Contents

Contributor list xi
Preface xiii

Part One: Medical and Treatment Errors 1
1. Coming Up for Air: When equipment failure can be fatal 3
2. Alistair and the UTI: Sometimes antibiotics ARE indicated! 6
3. Double-Check the RX: How a simple math error cost a dog his life 8
4. Holey Chest Tube: How some inadvertent complications led to a change in standard operating procedure 11
5. Count Your Sponges: A simple procedure can sometimes result in disaster 14
6. First Off, Do No Harm: Always check tube placement, by many methods! 17
7. Right is Wrong: An example of a tragic outcome due to unmarked radiographs 21
8. Sabrina the Good Witch: The importance of using the correct syringe 25
9. Friends in High Places: An illustration of how imperative it is to correctly prepare and administer medications 28
10. Midnight: A case describing the consequences of technical complications 31
11. Sam and the Muscle Medicine: When you should listen to your gut and not your clients’ wishes 35
12. A Shot in the Dark: The importance of discussing all potential complications prior to performing the procedure 38

Part Two: Medical Judgment Errors 43
13. Another Down Dog: Sometimes things are not as they seem! 45
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>It HAS to Be Blasto!: <em>Surprise endings</em></td>
<td>47</td>
</tr>
<tr>
<td>15</td>
<td>Can You Tap That Cat for Me?: <em>Complications of common procedures</em></td>
<td>50</td>
</tr>
<tr>
<td>16</td>
<td>Chief’s Complaint: <em>Entertain all differential diagnoses</em></td>
<td>52</td>
</tr>
<tr>
<td>17</td>
<td>But He’s Been Fine!: <em>The importance of assessing thoracic radiographs in patients experiencing blunt force trauma</em></td>
<td>54</td>
</tr>
<tr>
<td>18</td>
<td>Would You Like Water with That? A Tale of Two Dogs: <em>The dangers of hypernatremia!</em></td>
<td>57</td>
</tr>
<tr>
<td>19</td>
<td>The Great Pretender: <em>ALWAYS consider hypoadrenocorticism as a differential diagnosis in dogs with nonspecific symptoms</em></td>
<td>60</td>
</tr>
<tr>
<td>20</td>
<td>A Lack of Concentration: <em>Another example of how Addison’s disease can masquerade as a disease with a much worse prognosis</em></td>
<td>63</td>
</tr>
<tr>
<td>21</td>
<td>Unlucky Lady: <em>Remember to consider ALL possible differential diagnoses for your patient!</em></td>
<td>67</td>
</tr>
<tr>
<td>22</td>
<td>But She Has Heart Disease!: <em>All aspects of a patient’s history should be carefully considered when presenting for an illness</em></td>
<td>69</td>
</tr>
<tr>
<td>23</td>
<td>Pennies from Heaven: <em>ALWAYS perform abdominal radiographs in patients presenting with signs of intravascular immune-mediated hemolytic anemia!</em></td>
<td>71</td>
</tr>
<tr>
<td>24</td>
<td>Seeing Red!: <em>All ocular abnormalities should be examined promptly and completely, as irreversible disease may be present</em></td>
<td>74</td>
</tr>
<tr>
<td>25</td>
<td>Sepsis the Next Day?: <em>An illustration of the importance of analyzing effusions yourself if the results will not be reported the same day, and to <em>ALWAYS</em> look under the tongue of a vomiting cat!</em></td>
<td>77</td>
</tr>
<tr>
<td>26</td>
<td>Anxious to Breathe: <em>Care must be taken when performing diagnostics on brachycephalic, apprehensive dogs</em></td>
<td>81</td>
</tr>
<tr>
<td>27</td>
<td>The Lost Acorn: <em>A complicated case gets more perplexing!</em></td>
<td>83</td>
</tr>
<tr>
<td>28</td>
<td>The Lost Puppies: <em>How the inexperience of a junior veterinarian caused the demise of two puppies</em></td>
<td>85</td>
</tr>
<tr>
<td>29</td>
<td>Don’t Be Too Cavalier: <em>A full abdominal exploratory should always be performed during an abdominal surgical procedure</em></td>
<td>88</td>
</tr>
</tbody>
</table>
30. Too Much Sugar: All causes, pulmonary and extrapulmonary, should be investigated in patients with respiratory distress

