ELIGIBILITY
1. The candidate must meet the eligibility prerequisites for Fellowship outlined in the Fellowship Candidate Handbook.

2. Membership of the College must be achieved prior to the Fellowship examination.

3. Membership must be in Veterinary Anaesthesia and Analgesia or pre-2017 membership in Veterinary Anaesthesia and Critical Care.

OBJECTIVES
To demonstrate that the candidate has attained sufficient knowledge, training, experience, and accomplishment to meet the criteria for registration as a specialist in Veterinary Anaesthesia and Analgesia.

LEARNING OUTCOMES
1. The candidate will have a detailed\(^1\) knowledge of:

1.1. The physiology of all body systems, including the changes induced by anaesthesia or sedation, with emphasis on the cardiovascular, respiratory, endocrine, renal, hepatic, nervous systems and the neuromuscular junction.

1.1.1. Fluid electrolyte and acid base balance

1.1.2. Pregnancy and the foetus

\(^1\) Knowledge levels:
- **Detailed knowledge** — candidates must be able to demonstrate an in-depth knowledge of the topic including differing points of view and published literature. The highest level of knowledge.
- **Sound knowledge** — candidate must know all of the principles of the topic including some of the finer detail, and be able to identify areas where opinions may diverge. A middle level of knowledge.
- **Basic knowledge** — candidate must know the main points of the topic and the core literature.
1.1.3. Neonates, paediatric and geriatric patients

1.1.4. Pain

1.1.5. The stress response.

1.2. The principles of pharmacology relevant to the science of anaesthesia and analgesia:

1.2.1. Physicochemical properties and the formulation of drugs

1.2.2. Pharmacokinetics, including biotransformation of drugs

1.2.3. Pharmacodynamics, including drug receptor interactions; variability in individual responses, drug interactions and adverse reactions to drugs and their management.

1.3. Anaesthetic equipment:

1.3.1. The components and function of anaesthetic machines, circuits and common ventilators

1.3.2. Principles of the use of anaesthetic monitoring systems and resuscitation equipment, and methods for checking their performance

1.3.3. Principles of physics as they apply to anaesthetic equipment.

1.4. The principles and practice of sedation, anaesthesia and pain management of a wide range of species including domestic animals (dogs, cats, horses) production animals (cattle, sheep, goat, alpaca, llama, pigs); wild exotic and unusual animals (zoo animals, marsupials, unusual pets, fish, birds and reptiles); laboratory animals for a wide range of surgical and medical procedures. This should include:

1.4.1. Pre-anaesthetic patient examination, assessment, and premedication

1.4.2. Induction and maintenance of anaesthesia

1.4.3. Appropriate measurement and interpretation of physiological variables during anaesthesia, recovery and post operative management

1.4.4. Indications and drugs used for neuromuscular blockade, and methods for monitoring their effect

1.4.5. Effects of intermittent positive pressure ventilation including commonly used modes of ventilation (e.g. IPPV and PCV, PEEP, CPAP)

1.4.6. Knowledge of various anaesthesia recovery techniques used in species such as horses, cattle and ruminants

1.4.7. The provision of pre-, intra- and postoperative analgesia

1.4.8. Capture, physical restraint and chemical immobilisation of various species including captive and free ranging animals.
1.5. The principles and practice of local and regional analgesia including:

1.5.1. Techniques of local, regional, epidural and spinal analgesia of animals, and associated complications and their management

1.5.2. Anatomical location of peripheral nerves for regional nerve blocks and spinal cord and associated structures involved for spinal and epidural techniques

1.5.3. Physiology of pain sensation, development of hyperesthesia and neuropathic pain.

1.6. Anaesthetic complications:

1.6.1. Complications associated with sedation, general anaesthesia, local, regional and spinal anaesthesia, neuromuscular blockade and their management

1.6.2. Causes, assessment and performance of cerebral cardiopulmonary resuscitation in anaesthetised patients.

1.7. Occupational health and environmental hazards:

1.7.1. Pollution of theatre atmosphere, health hazards to personnel of drugs including injectable as well as inhalational and environmental hazards of anaesthetic gases and vapours; methods for minimising theatre atmosphere pollution

1.7.2. Storage and handling of gases and vapours to prevent fires and explosions

1.7.3. Electrical safety including isolation (earthing) of patient from monitoring equipment, construction of floors, tables etc.

