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Το περιεχόμενο που δημιουργείται από τεχνολογία AI ενδέχεται να είναι εσφαλμένο.

**FACULTY OF VETERINARY MEDICINΕ**

**DEPARTMENT OF CLINICAL VETERINARY STUDIES**

**CLINIC OF MEDICINE-COMPANION ANIMALS**

**OPERATING REGULATIONS OF THE COMPANION ANIMAL HOSPITALIZATION DEPARTMENT OF THE CLINIC OF MEDICINE**

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# **1. General**

Strict adherence to this regulation is mandatory for all those involved in the hospitalization of companion animals, specifically: a) the permanent staff of the Clinic, which includes PhD candidates, b) the postgraduate Veterinarians, and c) the group of students being trained at the Clinic.

Below, the precise meaning of certain terms used in this regulation is clarified:  
a) ***Responsible Veterinarian****:* The member of the Clinic’s permanent staff who examined the sick animal and decided that it requires hospitalization. If the "Responsible Veterinarian" needs to be absent for one or more days during the hospitalization, they must arrange for their replacement by another member of the Clinic’s permanent staff.  
b) ***Responsible Postgraduate Veterinarian****:* The postgraduate Veterinarian who examined the sick animal alongside the "Responsible Veterinarian". If the "Responsible Postgraduate Veterinarian" needs to be absent for one or more days during the hospitalization, they must arrange for their replacement by another postgraduate Veterinarian.  
c) ***Responsible Students***: The 5th-year student and the 4th-year student who examined the sick animal. If the hospitalization takes place during a period when students are not training at the Clinic, there will be no "Responsible Students". If the group of students changes during the hospitalization, the "Responsible Veterinarian" must ensure the replacement of the original "Responsible Students" with two new students.  
d) ***Responsible Veterinarian for Compliance with the Clinic's Operating Regulations****:* The member of the Clinic’s permanent staff assigned by the Management to continuously monitor the correct implementation of this regulation, inform the Management of any non-compliance, and address any issues that arise, requiring modifications to the regulation. This person is also responsible for informing all postgraduate Veterinarians and students about the correct adherence to the regulation. The "Responsible Veterinarian for Compliance with the Clinic's Operating Regulations" **is Mr. Manolis Chatzis**.  
e) ***Responsible Postgraduate Veterinarian for Compliance with the Clinic's Operating Regulations***: The postgraduate Veterinarian who has been appointed, at the beginning of the academic year and for its duration, by the "Responsible Veterinarian for Compliance with the Clinic's Operating Regulations" to assist in their work. The "Responsible Postgraduate Veterinarian for Compliance with the Clinic's Operating Regulations" is ………………………..

f) ***On-Call Postgraduate Veterinarian****:* The postgraduate Veterinarian on duty at the Clinic, who may or may not be the same as the "Responsible Postgraduate Veterinarian". Their duty is 24 hours, starting at 8:30 AM each day and ending at 9:15 AM the next day, including weekends and holidays. The "Responsible Veterinarian for Compliance with the Clinic's Operating Regulations" is responsible for assigning the "On-Call Postgraduate Veterinarian".  
g) ***On-Call Students****:* The 5th-year student and the 4th-year student on duty at the Clinic, who may or may not be the same as the "Responsible Students". Their duty is 24 hours, starting at 8:30 AM each day and ending at 9:15 AM the next day, including weekends and holidays. Exceptions include Mondays and Tuesdays when students are training in the Pathology of Production Animals (on these days, student on-call duties are optional and volunteer-based), and periods when no students are training at the Clinic (during these times, there are no "On-Call Students"). The "Responsible Veterinarian for Compliance with the Clinic's Operating Regulations" is responsible for assigning the "On-Call Students".

# **2.** **Commencement of Hospitalization, Procurement of Medications, Medical Supplies, and Food**

Animals that require 24-hour monitoring are hospitalized and monitored based on the judgment of the "Responsible Veterinarian," provided that the owner agrees. The owner must read the "Information Note for Owners of Hospitalized Animals" and sign the "Owner’s Declaration for Hospitalized Animals."

