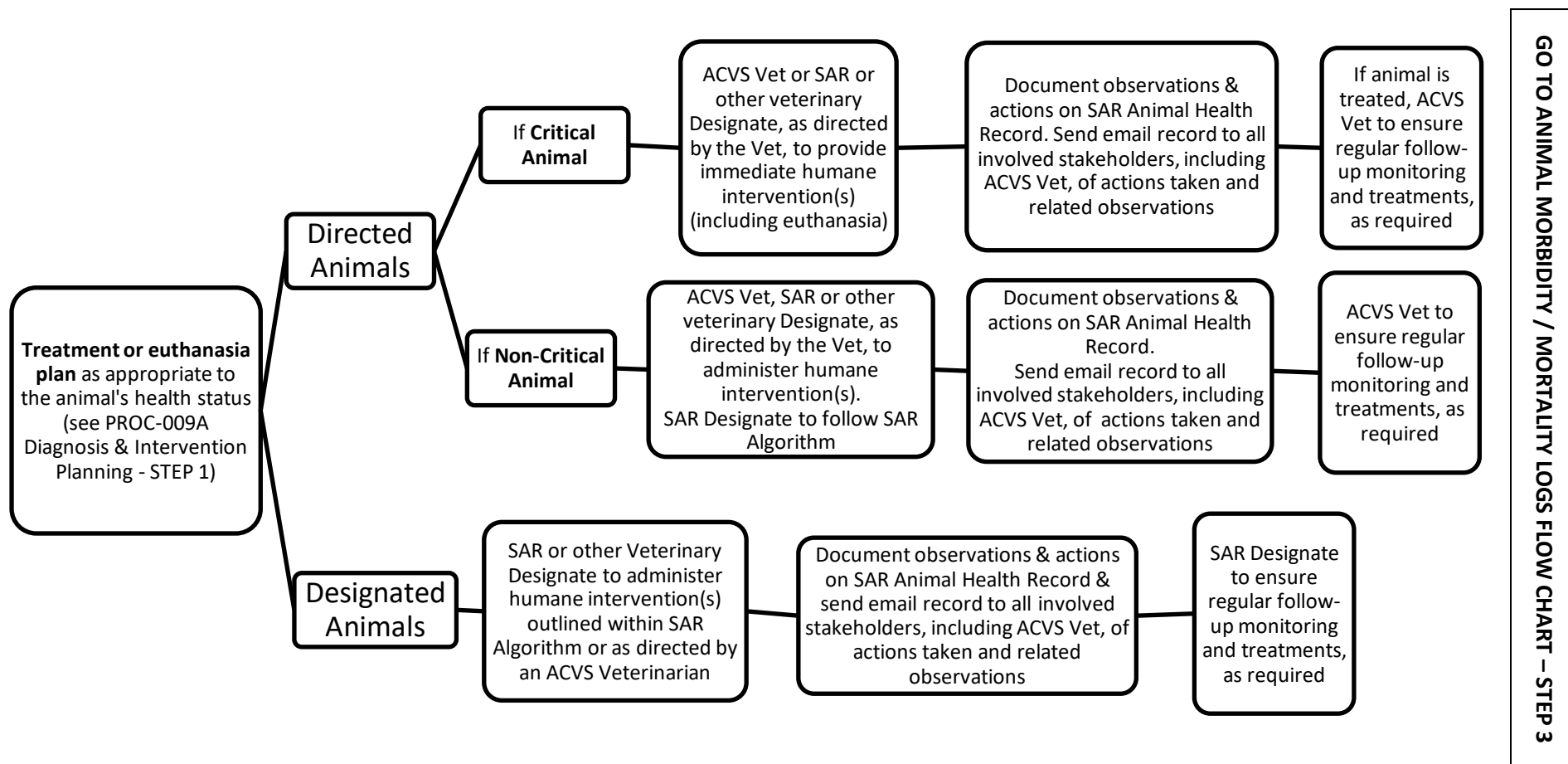