2. The candidate will have a sound knowledge of:

2.1. The principles and practice of general medicine and surgery including:

2.1.1. The changes in physiology and organ function associated with medical and surgical disease and how these changes impact on anaesthetic management

2.1.2. How specific therapy for medical disease may interact with anaesthetic agents and subsequently alter the anaesthetic protocol

2.1.3. EMG and EEG as related to the science of anaesthesia and analgesia.

2.2. The intensive care of critically ill patients requiring anaesthesia, including:

2.2.1. Investigation, management and monitoring

2.2.2. Pathophysiological changes that occur during malfunction and failure of major body systems and how these affect anaesthetic management
2.2.3. Principles of cardiopulmonary cerebral resuscitation, including complications expected and management in the post-resuscitation period

2.2.4. Assessment and management of the traumatised patient including pain management

2.2.5. Blood transfusion medicine.

2.3. The principles of experimental design and statistical analysis including common parametric and non-parametric statistical analyses of data and the significance of the results.

3. The candidate will have a basic knowledge of:

3.1. Diagnostic imaging including radiographic imaging and the use of contrast techniques; ultrasonic examination, particularly echocardiography, magnetic resonance imaging, computer tomography, scintigraphy with an understanding of how these techniques affect the anaesthetic management (drugs, analgesic and fluid requirements) and monitoring of the patient

3.2. The principles of physics and chemistry for anaesthesia and analgesia including:

3.2.1. The physics and chemistry relevant to biological systems, atomic and molecular structure, pH, acids, bases, and buffers

3.2.2. The kinetic theory of gases and relevant gas laws as they apply to anaesthesia

3.2.3. The measurement of physiological variables and their interpretation

3.2.4. The main biochemical pathways for carbohydrate, protein and fat metabolism; how these are altered by disease and an understanding of how these abnormalities can affect anaesthetic management.

3.3. The anatomy relevant for general and local anaesthesia and analgesia including relevant comparative anatomic features in the different species

3.4. The pathology of systems that affect anaesthesia, in particular changes affecting cardiovascular, respiratory, central nervous system, renal and hepatic and endocrine systems

3.5. The potential for abuse and addiction of humans to drugs used in veterinary anaesthesia

3.6. The design and planning of experiments relevant to anaesthesia and the related basic sciences.
4. The candidate will, with detailed expertise, be able to:

4.1. Review the diagnostic work up and management of medical and surgical conditions that are likely to require anaesthesia

4.2. Interpret clinical haematological, biochemical and other data results from laboratory analyses of blood, serum, urine and other samples from small and large animal patients for pre-anaesthetic assessment

4.3. Recognise and interpret relevant features in radiographic (plain films and films taken using various contrast techniques) and ultrasonic examinations to assess function of major body systems relevant to anaesthesia, particularly the cardiopulmonary system

4.4. Record and interpret electrocardiograms and have knowledge of the management of common dysrhythmias

4.5. Perform arterial and venous catheterisation, including placement of central venous catheter in a range of species

4.6. Perform local and regional nerve blocks, including epidural and spinal techniques, in small and large animals

4.7. Perform orotracheal and nasotracheal intubation, and tracheostomy

4.8. Administer continuous infusions

4.9. Use anaesthetic monitoring equipment including electrocardiogram, invasive and non-invasive blood pressure (both arterial and central venous); endtidal gas monitoring, including capnography; nerve stimulators, pulse oxymetry, thermometers

4.10. Perform positive pressure ventilation

4.11. Use neuromuscular blocking agents

4.12. Perform emergency cardiopulmonary cerebral resuscitation

4.13. Manage pain in veterinary patients.

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2 Skill levels:

Detailed expertise — the candidate must be able to perform the technique with a high degree of skill, and have extensive experience in its application. The highest level of proficiency.

Sound expertise — the candidate must be able to perform the technique with a moderate degree of skill, and have moderate experience in its application. A middle level of proficiency.

Basic expertise — the candidate must be able to perform the technique competently in uncomplicated circumstances.
EXAMINATIONS
Refer to the Fellowship Candidate Handbook, Section 5. The Fellowship examination has four separate, autonomous components:

1. **Written Paper 1** (*Component 1*)
   Principles of the Subject (three hours)

2. **Written Paper 2** (*Component 2*)
   Applied Aspects of the Subject (three hours)

3. **Practical Examination** (*Component 3*)
   Practical (two hours)

4. **Oral Examination** (*Component 4*)
   Oral (two hours)

The written examination will comprise of two separate three-hour written papers taken on two consecutive days. There will be an additional 20 minutes perusal time for each paper, during which no writing in an answer booklet is permitted. In each paper you are provided with six (6) questions to answer, worth 30 marks each, giving a total of 180 marks per paper. There is no choice of questions. Questions may be long essay type or a series of small sub-questions. Marks allocated to each question and to each subsection of questions will be clearly indicated on the written paper.

