which prevents bleeding

INDICATIONS

- Hemorrhagic shock
- Head injury

DOSE:

- 0.5 gram slow IV push
- ASAP but NOT later than 3 hours after injury

Massive Hemorrhage: EMS Summary

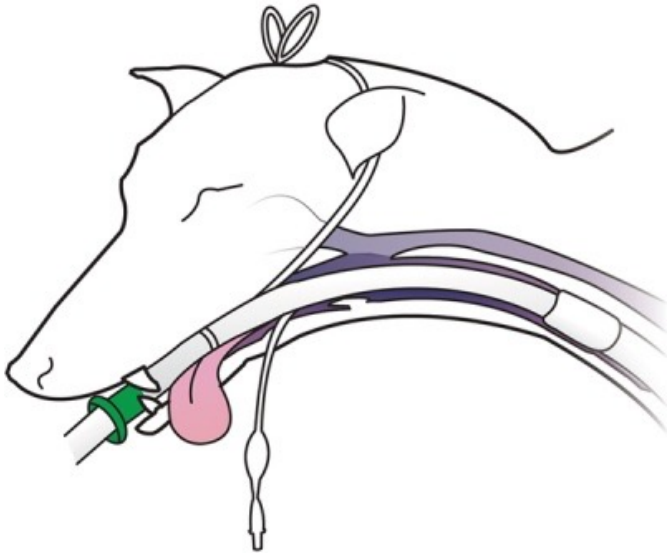
✅ SAME

- Hemostatic Agents
- X-Stat
- TXA
- Blood is Better
- Low Volume Resuscitation until Femoral Pulse returns

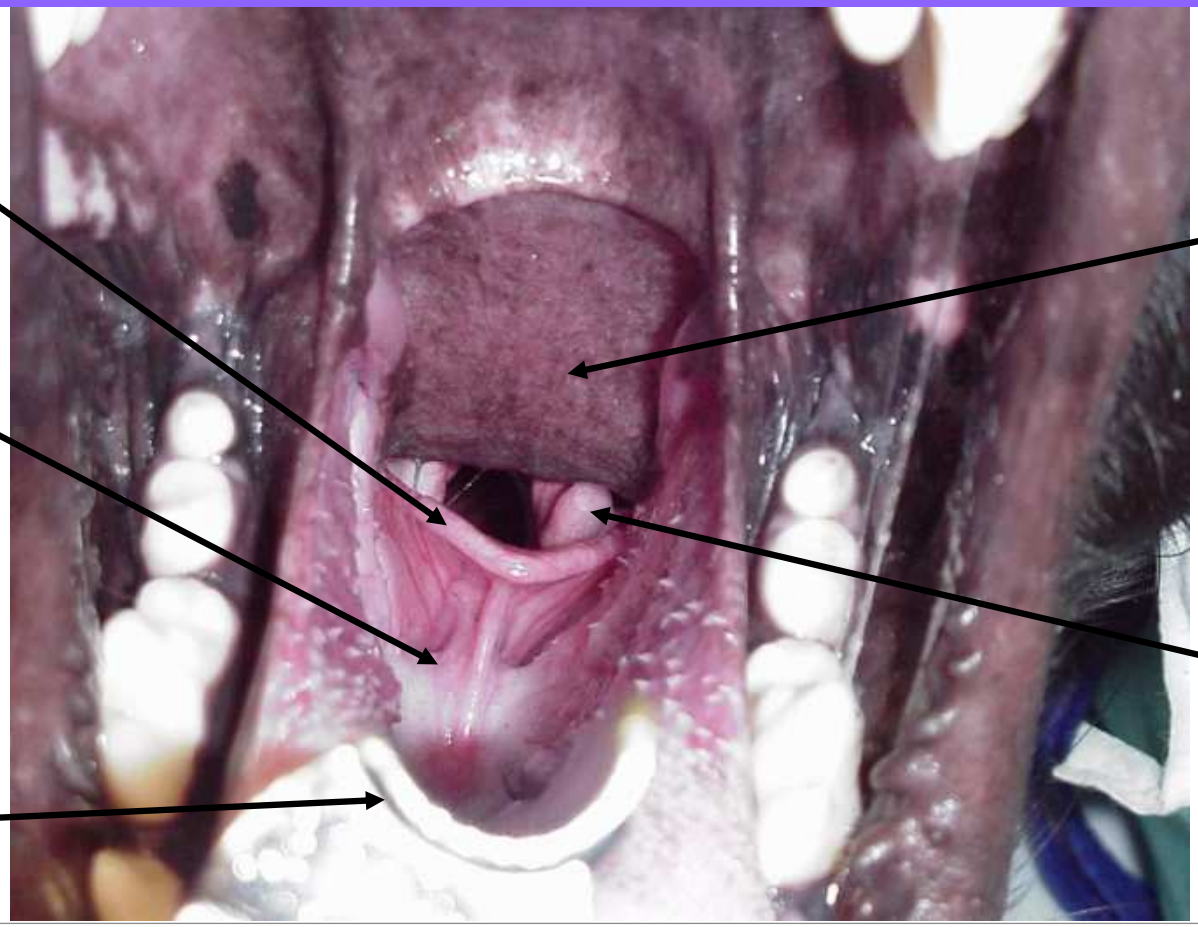
‼ DIFFERENT

- Muzzle in Place
- No Windlass TQs
- TQs: Amputations Only
- Otherwise: hemostatic and pressure dressing
- One-time Universal Recipient
- Dose: 250mL Crystalloids