31. Tyler: Dehiscence of enterotomy sites should always be considered as a cause of illness in the 3–5 days following the operative procedure

32. Whiskers: Immunosuppression from administered medications can result in the development of secondary infections

33. Would You Like Some Salt?: The importance of monitoring fluid therapy

34. Bambi?: Things to think about when coming into contact with wild animals

35. The Big C: The dangers of making a pathologic diagnosis without obtaining a biopsy

36. To Stent or Not to Stent?: New technology isn’t always the answer

37. It Isn’t Asthma?: Noting when it is important to look past the suspected client situation and focus on the patient

38. Hoping History Doesn’t Repeat: An illustration of the importance of good history taking

Part Three: Lessons in Client Communication

39. Not All Albumins Are Equal: When transfusing nonautologous fluids, possible allergic reactions should always be considered and discussed with the client prior to administration

40. Believing the Client: Listen to the client! They know their pets the best!

41. But I Thought He Would Be Fine?: The importance of communication about prognosis and risk—junior clinician errors

42. If It’s Not in the Medical Record, Did It Happen?: The importance of a medical director addressing any and all client concerns

43. Hemangiosarcoma Is Bad: Failure to completely evaluate patients can result in a misdiagnosis
44. The Internet Can Be a Dangerous Thing: One must take into consideration the availability of information on the Internet, whether it be true or not, when discussing disease diagnosis and treatment

45. Is there Some “Wiggle” Room?: An illustration of how essential it is to offer a variety of options to clients

46. But CPCR Was Successful!: Clear, timely communication about changes in patient status

47. Rosie and the Platelets: Novel therapies require a firm discussion of risk and benefit

48. The Receptionist’s Dog: Family and friends’ pets can be particularly stressful for clinicians

49. We’ll Take Good Care of Maxwell!: Unexpected deterioration of a pet after admission

50. A Diagnosis to Stand By: A case highlighting why things are not always as they seem

51. The Confused Setter: Making sure that all presenting clinical complaints are addressed

52. Tasty Fungi: Working within financial constraints when the disease and prognosis are unknown

53. Watch What You Write!: A lesson on how to always be professional

54. But She Was Just Vomiting!: The importance of organization in the midst of chaos

55. Peroxide Puppy: A case discussing the potential concerns of phone advice

56. Too Tight!: An illustration of possible complications associated with bandage placement

57. What Was That Popping Sound?: What to do when a routine procedure goes wrong

Part Four: Communication Issues between Colleagues and Hospital Staff

58. Bandit: A case documenting stresses around the holidays, and illustrating different clinical approaches

59. Check the Medicines: A case describing a very busy day, with an inadvertent distribution of the wrong medications
60. Cricket and the Insidious Radiograph: Understanding the right and wrong ways to teach and learn 180
61. Go Team!: Highlighting the role of experienced technicians in management of cases 183
62. Not Just Another Blocked Cat: Outlining conflict between client cost constraints and clinician wishes 186
63. Whose Fault?: Highlighting communication between a primary care hospital and an emergency clinic 190
64. Shelby and the Needles: What to do when a situation has changed dramatically since the last physical examination 193
65. Slow and Easy: The problems of “selling” an unfamiliar procedure to a client 197
66. The Bandage: An example of noncollegial behavior 200
67. We’ll See What the Blood Work Shows: The importance of timely client communication 202
68. What Antibiotic Is Best?: Highlighting communication issues between senior veterinary clinicians 204
69. Molly and the Chicken Bone: A case outlining the importance of reevaluating patients referred for a second opinion 206
70. Know the Nodes: Why physical examination is so important 208
71. Nancy’s Neck Pain: A case outlining why a specialist may be helpful 210
Appendix: How to Set Up Your Own Morbidity and Mortality Conference 215
Index 217