



PET HOSPICE CARE

Pet hospice care aims to meet the physical and mental needs of a pet faced with terminal illness. It begins the moment a pet has been diagnosed with a terminal condition and the family has decided not to pursue aggressive, curative therapies. It also supports the caregiver by providing educational and emotional comfort. It functions on the principle that death is a part of life. Hospice care gives families time to adjust to their pet's progressive disease and say good-bye in their own way, in their own home. This care creates a more intimate, peaceful end-of-life experience.

Pet hospice focuses on caring, not curing. The goals of our program are to:

- Give pets a safe, caring end-of-life experience in their familiar surroundings
- Provide pain control and physical comfort
- Ensure the family to care for their pet's medical and emotional needs
- Educate and emotionally support the family
- Give families time to adjust to their pet's disease and say good-bye in their own way
- Create a more intimate, kinder death experience for the pet and their family

Once a terminal illness has been diagnosed, it is time to discuss how everyone will want to proceed with care. You should learn who wants to help, who can dedicate time to the pet's care, and what your financial resources are. It is also important to learn early on whether you will assist in the natural dying process or choose euthanasia when the time is right.

Levels of hospice care:

Palliative Care: the patient demonstrates certain care needs, with or without life-limiting conditions. This care requires communication at least monthly with progress visits every 2-3 months.

Early Hospice Care: the patient has been diagnosed with a life-limiting condition. The life expectancy is at least 2 months. Care requires communication at least weekly with progress visits every 2-3 weeks.

Advanced Hospice Care: the patient's condition is advanced. Life expectancy is days to weeks. Care requires daily communication with progress visits as necessary by pet parent or as often as every 2-3 days.

Palliative and hospice care should be family oriented with the focus being on the pet's quality of life. It is designed to provide your pet with a personalized care plan that is right for everyone involved. We strive to make your pet's final days comfortable with as little to no pain as possible. Hospice care is dynamic and ever changing and may include

- Pain management: oral/injectable medications, acupuncture, laser therapy, and/or massage
- Nutritional therapy: education on the proper diet appropriate for their illness/disease, fluid therapy, and/or supplements/vitamins
- Wound care: cleaning/managing, antibiotics, and/or environmental enrichment

- Household carpet, bedding
 - Mental stimulation: appropriate toys or games
- modifications: ramps,

Caregiver Responsibilities

Communication is very important in hospice care. We will be addressing all of your concerns regarding your pet's care. We want to fully understand your wants, beliefs, and expectations. We are on the same team. When becoming a hospice patient, we will regularly connect with the pet parent to assess their status. This can either be by phone, text, or email. Recheck house calls frequency depends on the individual's case and may change over time.

We do ask for any medical records available to get a historical picture of your pet's medical condition. This information will enable us to form a custom initial treatment plan. We look for previous diagnostics and treatments, diagnoses, responses to therapy etc. Disease processes often travel a typical trajectory. Knowledge of what disease(s) we are battling can help us share information regarding typical symptoms, secondary complications, recommended medications, and life expectancy. This shared knowledge allows pet owners to make the best choices for their pet.

Once your pet has been evaluated by Dr. McMahan, an individualized treatment plan will be created and presented to you. We will discuss the disease processes and their progression, treatment modalities recommended, and enrichment programs designed to assist in your pet's needs. Instructions will be given on medication administration and storage, any physical therapy to be performed regularly at home, and any wound or hygiene care, and finally assessing quality of life. We will consult on knowing when the time might be right for euthanasia as well as aftercare options and grief support.

Costs and fees

Initial Quality of Life Assessment: \$225.00

Recheck/Progress Exams: \$95.00

*all treatment recommendations and modalities will be charged separate to the cost above and will vary from case to case. The costs will be outlined on your individual treatment plan.

Some consultations become euthanasia appointments when it becomes evident that hospice care is not in everyone's best interest and the family feels it is time to say good-bye. Each family is unique in their needs and we are here to attend to your special wishes. At this time, the appropriate charges for the requested euthanasia will be discussed and applied.

Skin

Odor/Itching/Sores Tumor/Mass Other concern

Please describe:

Head & Neck

Ear Problem Eye problem Mouth/Teeth Other

Please describe

Nervous System

Seizures Nerve Damage Dementia/Wandering/Confusion Other

Please describe

What are your top 3 health concerns?:

1.

2.

3.

Current Medications (Including strength and how frequently you give it):

What does he/she eat?:

What things does he/she like to do?:



Where does he/she sleep?:

What is his/her daily environment like?:

Who are the caregivers?:

What are the daily challenges in providing care?:

Partnering Clinics?:

Does your pet have medical insurance?:

What are your expectations for your pet during hospice care?:






Do you believe in euthanasia or prefer assisted natural death?

Is there anything else I should know?:



**Colorado State University
Veterinary Medical Center
Canine Chronic Pain Scale**

Many signs of chronic pain are non-specific; rule out anxiety, poor general health, and systemic disease as part of a full workup.