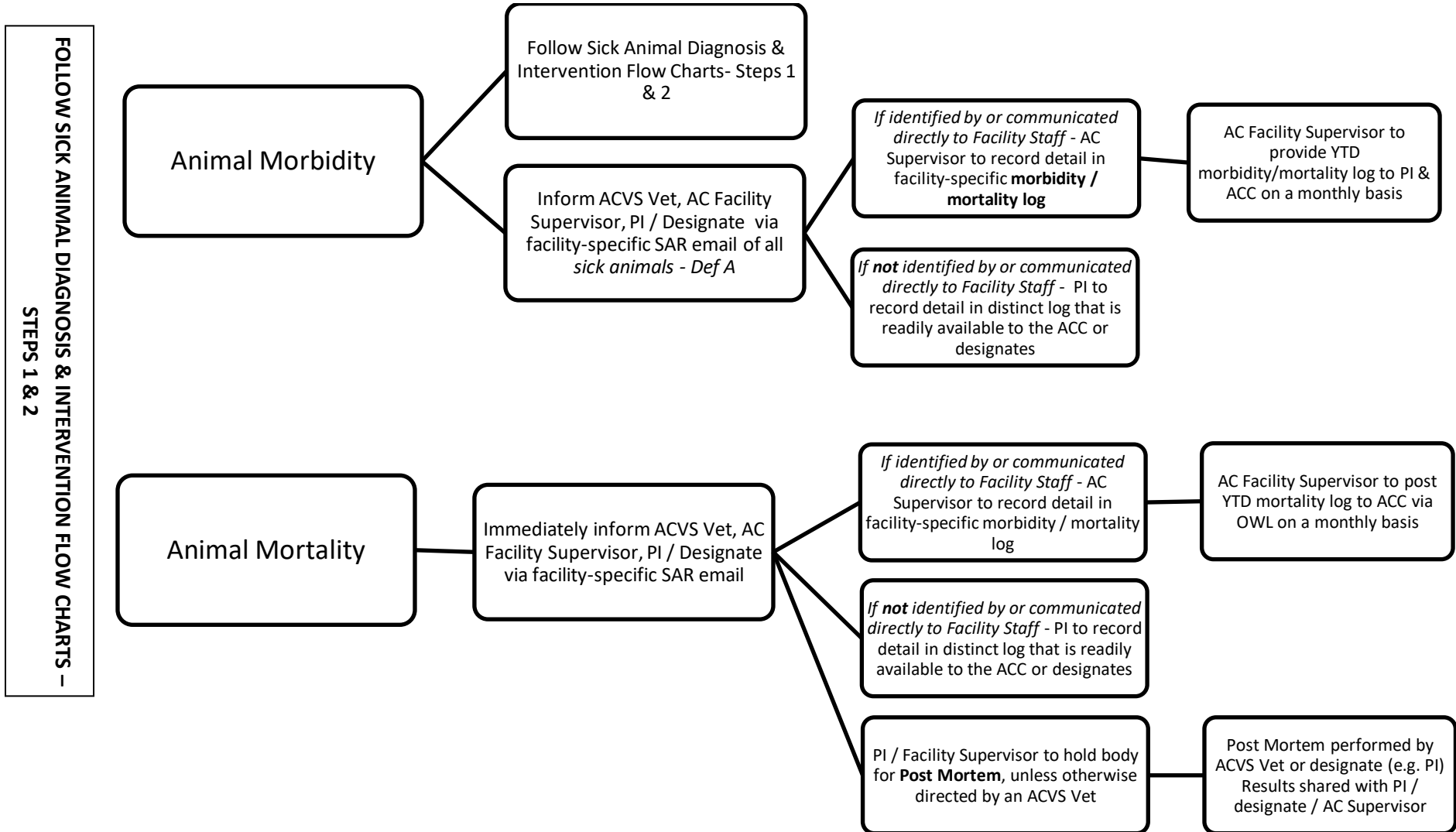