Before the admission of the sick animal to the Hospital, an appropriate external parasite treatment is administered orally or topically, as chosen by the "Responsible Veterinarian," regardless of whether parasites such as fleas or ticks are present.

The "Responsible Veterinarian" must request that the owner provide a deposit and, at the same time, both the "Responsible Veterinarian" and the owner must sign the related "*Handwritten Receipt".* The amount of the deposit is determined by the "Responsible Veterinarian," based on the financial capacity of the owner on that particular day, the anticipated hospitalization costs, the owner's place of residence, and their ability to visit the Clinic to bring any necessary medications, medical supplies, and food. If the owner is unable to provide the required amount on the first day of hospitalization, the deposit must be completed in the following days. The deposit can be used to cover the costs of hospitalization, medications, medical supplies, and food, and at the end of the hospitalization, any remaining balance will be refunded to the owner.

On the first day of hospitalization and throughout the duration of the stay, efforts are made to cover the needs for medications, medical supplies, and food through purchases made by the owner. If this is not possible, supplies from the Clinic's stock are used, and if they are unavailable, they are purchased with the deposit funds. Purchase receipts are kept by the "Responsible Veterinarian" and are provided to the owner at the end of the hospitalization. Every item used from the Clinic's supplies for the animal's hospitalization is recorded on the "Consumables Report." Items provided by the owner or purchased with the deposit funds are labeled with the owner’s name and placed in the plastic container located at the entrance of the hospitalization cage.  
 The stock of medications, medical supplies, and food is checked daily by the "Responsible Postgraduate Veterinarian," who must pay special attention to the timely procurement, especially before weekends and holidays. Owners are requested to provide the necessary supplies, or an individual is designated to ensure their purchase.

# **3. Hospitalization Instructions, Monitoring of Hospitalized Animals, and Visiting Hours**

The hospitalization instructions (medication, diet, water intake, etc.) and any changes are recorded by the "Responsible Veterinarian" in the "*Daily Hospitalization Report*". This report is updated daily at 9:00 AM, and the new "*Daily Hospitalization Report*" will contain the same instructions as the previous one, unless there is a different instruction from the "Responsible Veterinarian." Clarifications and changes to the hospitalization instructions are made only by the "Responsible Veterinarian." The "*Daily Hospitalization Report*" contains detailed findings from clinical examinations, all clinical events, any administration of medication or other treatments, and the results of laboratory tests conducted during the hospitalization. The "*Daily Hospitalization Report*" is continuously posted on the door of the hospitalization cage along with the "*Clinical Examination Report*," "*Laboratory Test Results*", "*Consumables Report*", and any other relevant document concerning the hospitalized animal.

The "Responsible Postgraduate Veterinarian", "Responsible Students", "On-Call Postgraduate Veterinarian", and "On-Call Students" must be present in the Hospital by 8:30 AM or earlier, in order to be informed by the previous day's on-call staff about the progress of the hospitalized animal. They must also complete the clinical examination, collect samples for necessary laboratory tests, and report to the "Responsible Veterinarian" by 9:15 AM, when training in the Clinic's Outpatient Department begins.

The execution of hospitalization instructions and the informing of the "Responsible Veterinarian" about any issues or changes in the animal's condition take place: a) Between 8:30 AM and 2:00 PM, by the "Responsible Postgraduate Veterinarian", "Responsible Students," "On-Call Postgraduate Veterinarian," and "On-Call Students", b) Between 2:00 PM and 8:30 AM the next day, by the "On-Call Postgraduate Veterinarian" and "On-Call Students".