Airway: K9 Endotracheal Intubation

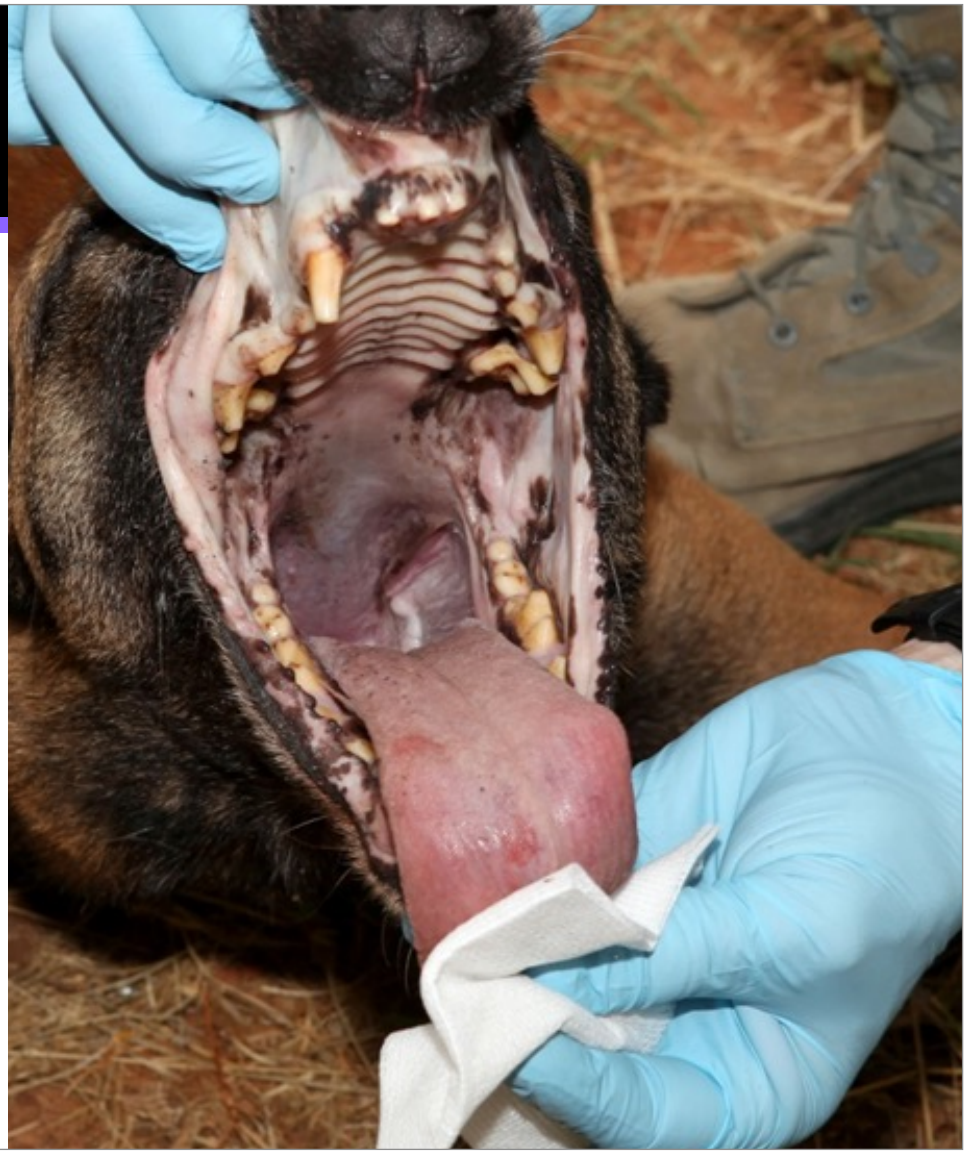


Airway: Intubation



Airway: Intubation

- Must be unconscious or anaesthetized
- Sternal or lateral positioning
- Size 10-12mm for 30 kg (~65lb) +



Airway: Surgical Airways

Cricothyrotomy

- Faster
- Less complications
- K9-TECC preferred method

- Note:
  Cric-Kit balloon is too small to seal in K9 airway

Tracheostomy

- K9-TCCC accepted method

Airway: Other Devices

Don't Use

- NPAs:
  - Not enough space due to turbinates
- iGels, King LTs,
  - Not large enough to seal K9 larger airway

Respirations: Tension Pneumothorax

- DIFFERENCES:
  - Fur
  - Fenestrated Mediastinum
  - Patient Communication / Responder Safety

- AGENDA
  - Signs and Symptoms
  - Respiratory Rake
  - Needle decompression indication and technique