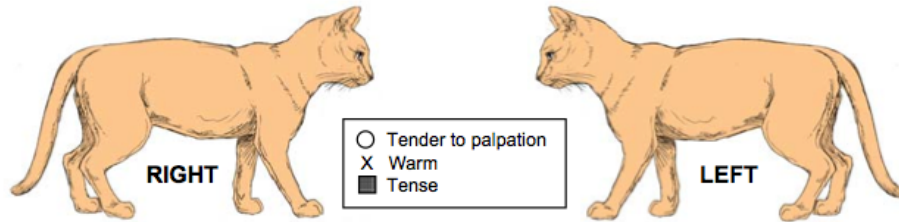
Pain Score	Example	Psychological & Behavioral	Postural	Response to Palpation
0		<input type="checkbox"/> Happy, energetic <input type="checkbox"/> Interested in or curious about surroundings <input type="checkbox"/> Responsive; seeks attention	<input type="checkbox"/> Comfortable when resting <input type="checkbox"/> Stands and walks normally <input type="checkbox"/> Normal weight bearing on all limbs	<input type="checkbox"/> Minimal body tension <input type="checkbox"/> Does not mind touch <input type="checkbox"/> No reaction to palpation of joint
1		<input type="checkbox"/> Subdued to slightly unsettled or restless <input type="checkbox"/> Distracted easily by surroundings <input type="checkbox"/> Responsive; may not initiate interaction	<input type="checkbox"/> Stands normally, may occasionally shift weight <input type="checkbox"/> Slight lameness when walking	<input type="checkbox"/> Mild body tension <input type="checkbox"/> Does not mind touch except painful area <input type="checkbox"/> Turns head in recognition of joint palpation
2		<input type="checkbox"/> Anxious, uncomfortable <input type="checkbox"/> Not eager to interact with people or surroundings but will look around to see what is going on <input type="checkbox"/> Loss of brightness in eyes <input type="checkbox"/> Reluctant to respond when beckoned	<input type="checkbox"/> Abnormal weight distribution when standing <input type="checkbox"/> Moderate lameness when walking <input type="checkbox"/> May be uncomfortable at rest	<input type="checkbox"/> Mild to moderate body tension <input type="checkbox"/> Doesn't mind touch far away from painful area <input type="checkbox"/> Pulls limb away during palpation of affected joint Reassess analgesic plan
3		<input type="checkbox"/> Fearful, agitated, or aggressive <input type="checkbox"/> Avoids interaction with people and surroundings <input type="checkbox"/> May lick or otherwise attend to painful area	<input type="checkbox"/> Abnormal posture when standing <input type="checkbox"/> Does not bear weight on affected limb when walking <input type="checkbox"/> Guards painful area by shifting body position	<input type="checkbox"/> Moderate body tension <input type="checkbox"/> Tolerates touch far away from affected limb <input type="checkbox"/> Vocalizes or responds aggressively to palpation of affected joint Reassess analgesic plan
4		<input type="checkbox"/> Stuporous, depressed <input type="checkbox"/> Potentially unresponsive to surroundings <input type="checkbox"/> Difficult to distract from pain	<input type="checkbox"/> Reluctant to rise and will not walk more than 5 strides <input type="checkbox"/> Does not bear weight on limb <input type="checkbox"/> Appears uncomfortable at rest	<input type="checkbox"/> Moderate to severe body tension <input type="checkbox"/> Dislikes or barely tolerates any touch (may be experiencing allodynia, wind-up, or fearful that pain could be made worse) <input type="checkbox"/> Will not allow palpation of joint Reassess analgesic plan

Additional Comments:

Colorado State University Veterinary Medical Center Feline Acute Pain Scale



Pain Score	Example	Psychological & Behavioral	Response to Palpation	Body Tension
No Score		<input type="checkbox"/> Animal is sleeping and cannot be evaluated		
0		<input type="checkbox"/> Content and quiet when unattended <input type="checkbox"/> Comfortable when resting <input type="checkbox"/> Interested in or curious about surroundings	<input type="checkbox"/> Not bothered by palpation of wound or surgery site, or to palpation elsewhere	Minimal
1		<input type="checkbox"/> Signs are often subtle and not easily detected in the hospital setting; more likely to be detected by the owner(s) at home <input type="checkbox"/> Earliest signs at home may be <u>withdrawal from surroundings or change in normal routine</u> <input type="checkbox"/> In the hospital, may be content or slightly unsettled <input type="checkbox"/> Less interested in surroundings but will look around to see what is going on	<input type="checkbox"/> May or may not react to palpation of wound or surgery site	Mild
2		<input type="checkbox"/> Decreased responsiveness, seeks solitude <input type="checkbox"/> Quiet, loss of brightness in eyes <input type="checkbox"/> Lays curled up or sits tucked up (all four feet under body, shoulders hunched, head held slightly lower than shoulders, tail curled tightly around body) with eyes partially or mostly closed <input type="checkbox"/> Hair coat appears rough or fluffed up <input type="checkbox"/> May intensively groom an area that is painful or irritating <input type="checkbox"/> Decreased appetite, not interested in food	<input type="checkbox"/> Responds aggressively or tries to escape if painful area is palpated or approached <input type="checkbox"/> Tolerates attention, may even perk up when petted as long as painful area is avoided	Mild to Moderate Reassess analgesic plan
3		<input type="checkbox"/> Constantly yowling, growling, or hissing when unattended <input type="checkbox"/> May bite or chew at wound, but unlikely to move if left alone	<input type="checkbox"/> Growls or hisses at non-painful palpation (may be experiencing allodynia, wind-up, or fearful that pain could be made worse) <input type="checkbox"/> Reacts aggressively to palpation, adamantly pulls away to avoid any contact	Moderate Reassess analgesic plan
4		<input type="checkbox"/> Prostrate <input type="checkbox"/> Potentially unresponsive to or unaware of surroundings, difficult to distract from pain <input type="checkbox"/> Receptive to care (even mean or wild cats will be more tolerant of contact)	<input type="checkbox"/> May not respond to palpation <input type="checkbox"/> May be rigid to avoid painful movement	Moderate to Severe May be rigid to avoid painful movement Reassess analgesic plan



Comments _____