Owners can visit their hospitalized animals between 2:00 PM and 9:00 PM, except in certain cases (e.g., deterioration of the animal's condition, owner visit to the Clinic to provide medications, medical supplies, or food, etc.), where the "Responsible Veterinarian" may allow visits outside of these hours. The entry of owners into the Hospitalization department is strictly prohibited, unless the patient's condition does not allow them to move (to the outpatient area or waiting room) or if handling them is difficult due to aggression toward the staff. In such cases, the owner's visit to the Hospitalization department must be brief. During the visit, the presence of the "On-Call Veterinarian" or one of the "On-Call Students" is required. They may provide limited information about the animal’s progress, but they are not allowed to comment on the treatment or prognosis, as this is the exclusive responsibility of the "Responsible Veterinarian".

# **4. General Principles of Hospitalization**

The minimum frequency for general clinical examination of all hospitalized animals is twice every 24 hours. If more frequent clinical examinations are necessary, this will be noted by the "responsible veterinarian" in the special instructions on the "*Daily Hospitalization Report*". Clinical examination findings are also recorded on this report.

The minimum frequency for weighing and recording the body weight of hospitalized animals is once every 24 hours. The same scale used when the animal was admitted to the clinic must always be used for weighing.

The minimum frequency for taking hospitalized animals for walks is twice every 24 hours, unless there are different instructions. For animals receiving intravenous therapy with fluids and electrolytes, the walk (and possibly visitation) requires the suspension of fluid administration. To do this, the following steps must be followed: a) the intravenous catheter must be heparinized, b) the free end of the 3-way must be cleaned with cotton and alcohol, c) the special cap must be placed on the free end of the 3-way, d) a sterile needle with its plastic cover must be placed on the free end of the fluid administration device.

The hygiene sand for hospitalized cats must be sufficient and cleaned or replaced after every urination or defecation.

The food for hospitalized animals is stored in a designated area protected from insects and rodents. Food is generally provided twice every 24 hours, unless there are different instructions, and the type and amount of food are noted on the "*Daily Hospitalization Report*". It is recommended that food be provided simultaneously for all hospitalized animals, ideally after their walk. The food is heated in the microwave, placed in a plastic container, and the microwave is thoroughly cleaned afterward to remove any remnants. Food is removed once consumed or after 30 minutes, and the container is washed with soap and water. It is strictly prohibited to leave uneaten food in any area of the Hospitalization department. Food containers are cleaned outside the hospitalization department, and any food remnants are discarded in a bin outside.

Whenever injectable medication is reconstituted, the vial or packaging must be labeled with the owner’s name, the amount of solvent or the concentration of the solution, the reconstitution date, and the expiration date (according to the manufacturer's instructions), along with any special storage conditions (e.g., refrigeration). Once the expiration date has passed, all medications must be discarded.

For administering injectable medications or heparinized fluids, the following procedure is always followed: a) when the medication is in a multi-dose vial (rubber stopper) or a fluid bottle, the area where the needle will pierce is cleaned with cotton and alcohol, b) a new needle and syringe are used every time and discarded immediately after medication administration. It is strictly prohibited to reuse the same needle or syringe for multiple administrations, even for the same medication to the same hospitalized animal. Medication administration by students must always be supervised by the "on-duty intern veterinarian."

Fluid administration devices must be kept separate for common fluids and electrolytes and for colloidal solutions. If both types of fluids are administered to the same animal, the type of fluid for each device must be marked with Leukoplast.

Each fluid bottle must be labeled with the date and time it was connected, as well as any medications, electrolytes, etc., that were added. The size of the fluid bottle (when there are options) is chosen based on the estimated volume that will be needed in the next 24 hours, in order to reduce the risk of microbial contamination.

The air conditioning in the hospitalization department must operate 24 hours a day, and the temperature should be set between 22°C and 26°C, depending on the external temperature and whether any animals in the hospitalization department require treatment for hypothermia. The temperature and humidity in the hospitalization department are recorded twice daily (morning and evening) using a digital thermometer-hygrometer on a special form posted outside the hospitalization department. The "intern veterinarian" is responsible for posting the form and checking the records. After completing these forms, they are submitted to the "responsible veterinarian for the maintenance of the hospitalization department's operating regulations," who files them for inspection at any time.

At night, the hospitalization department’s lights should be dimmed or turned off, and silence must be maintained.

