

Creating Compassionate and Comforting Euthanasia

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“Eu” = good and “Thanatos” = death, so “euthanasia” means providing a “good death”. A good death implies minimal pain and distress. We are obligated to advocate on behalf of beings who cannot advocate for themselves as we approach & induce a humane death experience for them. Compassionate euthanasia begins long before the event itself, and is a cultural issue, NOT a service issue. It is best to plan ahead, and communication is key. Create a protocol/SOP for your practice. This provides continuity for the veterinarians, for the staff, and for the clients.

Make the “big” decisions before euthanasia time. This provides clients with control in what is a very disempowering scenario. It offers good attention to detail, allows for the greatest comfort for the family and for the pet. Be creative in your offerings to clients and they will be forever grateful for your compassion. Help your clients make as many decisions ahead of time as possible. These include:

- Payment options/choices
- Choosing the site
 - Clinic
 - At home
 - Outdoors
 - Special locale (e.g. van, truck, etc.)
- Preparing the site
 - Comfort room
 - Lighting
 - Scent-creation
 - Fleece/blanket
 - Waterproof/barrier
 - Body cover
- Comfort room
 - Multi-purpose room
 - Consultation
 - Difficult conversations
 - Waiting for lab results
 - Waiting while pet undergoes procedure
 - Visit hospitalized pet
 - Distracting children
 - Different from examination room where diagnosis rendered
 - Different place next time they come in
 - Indirect lighting
 - Out of traffic flow
 - Let client decide
 - We had family for whom comfort room was too much like dad’s hospice
 - Privacy for family huddle or phone call to absent family member
 - Alternative to exam room
 - Feline waiting area when you don’t have a separate waiting area
 - Only limit for use is imagination

Our job, if an animal’s life is to be taken is to do so with respect. Effective/acceptable euthanasia techniques induce rapid unconsciousness, address cardiac & respiratory function, ultimately cease brain function. Painless death can only be achieved via understanding pain mechanisms and pathways. Pain can arise from non-nociceptive peripheral and central stimulation & “silent” receptors can become sensitized via chronic pain. For pain to occur cortical function must be present. We have greater flexibility with the actual agent/method of euthanasia if animal is anaesthetized or unconscious (provided it does not REGAIN consciousness).

Most euthanasia requires SOME animal handling. PROPER handling minimizes stress/distress/pain. Proper handling also ensures safety of person performing the procedure as well as protecting any other people and/or animals in the area. See the “AVMA Guidelines on Euthanasia”. This used to be called the Report of the AVMA Panel on Euthanasia. In 2006, AVMA Executive Board

resolved to convene a scientific panel at least every 10 years to review the scientific literature and modify the guidelines. The most recent iteration should be available this year (2012).

Interim additions are underlined in document, and it is best to review these guidelines periodically as they do change. Guidelines are just that - guidelines. Our patients ultimately rely on the individual veterinarian's professional judgment. If you are in compliance with the guidelines, you are protected should something go amiss. Here are some highlights to consider:

- **Injectable agents**
 - Most desirable
 - Most rapid
 - Most reliable
 - Intra-peritoneal injection of NON-irritating agents are acceptable, but NO neuromuscular blockade drugs are acceptable. Intra-cardiac injection is acceptable ONLY with heavy sedation, anaesthesia, or coma.
- **Delivery methods specifically cited by AVMA scientific panel as unacceptable**
 - Intramuscular
 - Subcutaneous
 - Intra-thoracic
 - Intrapulmonary
 - Intra-hepatic
 - Intra-renal
 - Intra-splenic
 - Intra-theal
 - Other non-vascular injections

In our practice, these are the protocols that we have found to be “gentlest” for the patient and for the family:

Sedation/pre-meds

- Acepromazine pre-euthanasia - -
 - 0.25 mg/# (0.55 mg/kg), 10 mg/ml, IV
- Acepromazine as pre-med - -
 - 0.02 mg/kg – dogs and cats, 1 mg/ml
 - Add hydromorphone - -
 - 0.05 mg/kg, 2 mg/ml (decreased retching compared to morphine)
 - OR morphine - -
 - 0.5 – 1 mg/kg, 15 mg/ml, dogs or cats
- Dexdomitor (500 µg/ml) - - 80 µg/kg cats & 1000 µg/m2 dogs (twice label doses)
 - Add hydromorphone @ 0.05 mg/kg (2 mg/ml) OR butorphanol @ 0.11 mg/kg (10mg/ml) cats or dogs