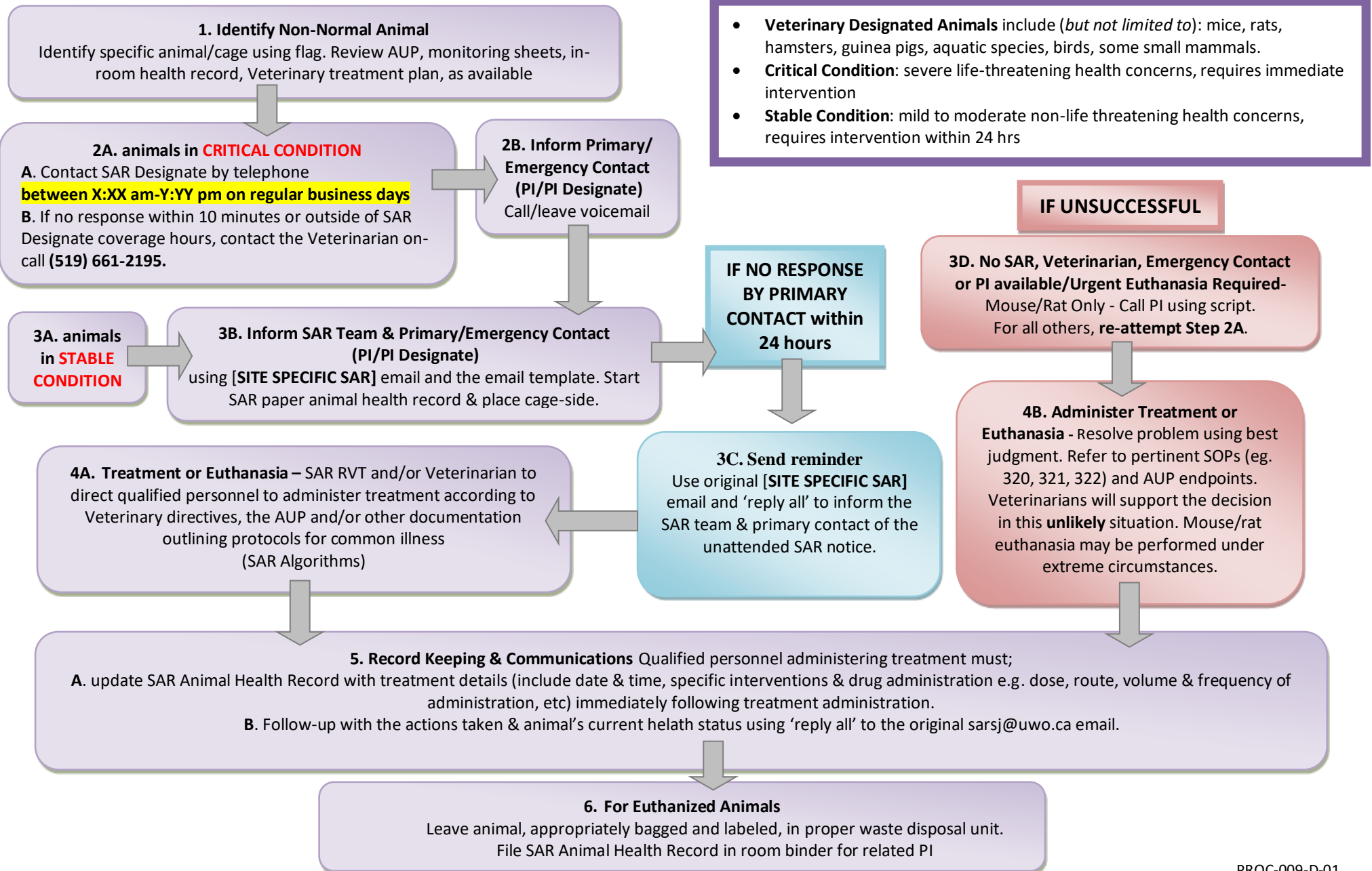