Respirations: Tension Pneumothorax — Assessments

- Progressive respiratory distress
  - Fast, shallow, increased effort, absent lung sounds
  - Tripod position
- Increasing Hypoxia and decreasing circulation
  - Pale/blue mucous membranes
  - Slow cap refill
  - Increased heart/pulse rate
- Overall Distress

Respirations: Respiratory Rake — K9 MEDIC® Best Practices

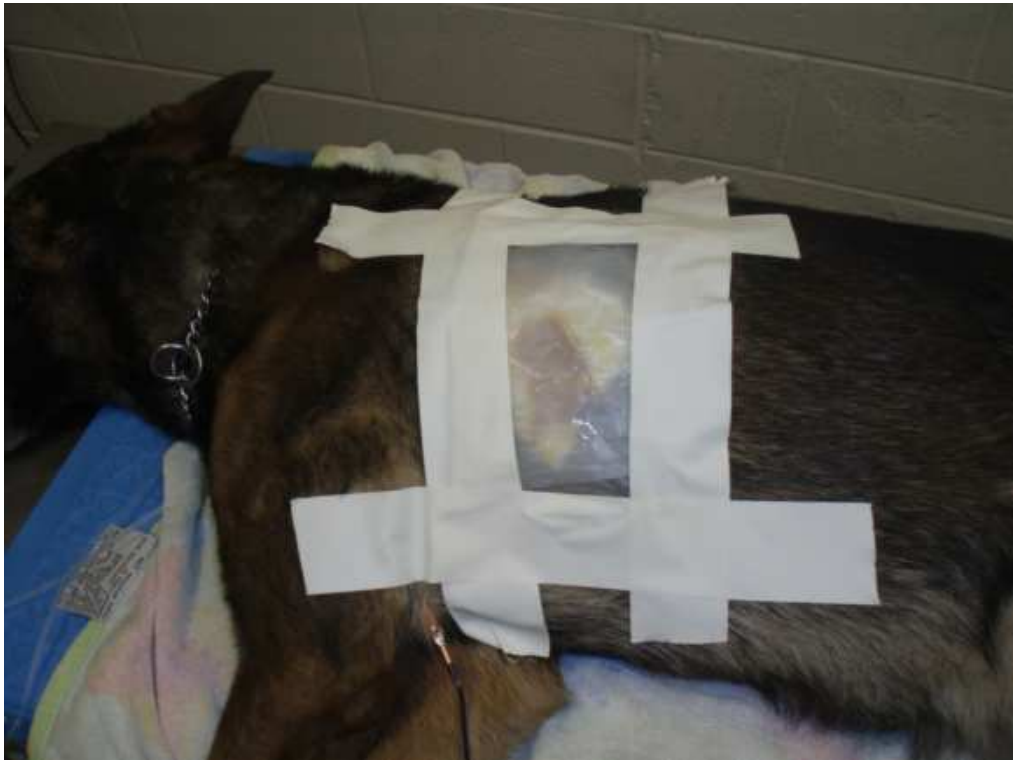
- Respiratory Rake
  - Fingers pressed tight together, bent, perpendicular
  - Scratching/scraping/raking against fur to identify small hole in fur
  - Upper chest to groin area

  - Why?
    → Tension Pneumothorax

Respirations: Open Chest Wounds – Vented Chest Seal

- Convert all “Open” chest wounds to “Closed”
- TCCC/TECC principles recommend Vented Seal
- K9 MEDIC® recommends any centrally located vent for K9s
- Clip hair “if possible” or part hair
- Dog Skin may move to cover wound
- Check for additional chest wounds

Respirations: Open Chest Wound – Improvised Seal



Respirations: Tension Pneumo — Needle Decompression

- Objective: Release abnormal collection of air
  - ⬆ Circulation: removes pressure on heart and vessels
  - ⬆ Respiration: removes pressure on lungs

- Formal Landmark:
  - 7th – 9th intercostal space

- K9 MEDIC® preferred technique
  - TensionX™

Dog Differences

"Monitor for Distress…
Monitor for Collapse…
… THEN Decompress"

K9 MEDIC® Guidance
- Decompression **only once dog passes out**
- Can't tell dog to 'stay still', dangerous if moving

- Decompress with catheter **AND** needle
  - Dog skin moves (due to subcutaneous space) and will kink catheter

- **After decompression:**
  - Remove needle, leave catheter in place (if multiple available)
  - Catheter may kink,
    but may allow further air and serves as documentation

Respirations: Penetrating Chest Wound

❌ Do NOT remove object

✅ Secure BUFF Around it

vs Securing the actual object:

- **B***ig*
- **U***gly*
- **F***at*
- **F***luffy*

Photo Credit: DOD MWDS

➡️ Air-tight seal around it

Respirations: Penetrating Chest Wound

❌ Do NOT remove object

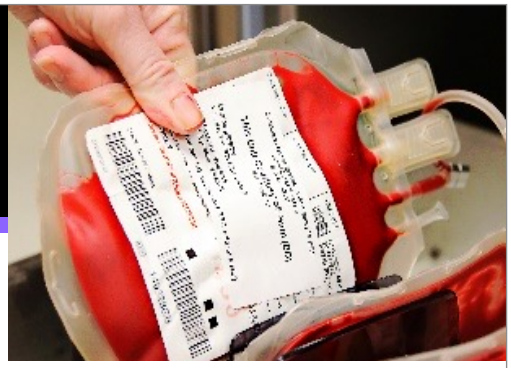
✅ Secure BUFF Around it

vs Securing the actual object:

