



Purdue University
Veterinary Technology Distance Learning Program

College of Veterinary Medicine, 625 Harrison Street, West Lafayette, Indiana 47907-2026

CLINICAL MENTORSHIP SITE FACILITY
REQUIREMENT AGREEMENT - VM 21100

In order for a veterinary care facility to participate as a Clinical Mentorship site for VM 21100 LA Anesthesia Clinical Mentorship, the facility must be equipped with the following equipment: (Check off boxes to verify that you have each item)

The veterinary care facility must be equipped:

With the following equipment:

- Large Animal Anesthetic machine with an "out of circle" vaporizer
- Endotracheal tubes of various sizes with functioning cuffs
- Rebreathing system
- 2 - Rebreathing bags (1L-30L)
- Scavenge system (F-air canister is not acceptable)
- Clippers
- Stethoscope
- ECG or appropriate alternative cardiac rate or rhythm monitor
- Blood pressure monitoring equipment (machine or aneroid manometer)
- Pulse oximetry

With the following pharmaceuticals or agents:

- Isoflurane
- Oxygen
- Intravenous fluids
- Sterile saline for injection
- Sodium heparin (1000 units/mL)
- Xylazine hydrochloride (or detomidine hydrochloride), ketamine, diazepam, guaifenesin, butorphanol,
- Emergency drugs

The following disposable items must be available

- IV catheters
- Syringes
- Needles
- Cotton or other prep kits for prep of catheter site
- Aseptic solution for prep of catheter site
- Tape
- Fluid administration set
- Eye lubricant

Purdue University is an equal access/equal opportunity/affirmative action university.

If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.

The veterinary facility must have anesthetic records (form used in clinic or the one provided) that include:

- Patient Name
- Date
- Signalment
- Weight
- Procedure
- Physical status
- Special precautions (if any) or patient conditions pertinent to anesthesia
- TPR prior to premedication
- Preanesthetic, induction agent and any other agents administered in the pre- or peri anesthetic period with the amount given and the time
- Heart rate, respiratory rate and gas concentration recorded every 5 minutes in chart form
- IV fluid amount total at end of procedure
- Mean blood pressure, end tidal gas (CO₂ if available) and Pulse Oximetry (if available) readings recorded every 10 minutes
- Blood gas results (if available)
- Post-operative pain medication (if given) agent and amount
- Time anesthesia delivery stopped
- Time into recovery
- Time extubation
- Time standing
- Recovery rating

I certify that the veterinary care facility _____
Name of Veterinary Hospital or Facility

has the equipment that I have indicated by checking the boxes above; and that such equipment and materials are available to the VTDL Student _____
Name of Student

for use in the completion of the VM 21100 Clinical Mentorship.

I certify that this facility is in compliance with current OSHA (Occupational Safety and Health Administration) and any state or local regulations, requirements, or laws regarding workplace safety.

Printed Name of Facility Veterinarian: _____

Signature: _____ Date: _____

This form must be signed and returned to the student, submitted and approved by Purdue prior to beginning of the Clinical Mentorship VM 21100.

Purdue University is an equal access/equal opportunity/affirmative action university.

If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.