**GO TO SICK ANIMAL INTERVENTIONS FLOW CHART – STEP 2**







- **Veterinary Designated Animals** include (*but not limited to*): mice, rats, hamsters, guinea pigs, aquatic species, birds, some small mammals.
- **Critical Condition:** severe life-threatening health concerns, requires immediate intervention
- **Stable Condition:** mild to moderate non-life threatening health concerns, requires intervention within 24 hrs

**IF UNSUCCESSFUL**

**3D. No SAR, Veterinarian, Emergency Contact or PI available/Urgent Euthanasia Required-  
Mouse/Rat Only - Call PI using script.  
For all others, re-attempt Step 2A.**

**4B. Administer Treatment or Euthanasia - Resolve problem using best judgment. Refer to pertinent SOPs (eg. 320, 321, 322) and AUP endpoints. Veterinarians will support the decision in this unlikely situation. Mouse/rat euthanasia may be performed under extreme circumstances.**

**Telephone Script for urgent cases – Use ‘Calibri’ Font Size ‘11’**

In the message state the following:

- Your Name (include lab, or affiliation ie. Animal Care)
- Species
- Observed non-normal body system (no diagnosis)
- Room #
- PI Name
- Degree of Urgency
- Call-back Number
- Time of Call

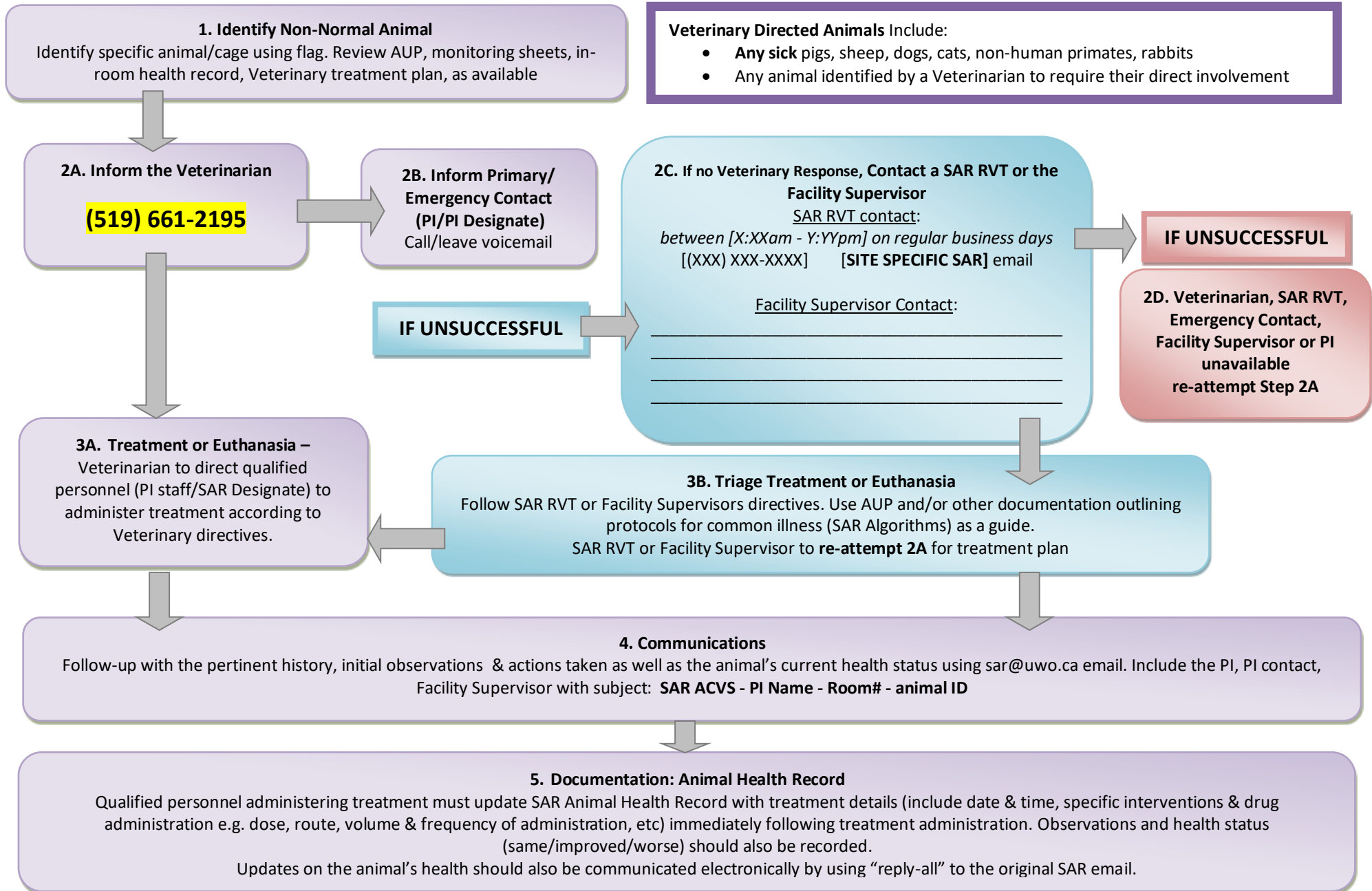
*Example:*

Hello, my name is (*your name*) from (*organization*). I have identified a sick (*species*) in room (*room #*) that belongs to (*PI name*) that was observed to have ... (*name abnormal body system*) that requires urgent attention. Please call me back at (*leave your call back number*). The time is currently ( \_\_\_\_ o'clock).

**Follow-Up SAR Email:**

- **Subject Line:** SAR [FAC] – [PI Name] – [Room#] – [cage card # +/- animal ID]  
e.g., SAR WVB – Smith – 83 – cc 123 456  
e.g., SAR VRL – Jones – LRCP 22 – cc 789 - ID ABC123
- use the appropriate email template as per your facility supervisor
- address to email to the PI, the PI emergency contact and [SITE SPECIFIC SAR EMAIL]

*As per the Sick Animal Response Policy, if a reasonable, collaborative effort to address animal health concerns does not occur within a timely manner, a Veterinarian will provide treatment commensurate with the animals' condition as outlined by the Canadian Association for Laboratory Animal Medicine's (CALAM's) Standards of Veterinary Care.*