- **B***ig*
- **U***gly*
- **F***at*
- **F***luffy*

➡️ Form an air-tight seal around it if possible

Circulation: Fluid Choices for Blood Loss



BEST CASE:
Replace what's lost with blood products

1. Know your Veterinary Hospitals

2. Bring a Walking Dog Donor
   - Best Practice: know your dog's blood type
   - ALL dogs are **Universal Recipient** for ONE event 👍

Circulation: Fluid Choices for Blood Loss

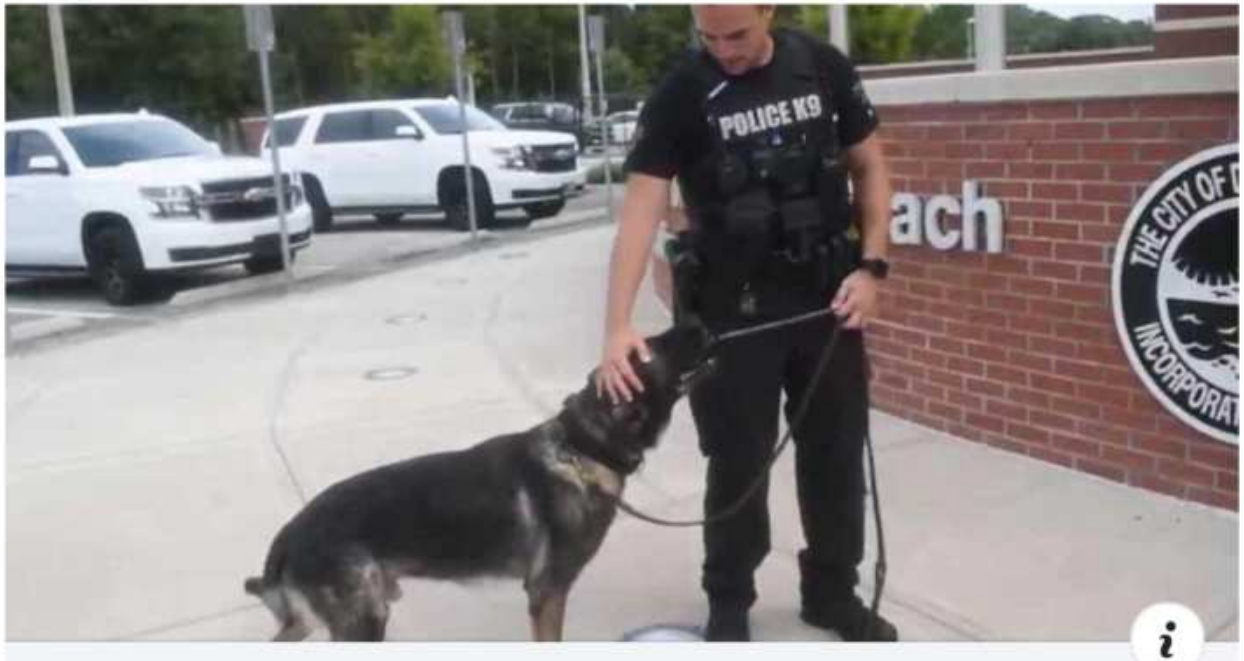
"

He (K9 Ali's Handler) ***escorted me*** once I hit Daytona ***all the way*** to the vet.

And when he got there, ***they needed blood***, and he was there with his dog and **volunteered the dog, and immediately gave a blood transfusion for surgery.**

"

K9 Ax's Handler, AJ Davis



Circulation: Fluid Choices — Crystalloids (if blood not available/applicable)

Follow your current human protocols/products:

- Normal Saline
- Lactated Ringers
- Plasma-Lyte

Circulation: Fluid Choices — Crystalloids (if blood not available/applicable)

FLUIDS QUICK GUIDE for 60lb K9:

Bleeding: Low volume

250mL *5mL/lb (10mL/kg)*

Everything Else

500mL *10ml/lb (20mL/kg)*

Circulation Skills: IV/IO positions

Circulation Skills: Dog Differences

- Fur and thicker skin
- Mobility of fur over SubQ space hold skin taught
- Tendency to chew/paw at catheters
- Risk of being bit

- Biggest differences will be
  - Restraint
  - IV Taping
    1. Tab
    2. Notch
    3. Criss Cross
    4. Cover

