**Introduction:** It is the standard operating procedure of the NC State Veterinary Health Complex (VHC) to maintain an environment that is safe for our faculty, house officers, students and staff. This includes establishing procedures for equine anesthesia induction and recovery.

The following procedures outline the criteria and process under which the services may operate should they identify a potential risk.

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### A. Routine Induction
1. A checklist, including owner permission, will be prepared for all equine patients, with a copy of available blood work attached.
2. A brief history should be reported to the anesthetist prior to inducing the patient.
3. An attending equine clinician is to present throughout induction. **This is a safety issue.**
4. Owners must remain behind the yellow lines in the breezeway.

### B. Recovery
1. Leather head pad should be placed on all horses in which it fits, secured with a halter
2. Head and Tail ropes
3. Each horse should be assessed for the need for a nasotracheal or nasopharyngeal tube. Either the surgery or anesthetic team may request the placement of an airway tube.
4. The recovery team will consist of 3 members. One of those members should be a DVM.
5. An Equine Clinician must stay with the patient until the anesthesia technician is out of the recovery stall and the doors are secured. **This is a safety issue.**
6. Air horn or similar device will be available to signal need for immediate help.
7. Standard procedures may be modified as needed by attending clinicians.

### C. After hours:
1. It is useful if the person calling to request an anesthetist has some basic info on the patient, so that the anesthetist can be prepared when they arrive for set up/ etc.
2. The Senior Clinician may request an anesthetist to be present before the arrival of a dystocia or a critical colic. Please use this power wisely (both financially and personally).
3. Anesthesia technicians are not expected to enter a recovery stall if a horse has recovery difficulties; this should be handled by house officers or faculty.
4. An equine clinician and anesthetist present for the case are required to remain in the LAH until the patient is standing and stable.

### D. Procedure to MRI:
1. Horses are anesthetized in equine recovery 2, hoisted onto the MRI table in the back of CT.
2. Anesthesia is maintained with “triple drip” (GG, ketamine, xylazine)
3. An arterial line is placed by the anesthesia technician and a urinary catheter is placed by the LA orthopedic CT, and the legs are secured.
4. The radiology staff is in charge of securing the hallways and being sure the doors to MRI are open.
5. A minimum of 4 (2 from anesthesia & 2 from LA) people are required to move the horse down the hall and into the MRI suite. Anyone moving the horse must be MRI certified.
E. **Hoisting safety**
1. One person is in charge of the hoist operation and is responsible for the safety of the horse and people in the room.
   - They must take into account where everyone is in the room
   - They must insure that the table and the horse is in proper alignment for the table
   - They need to confirm with the anesthetist that the horse is ready to be hoisted
   - They should not move the hoist in more than one direction at a time
   - Use the locks on the table to prevent the table from moving

F. **After MRI:**
1. The horse is moved from MRI with a minimum of 4 people.
2. The halls are secured by radiology and doors are opened.
3. The horse is brought back to the CT room.
4. Urinary catheter is removed.
5. Recovery of horse is as above
6. If the horse needs to be recovered in the food animal stall:
   - Triple drip should be reattached to catheter and used as needed for transport.
   - The horse is hoisted and MRI table is removed, transport table is moved in under horse, horse is lowered onto transport table and then horse is moved down to the FA stall,
   - The horse is hoisted up off the table and brought into the FA stall and recovered as above.