**Veterinary Directed Animals Include:**

- Any sick pigs, sheep, dogs, cats, non-human primates, rabbits
- Any animal identified by a Veterinarian to require their direct involvement

**2C. If no Veterinary Response, Contact a SAR RVT or the Facility Supervisor**

SAR RVT contact:  
 between [X:XXam - Y:YYpm] on regular business days  
 [(XXX) XXX-XXXX] [SITE SPECIFIC SAR] email

Facility Supervisor Contact:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF UNSUCCESSFUL**

**2D. Veterinarian, SAR RVT,  
 Emergency Contact,  
 Facility Supervisor or PI  
 unavailable  
 re-attempt Step 2A**

**3B. Triage Treatment or Euthanasia**

Follow SAR RVT or Facility Supervisors directives. Use AUP and/or other documentation outlining protocols for common illness (SAR Algorithms) as a guide.  
 SAR RVT or Facility Supervisor to re-attempt 2A for treatment plan

**4. Communications**

Follow-up with the pertinent history, initial observations & actions taken as well as the animal’s current health status using sar@uwo.ca email. Include the PI, PI contact, Facility Supervisor with subject: **SAR ACVS - PI Name - Room# - animal ID**

**5. Documentation: Animal Health Record**

Qualified personnel administering treatment must update SAR Animal Health Record with treatment details (include date & time, specific interventions & drug administration e.g. dose, route, volume & frequency of administration, etc) immediately following treatment administration. Observations and health status (same/improved/worse) should also be recorded.

Updates on the animal’s health should also be communicated electronically by using “reply-all” to the original SAR email.

**Telephone Script: Use 'Calibri' Font Size '11'**

In the message state the following:

- Your Name (include lab, or affiliation ie. Animal Care)
- Species
- Observed non-normal attributes (no diagnosis)
- Room #
- PI Name
- Degree of Urgency
- Call-back Number
- Time of Call

*Example:*

Hello, my name is (your name) from (organization). I have identified a sick (species) in room (room #) that belongs to (PI name) that was observed to have ... (describe primary symptoms -no diagnosis) that requires urgent attention. Please call me back at (leave your contact number). The time is currently ( \_\_\_\_ o'clock).