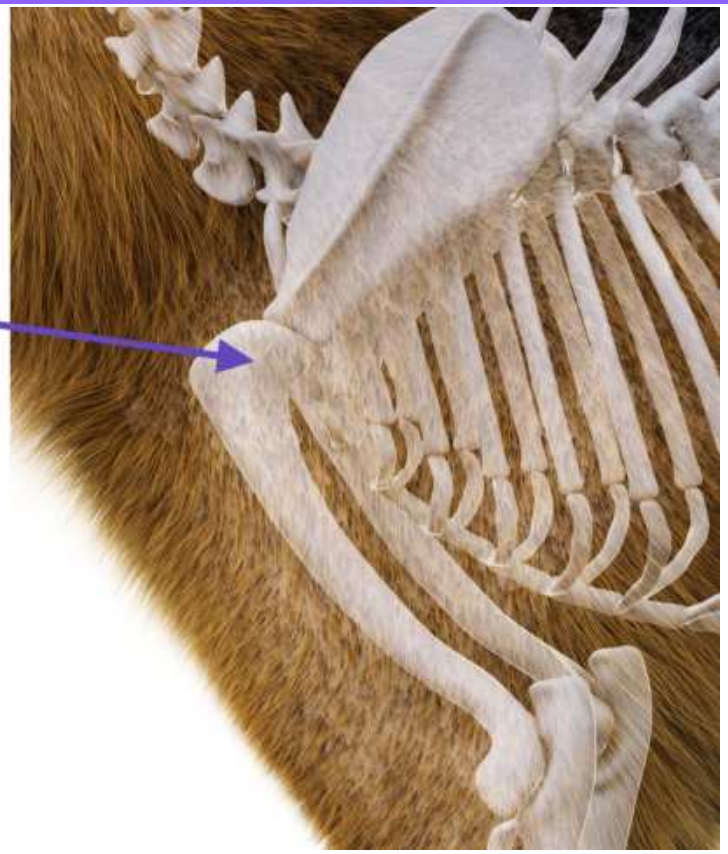
Circulation Skills: IV Landmarks

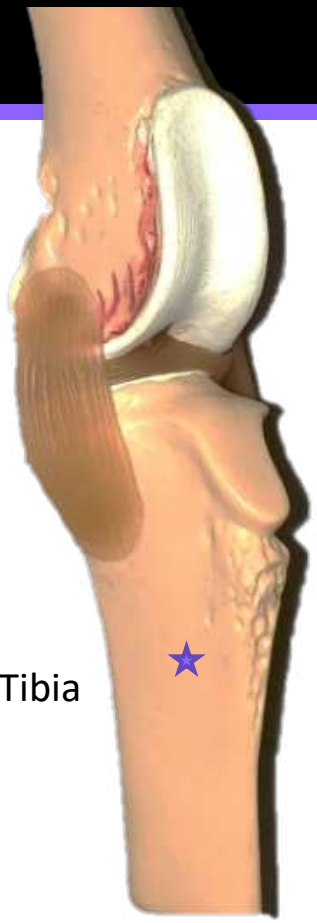
- Forelimb
- Cephalic
  - Required for GDV

- Hindlimb
- Lateral Saphenous

K9 MEDIC ...For Dog's Sake!

Circulation: IO Landmarks





Circulation: EZ IO Needle Lengths

Needle		
PD (Pediatric)	15mm - Pink	Proximal tibia only — small dog or thin tissue
AD (Adult)	25mm - Blue	DEFAULT — humeral head or tibia
LD (Large Adult)	45mm- Yellow	Humeral head on a large or heavily muscled dog

Circulation: TXA – Tranexamic Acid

Antifibrinolytic agent: blocks breakdown of blood clots, which prevents bleeding

INDICATIONS

- Hemorrhagic shock (internal or external bleeding)
- Head injury

DOSE:

- 0.5 gram slow IV push
- ASAP but NOT later than 3 hours after injury

Head Injuries

- Mechanism of Injury?
- Assess
  - LOC
  - Fluid in Ears/Nose
  - Eyes PERLA
- Consider
  - Transport at 30% slope

Hyperthermia

- Can co-exist with trauma related injuries
- Rule out heat injury
  BEFORE actively warming patient
- Be cautious of muzzle use
  on any K9 with heat panting
- No need to temp in this phase
  - Situation
  - Handler reporting
  - Panting and behaviour presentation