General anaesthesia

- Propofol/midazolam IV - - Propofol @ 3mg/kg (60% low-dose), give ½ dose, then midazolam (5 mg/ml) @ 0.25mg/kg, then remaining propofol (can use propofol alone)
 - Mask induction unacceptably stressful

Euthanasia solution

- NaPentobarbital - - Drug of choice, Fatal Plus®, 390 mg/ml, 1 ml/10# + 1 ml, IV/IC
- IC - - ONLY with profound sedation (e.g. α -2 agonist), anaesthesia, or coma
- Drape the chest for discretion
- Alternative delivery method, be aware of AVMA Guidelines
- If you need more say, “Now I’m going to give the rest”. The pet owner doesn’t know how much you need...

Logistics

There needs to be a signed consent form in the medical record that provides permission for euthanasia & body care as well as a statement about bites. Can this be done ahead of time? Once life-limiting disease diagnosed, consider completing this document. Most clients actually sign close to euthanasia time. Explain/articulate the sequence of steps for euthanasia (you will repeat this just before the event). Gather primary care information if needed. Create a medical record (if necessary) and log all controlled substances. Whether euthanasia happens in-clinic or at home, watch your scheduling.

Medical accessories you will need include:

- Nye tourniquet
- Clipper
- IV catheter

- Tape
- Extension set
- Saline for flush

The euthanasia event

Have your plan in place for the particular pet before the family arrives. Will there be an IV catheter? If not, how will the drugs be delivered? What drugs will be used? Calculate the doses ahead of time based on the pet's most recent weight. Gather your supplies together in advance. Try to schedule euthanasia as the last appointment of the day. The team must be prepared to greet the family and escort them to the comfort room. The rest of the team must be alerted that the grieving family has arrived. Speak to the family directly yet gently. Provide a summary of the steps that will happen and in what order. Ask for questions.

Consider placing the IV catheter in front of the family rather than separating the pet from them. Explain sequence of drugs to be delivered and describe effects of each. Speak about each drug as it is being given. Do not rush this sequence of events. Just before Fatal Plus® ask, "Is it OK..." NEVER ask, "Are you ready?" No one is ever "ready". Be sure to "pronounce" death - - listen with a stethoscope, touch the pet.

After euthanasia

Consider tissue glue to close the eyelids. Quietly leave room or the immediate area and tell the family, "Take as much time as you need. I'll be right outside (or over there)". Consider a memorial/linking object like a Clay Paw®, a lock of hair, a memorial product. Have a body cover handy for leaving the room with the body remaining. Have the family's body-handling wishes clarified in advance. Move the body after the family has departed, unless they are handling the body. Help prepare the body for transport to the vehicle for home burial.

Talk about grief and mourning. Talk about the other animals in household and possible odd/unusual/unexpected behavior. Be sure to purge reminders - - check your system! Send a card personally signed by the veterinary healthcare team. Consider a charitable contribution in the pet's honor (e.g. Morris Animal Foundation). Provide the family with:

- Dr. Alan Wolfelt's book on pet loss and grief
- Appropriate pet loss/grief materials for children
- Referral for grief support when needed
- Follow up with family - - Honor pet, condolences, flowers, etc.

Create a "euthanasia kit" for off-site use. A black doctor bag provides a very professional appearance. The contents to consider include (but are not limited to):

- Bandage scissors
- White tape
- Hemostats
- Regular scissors
- Alcohol
- Exam gloves
- Spinal needles
- Skin adhesive (for closing eyelids)
- Cordless clippers
- Tourniquet
- IV catheters
- Needles (1" & 1½")
- Syringes
- IV extension sets
- Saline
- Euthanasia drugs
- Client support materials

FYI

- www.inhomepeteuthanasia.com
- www.hometoheaven.net
- www.homepeteuthanasia.com
- www.besidestillwater.net

References

Veterinary Clinics of North America: Small Animal Practice, Palliative Medicine and Hospice Care, May 2011, Volume 41, Number 3