**Email Script:**

**Subject Line:** [SAR FACILITY] – [PI Name] – [Room#] – [Species] – [Animal ID (name, experimental designation, tattoo)]

e.g., SAR Psychology – Smith – rm. 224 – Feline - Leonardo

e.g., SAR ACVS – Smith – rm. WVB 87 – Marmoset – Peanut

e.g., SAR St Joe's – Jones – rm. 522 – Pig – ABC123

*As per the Sick Animal Response Policy, if a reasonable, collaborative effort to address animal health concerns does not occur within a timely manner, a Veterinarian will provide treatment commensurate with the animals' condition as outlined by the Canadian Association for Laboratory Animal Medicine's (CALAM's) Standards of Veterinary Care.*

Reported By: _____ Date (dd/MON/yyyy): ____/____/_____ Time: : (a.m./p.m.) Type of report (circle one): Vet Directed* Vet Designated* Room # & cage location: Protocol #: Lab Contact Name: Lab Contact Number:	Researcher: Cage Card#: Animal ID: Species: Strain: DOB/DOA: Gender: <input type="checkbox"/> ♀(F) <input type="checkbox"/> ♂(M) Supplier:
<b>Body System of Concern:</b> 1. Appearance & Attitude (different from species normal; scruffy/hunched/lethargic) <input type="checkbox"/> 2. Behavioural (fighting, repetitive, aggressive, self-harm) <input type="checkbox"/> 3. Gastrointestinal (anorexia, vomiting, diarrhea, prolapse, distention) <input type="checkbox"/> 4. Integument/Skin (fight wounds, scratches, lesions) <input type="checkbox"/> 5. Mass/Lump <input type="checkbox"/> 6. Musculoskeletal (abnormal gait, limping, paralysis) <input type="checkbox"/> 7. Neurological (head tilt, circling, seizures, twitches) <input type="checkbox"/> Other/Notes: _____	8. Obstetrical/Active Labor Issue <input type="checkbox"/> 9. Ophthalmic/Eyes <input type="checkbox"/> 10. Oral Cavity/Teeth <input type="checkbox"/> 11. Surgical Site/Implant Concern (head caps, sutures, incision) <input type="checkbox"/> 12. Pup Abnormality (birth defect, failure to thrive, hydrocephalus) <input type="checkbox"/> 13. Respiratory (labored, increased effort, noisy respiration) <input type="checkbox"/> 14. Urogenital (urine issue, reproductive tissue prolapse) <input type="checkbox"/> 15. Weight Loss <input type="checkbox"/>
<b>SAR Team D Dx:</b>	
<u>Contacted Lab by:</u> Phone <input type="checkbox"/> Email <input type="checkbox"/> (PI & Lab Contact) In person <input type="checkbox"/>  Time: : (a.m./p.m.)	<u>Contacted SAR Team:</u> Primary contact [ <b>Between X:XX - Y:YY</b> ] SAR Designate Phone <input type="checkbox"/> Vet On-Call (if no RVT response, <b>directed species</b> or outside of regular hours) <input type="checkbox"/> (519) 661-2195 Email <input type="checkbox"/> [ <b>SITE SPECIFIC SAR@uwo.ca</b> ] In person <input type="checkbox"/> Time: : (a.m./p.m.)

**\*\*ALL INTERVENTIONS/ACTIONS MUST BE RECORDED BELOW\*\***

DATE	TIME	OBSERVATIONS/TREATMENTS (drug name/dose/route/volume/location; patient weight; behaviour/attitude; appetite; urine/feces, body condition; coat; noted abnormalities, etc)	CONDITION (worse, same, improved)	Initials

\*Vet Directed – Pigs, Sheep, NHPs, Dogs, Cats, Rabbits – health concerns communicated directly to a Veterinarian  
 \*Vet Designated – all other species of animals – health concerns communicated to ACVS SAR RVTs and/or SAR Designates