If there is only one hospitalized animal and the "responsible veterinarian" determines that the animal cannot transmit infectious agents to other animals, staff, or the hospitalization department, the animal is handled without gloves, but hands must be washed thoroughly with soap and water afterward. If multiple animals are hospitalized in this category, hand washing with soap and water must be done after handling each animal and before handling the next one.

If one or more animals are hospitalized and the "responsible veterinarian" determines that they could transmit infectious agents to other animals, staff, or the hospitalization department: a) these animals are examined last, b) all handling is done with disposable gloves, which are discarded after handling each of these animals, c) after discarding the gloves, hand washing with soap and water is required.

# **5. Intravenous Catheters**

In the case that an animal is admitted for treatment and already has an intravenous catheter, it is checked whether the following principles have been followed. If not, a new catheter is placed, and the old one is then removed.

The following steps are followed for placing an intravenous catheter in a peripheral vein: a) Shaving the limb between the two joints, b) Washing the shaved area three times with Hibitane surgical scrub using wet, non-sterile gauze, c) Wetting the shaved area with an alcoholic Hibitane solution, d) Thorough wiping with sterile gauze, e) Filling the extension of the 3-way with heparinized solution, f) Disinfection of the veterinarian's or student's hands who will place the catheter, g) Insertion of an intravenous catheter of appropriate diameter based on the body weight and fluid/electrolyte needs of the animal, h) Fixing the catheter with Leukoplast, i) Connecting the catheter to the extension of the 3-way, j) Placing sterile gauze around the shaved area, k) Fixing the 3-way extension to the gauze with Leukoplast, l) Dressing with cotton bandage first, followed by simple gauze bandage, and finally with an elastic bandage so that only the 3-way is visible, m) Placing a Leukoplast label on the dressing indicating the date and time the catheterization was done, n) Replacing the intravenous catheter every 3-4 days with a new one at a different site (unless earlier replacement is required, see below). The same applies for the devices for intravenous fluid administration. In the other document, it is stated that the administration device should be changed every 2 days.

The dressing must be checked regularly and replaced if it gets wet or soiled. In the other document, it says the catheter should be checked daily by removing the dressing. The unused free ends of the 3-way must always be covered with special caps. After discontinuing the use of one free end of the 3-way and before its next use, it must be cleaned with cotton and alcohol.

The heparinized solution is prepared by adding 0.1ml of injectable heparin 5000 IU/l (Heparin, Leo) to 100ml of normal saline (NS 0.9%). The bottle is labeled with the preparation date, and the solution is then stored in the refrigerator for no more than 4 days. After this period, it must be discarded. Each time it is to be used, the necessary amount is drawn into a syringe and allowed to reach room temperature before intravenous administration. Heparinized solution is used to maintain the patency of the intravenous catheter whenever it remains without fluid flow for more than 15 minutes. In animals not receiving intravenous fluids, the catheter must be heparinized every 6 hours.

If there is suspicion of phlebitis or thrombophlebitis at the insertion site of the intravenous catheter (e.g., persistent leakage or biting of the bandage material, swelling of the lower part of the limb, pain during heparinization or intravenous drug administration, abnormal fluid flow, unexplained fever, anorexia, lethargy, local lymphadenopathy), immediate removal of the dressing is required. Once phlebitis or thrombophlebitis is confirmed, a new vein is catheterized, the original catheter is removed, and the measures to address this complication as recommended by the "responsible veterinarian" are taken. The same applies if the dressing material slips, exposing part of the intravenous catheter. In contrast, if there is limb constriction (swelling of the lower part without signs of phlebitis or thrombophlebitis), replacing the dressing immediately is sufficient.

# **6. Hygiene- Disinfection**

For cleaning and disinfecting surfaces, floors, and hospitalization department’s cages, a special disinfectant solution is used (e.g., Virkon-S diluted at 1:200).