Heat: Leading cause of preventable death

HEAT STROKE

Leading Cause of Preventable Death

50% Mortality Rate

PREVENTION

is How you Win this Game

Heat: Emergency Cooling

You CAN'T Cool a Dog Too FAST

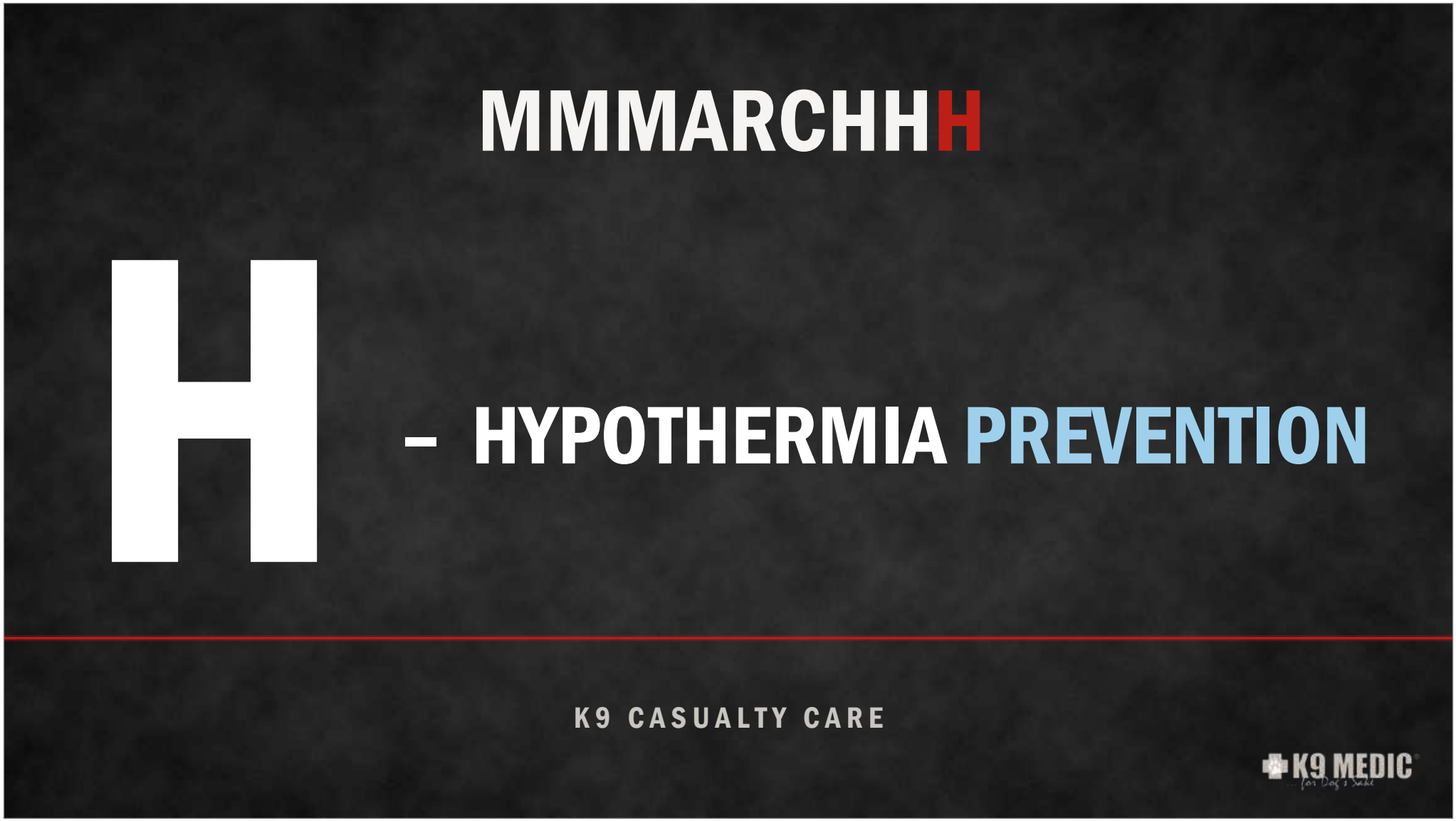
But…

You CAN Cool a Dog Too FAR

Temp at least every 3-5min

And

Stop active cooling at 103°F/40°C



Hypothermia

- Common with:
  - Massive Hemorrhage
  - Shock
  - Environmental Exposure
  - IV Fluid Resuscitation

- Shock patients will start to match ambient temp

Hypothermia: Importance…

EMS Reminder…

A review of transfusion- And trauma-induced hypocalcemia: Is it time to change the lethal triad to the lethal diamond?

•December 2019

•Journal of Trauma and Acute Care Surgery 88(3):1

DOI:10.1097/TA.0000000000002570

Hypothermia Prevention

- **ACTIVELY WARM** to PREVENT Hypothermia **BEFORE** it occurs

✅ Keep off cold surfaces
✅ Wrap (Burrito) vs Cover
✅ ADD heat sources

Hypothermia: Tools

- Emergency/Blizzard Blanket
- Thermal Angel
  IV Fluid Warmer
- Hypothermia Prevention Management Kit HPMK
- Hand warmers
- Warm water bottles

K9 Hati Photo with permission:
Project K9 MED

PHASE 3

“TACEVAC” / “Evacuation Care”

TacEvac: Transportation

Best Transportation

- Handler vehicle
- Ambulance
- Helicopter

It depends…

- Shortest ETA
- Interior Space
- Scope of care

Consider

- Traffic control
- Escorts
- LZ if applicable

TacEvac: Destination

Know before you go

- Hours
  - 24 Hr - Fully staffed
- Capabilities
  - Surgeon, Blood products, Specialty
  - Anti-venom?
- Payment Pre-arranged
  - How much?
  - For what?
- Arrival
  - Call ahead
  - Where

Ethos Specialty Hospital Sorento CA, Accredited VetCOT Trauma Center

REAL CASE

K9 Huk, JSO

Jacksonville, FL: Jul 22, 2022

SITUATION

- Shot 3 times going after armed suspects after a pursuit/crash.
- Wounds to neck and limbs.

Pre-Hospital

- Flown across Duval County to First Coast Veterinary Specialists.

In-Hospital

- 5 major surgeries, 50+ procedures, hyperbaric O2 therapy, PT.
- 30 Mar 2023: left front leg amputated.

OUTCOME:

- Retired to live with his handler, Officer Plaugher.
- Awarded a Purple Heart

Recovery supported by Irondog K9 International

Class Follow-Up

- **EVALUATIONS** Tell us what to improve what to keep.
- **HOMEWORK** Do the work and let us know about it.
- **YOUR CERTIFICATE** Issued through the Online Academy tonight.

K9 MACHO

K9 CASUALTY CARE

K9 MEDIC for Dog's Sake

KEEP GOING

- **Host a Class** We Come to You
- **3-Day Full Class** 3-Day Handler Course. Spring and Fall
- **Trainer Academy** Train your own agency or HQ Instructor
- **GEAR** Handler / EMS kits, Mannikans and supplies
- **Consulting** VEMS, Protocol, Product Eval/Dev
- **SOCIAL** Keep in touch!

DogDesk@K9MEDIC.com · 1-855-4K9-MEDIC · K9MEDIC.com

K9 MEDIC
for Dog's Sake

K9 Casualty Care

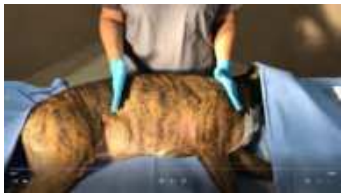
Converting Your TEMS Skills to K9s

1. Indications:
    a. Penetrating trauma to torso
    b. Major Respiratory Distress leading to collapse

2. Starting Position

    a. Dog lateral recumbent
    b. Responder against patient's spine

3. "Slide out" to "Parallel":



    a. Cranial aspect of shoulder
    b. Caudal aspect of ribs (at spine)

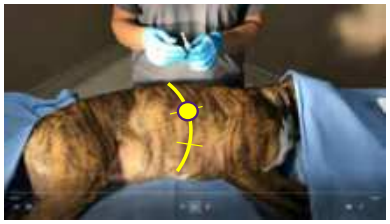
4. "eXtend" together:

    a. 'X' is middle (dividing ribs in half)

5. Move back one rib:

    a. .

6. Position to top 1/3 of rib, also highest/widest point of ribcage



7. "Bevel to back/dorsal/'me'", inserted perpendicular, sliding off rib cranially:

8. Angle Ventrally:

9. Wait for air to release.

10. Remove entire catheter including needle

11. If patient does not respond immediately, flip dog over and repeat on other side.

12. Reassess patient and repeat entire process if needed

Small Animal Coma Scale

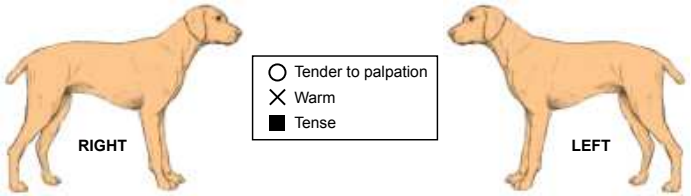
Motor activity		**Time:**	**Time:**	**Time:**	**Time:**	**Time:**	**Time:**
Normal gait, normal spinal reflexes	6						
Hemiparesis, tetraparesis, or decerebrate activity	5						
Recumbent, intermittent extensor rigidity	4						
Recumbent, intermittent extensor rigidity with opisthotonus	3						
Recumbent, constant extensor rigidity with opisthotonus	2						
Recumbent, hypotonia of muscles, depressed or absent spinal reflexes	1						
Brain stem reflexes							
Normal pupillary light reflexes and oculocephalic reflexes	6						
Slow pupillary light reflexes and normal to reduced oculocephalic reflexes	5						
Bilateral unresponsive miosis with normal to reduced oculocephalic reflexes	4						
Pinpoint pupils with reduced or absent oculocephalic reflexes	3						
Unilateral, unresponsive mydriasis with reduced or absent oculocephalic reflexes	2						
Bilateral, unresponsive mydriasis with reduced or absent oculocephalic reflexes	1						
Level of consciousness							
Occasional periods of alertness and responsive to environment	6						
Depression or delirium, capable of responding to environment but response may be inap	5						
Stupor, responsive to visual stimuli	4						
Stupor, responsive to auditory stimuli	3						
Stupor, responsive only to repeated noxious stimuli	2						
Coma, unresponsive to repeated noxious stimuli	1						
TOTAL SCORE							
List current medications that may affect examination (e.g., opioids, sedatives, antidepressants, etc)							
		Score interpretation:		**3-8 Grave**	**9-14 Guarded**	**15-18 Good**	