Disinfection of surfaces is performed before and after the hospitalized animal comes into contact with them (e.g., the examination table), every time they are soiled even slightly (e.g., a drop of blood), and at least once a day for worktops and rolling carts. It is prohibited for food, food containers, chains, muzzles, or generally items with a significant microbial load to come into contact with these surfaces.

Floor disinfection is carried out every time it is soiled and at least once a day using a mop and bucket that are exclusively for the hospitalization department. Under no circumstances is it permitted to use pressurized water to clean the hospitalization department. WHERE SHOULD THE WATER FROM THE BUCKET BE DISPOSED OF?

Cage disinfection includes all surfaces and the gridded floor. Specifically for the latter, it may require cleaning with pressurized water, but this must be done outside the hospitalization department. The cages should be disinfected whenever they are soiled, even slightly, and at least once a day.

The hospitalization department equipment (e.g., monitors, fluid administration pumps, liquid heating devices, heating pads for hospitalized animals, etc.) must always remain clean. After the treatment ends, or when no longer needed, it should be thoroughly cleaned and stored in the designated cupboard in the hospitalization department.

The sink in the hospitalization department is to be used only for handwashing. It is not allowed to be used for cleaning feeding utensils (which should be washed in the sinks of the outpatient department) or for disposing of contaminated materials such as urine and feces (which should be discarded in a container outside the hospitalization department).

Consumption of food or drinks in the hospitalization department is strictly prohibited.

In case of rodent sightings, immediate rodent control is carried out with poison in nests or tubes (which must be inaccessible to animals), while insect control is performed on the first day that the hospitalization department is empty of animals and must remain empty for at least 24 hours afterward.

After the treatment of an animal, the cage is carefully disinfected. If the "responsible veterinarian" deems that the animal could transmit infectious agents, the entire cage structure is first cleaned with pressurized water (outside the hospitalization department) and then disinfected.

Twice a year, specifically at the end of each academic year and during the Christmas holidays, a general disinfection of the hospitalization department is carried out. First, all surfaces are carefully cleaned with water, detergents, and common disinfectants, followed by the application of a general-use disinfectant (e.g., Virkon-S) diluted in water (1/100 for floors and walls, 1/200 for other surfaces). It is sprayed over all surfaces until fully covered. The disinfectant is left for 24 hours, followed by pressure washing with water, which is then left to dry for another 24 hours.

General disinfections, rodent control, and insect treatments are recorded by the "Responsible Veterinarian for ensuring the compliance with the hospitalization department's operating regulations" in a special logbook, which must always be available for inspection.

**7. Management of Deceased Animals**

Immediately after the death of a hospitalized animal, regardless of the day or time, the "Responsible Veterinarian" is informed, who will, in turn, notify the animal's owner and arrange for a necropsy or the return of the body to the owner. **Under no circumstances are dead animals allowed to be transported in front of the owners' waiting area. The deceased animals, immediately after leaving the hospitalization department, are placed on a stretcher and transported to the necropsy room via the barn exit of the Clinic.**

**8. Handling of Emergencies (e.g., Earthquakes, Fires, etc.)**

The first priority is the evacuation of students, postgraduate veterinarians, and permanent staff of the Clinic through the emergency exits marked with the **"EXIT"** light sign. The Clinic’s Management, the Department Administration, and the guards are then notified.

Depending on the situation, every effort is made to move the hospitalized animals to a safe area and to provide first aid, as long as this effort does not endanger the physical safety of the students, postgraduate veterinarians, or permanent staff of the Clinic.

**9. Equipment Maintenance**

The proper functioning of the devices used in the hospitalization department (monitors, fluid administration pumps, fluid heating devices, heating sources, etc.) is checked during their use by the "on-duty postgraduate veterinarian," and any malfunction is immediately reported to the "responsible veterinarian for ensuring the proper operation of Hospitalization department."  
 Additionally, the proper functioning of these devices (monitoring their operation), the availability and good condition of their components, and their user manuals are checked twice a year, specifically at the end of each academic year and during the Christmas break. The "responsible veterinarian for ensuring the proper operation of the Hospitalization department" is responsible for this check.