Date _____

Time _____

Canine Acute Pain Scale

	Rescore when awake	☐ **Animal is sleeping, but can be aroused - Not evaluated for pain** ☐ **Animal can't be aroused, check vital signs, assess therapy**		
Pain Score	Example	Psychological & Behavioral	Response to Palpation	Body Tension
0		☐ **Comfortable** when resting ☐ **Happy, content** ☐ Not bothering wound or surgery site ☐ Interested in or curious about surroundings	☐ **Nontender** to palpation of wound or surgery site, or to palpation elsewhere	Minimal
1		☐ **Content to slightly unsettled** or restless ☐ **Distracted easily** by surroundings	☐ **Reacts to palpation** of wound, surgery site, or other body part by **looking around, flinching,** or **whimpering**	Mild
2		☐ Looks **uncomfortable** when resting ☐ May **whimper** or cry and may **lick or rub wound** or surgery site when unattended ☐ Droopy ears, **worried facial expression** (arched eye brows, darting eyes) ☐ **Reluctant to respond** when beckoned ☐ **Not eager to interact** with people or surroundings but will look around to see what is going on	☐ Flinches, whimpers cries, or guards/pulls away	Mild to Moderate **Reassess analgesic plan**
3		☐ **Unsettled, crying, groaning, biting or chewing** wound when unattended ☐ **Guards or protects** wound or surgery site by altering weight distribution (i.e., limping, shifting body position) ☐ **May be unwilling to move** all or part of body	☐ May be **subtle** (shifting eyes or increased respiratory rate) if dog is too painful to move or is stoic ☐ May be **dramatic**, such as a sharp cry, growl, bite or bite threat, and/or pulling away	Moderate **Reassess analgesic plan**
4		☐ **Constantly groaning or screaming** when unattended ☐ May bite or chew at wound, but unlikely to move ☐ **Potentially unresponsive** to surroundings ☐ **Difficult to distract** from pain	☐ **Cries at non-painful palpation** (may be experiencing allodynia, wind-up, or fearful that pain could be made worse) ☐ May react aggressively to palpation	Moderate to Severe **May be rigid to avoid painful movement** **Reassess analgesic plan**



Comments _____

Colorado State University

K9 MEDIC™ ... for Dog's Sake — K9 PATIENT CARD

EVAC: ☐CRITICAL ☐URGENT ☐ROUTINE ☐HANDLER

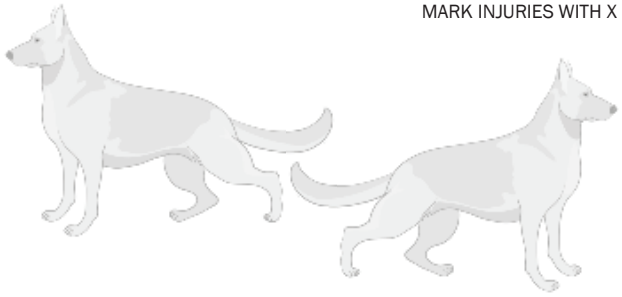
K9 NAME: DATE: TIME:

GENDER: M/F (S/N/U) AGE: WEIGHT:
ALLERGIES:

HANDLER: AGENCY:

MECHANISM OF INJURY: (CHECK ALL THAT APPLY)
☐EXPLOSION ☐GSW ☐FALL ☐VEHICLE ☐PENETRATING
☐BLUNT ☐BURN ☐HEAT ☐OTHER:(HEAD/LACERATION/ETC)

MARK INJURIES WITH X



THIS 4x6 CARD ~ 1.5% BODY SURFACE AREA OF 65lb DOG

TIME				
RESPONSIVENESS				
MUCOUS MEMBRANE				
CAP REFILL TIME				
PULSE/HEART RATE				
RESP RATE				
RESP QUALITY				
PULSE OX				
PAIN SCALE (1-10)				
TEMPERATURE				

K9 MEDIC™ ... for Dog's Sake — K9 PATIENT CARD

TREATMENT: (CHECK ALL THAT APPLY)

DRESSING: ☐HEMOSTATIC ☐PRESSURE ☐OTHER:_____

TURNIQUET: ☐EXTREMITY

AIRWAY: ☐INTACT ☐CRIC ☐ET-TUBE ☐XXT FBO

BREATHING: ☐O2 ☐CHEST SEAL (V/unV) ☐NEEDLE-D ☐CHEST TUBE

CIRCULATION:	NAME	VOLUME	ROUTE	TIME
FLUID / BLOOD				

MEDICATIONS	NAME	DOSE	ROUTE	TIME
ANALGESIC				
ANTIBIOTIC				
OTHER				

OTHER TX:

NOTES:

FIRST RESPONDER: TEL:

My Homework Assignments

1. _____ ❑
2. _____ ❑
3. _____ ❑
4. _____ ❑
5. _____ ❑
6. _____ ❑
7. _____ ❑
8. _____ ❑
9. _____ ❑
10. _____ ❑

Click-Reward:

We know that the only way to make a difference for your K9 is to ensure that you actually take action after you leave the class. So, to help keep you motivated, every once in a while, we choose someone who has done their home work and send them a free t-shirt or other cool SWAG! Take a picture of any of your homework assignments and either post them to our FB page or tag #K9MEDIC #Homework (or email us if you don't do the Social Media thing) to be included!