**Written Paper 1:**
This paper is designed to test the candidate’s knowledge of the principles of Anaesthesia and Analgesia as described in the Learning Outcomes. Answers may cite specific examples where general principles apply, but should primarily address the theoretical basis underlying each example.

**Written Paper 2:**
This paper is designed to (a) test the candidate’s ability to apply the principles of the Anaesthesia and Analgesia to particular cases/problems or tasks, and to (b) test the candidate’s familiarity with the current practices and current issues that arise from activities within the discipline of Anaesthesia and Analgesia in Australia and New Zealand.

**Practical Examination:**
The practical examination is designed to test practical aspects of the learning Objectives. To pass this examination, candidates must be able to discuss complex case presentations and interpret the results of diagnostic tests. Candidates must demonstrate deep understanding and practical application of equipment used in anaesthesia and Analgesia. Written answers will be required. No perusal time will be given for the practical exam. The practical will consist of a series of twenty questions with sub-questions, equating to a total of 120 marks. Marks allocated to each question and to each sub-section will be clearly indicated on the written paper. Images of equipment, drugs, animals, diagnostic images (such as radiographs, CT and MRI), laboratory test results, electrocardiographs, and/or respiratory function tests are likely to be used during this examination.
Oral Examination:
The oral examination is designed to test practical aspects of the Learning Objectives. To pass this examination, the candidate must be aware of current literature and be able to debate on controversial issues. Six (6) cases are presented with supporting questions asked verbally in a face-to-face setting. The oral examination has a total of 120 marks with each case allocated 20 marks. Images of equipment, drugs, animals, diagnostic images (such as radiographs, CT and MRI), laboratory test results, electrocardiographs, and/or respiratory function tests are likely to be used during this examination.

TRAINING PROGRAMS

Refer to the Fellowship Candidate Handbook, Section 3.3.

1. The training program must provide intensive training in Veterinary Anaesthesia and Analgesia under direct supervision at specialist referral level.

2. The training program requires 144 weeks (3 years) of directly supervised training (DST) (at least 35 hours each week) at an approved facility.

TRAINING IN RELATED DISCIPLINES

Refer to the Fellowship Candidate Handbook, 2.4.2.

Candidates for Fellowship in Veterinary Anaesthesia and Analgesia must spend at least 6 of the 144 weeks supervised time in the related disciplines training as per the following:

- Emergency and Critical Care (2 weeks)
- Diagnostic Imaging (2 weeks)
- Other* (2 weeks)

Related disciplines training must be undertaken with a person with specialist level qualifications (Diplomat or Fellow) in that discipline, or other person approved by the TCC.

*TRD in cardiology is encouraged

EXTERNSHIPS

Refer to the Fellowship Candidate Handbook, Section 2.4.1.

All candidates must complete at least two (2) externships of a minimum of two weeks in Veterinary Anaesthesia and Analgesia to allow exposure to other people with specialist qualifications (e.g. Diplomat or Fellow), facilities and a greater range of cases.
ACTIVITY LOG SUMMARY

The Activity Log Summary (ALS) must be recorded throughout supervised training in the primary discipline. Examples of Activity Log Summary entries are included in Appendix 1. The templates for the ALS must be submitted for approval with the Training Program document.

Cases in the ALS should be categorised according to:

- Species
- Body system categories
- Technical procedures carried out by the candidate
- ASA classification.

Categories for the ALS by Body System are as follows:

- Central Nervous System: Brain/Spinal Cord Surgery and Diagnostics
- Respiratory System — Upper Surgery
- Respiratory System — Upper Diagnostic
- Respiratory System — Lower Surgery
- Respiratory System — Lower Diagnostic
- Cardiac System — including Vascular
- Urogenital
- Head and Neck
- Skin/Reconstructive
- Orthopaedic
- Gastrointestinal
- Pancreatic and Hepatic
- Abdomen — other (adrenal, spleen, etc.)
- Perineal

Every animal undergoing a procedure should be noted in the ALS. It is acknowledged that one anaesthetic case may fit into more than one category (e.g. a laparotomy for closure of portosystemic shunt could be vascular and abdominal and then should be listed in both lists).
ANAESTHETIC RECORD LOG (ARL)
An ARL must be documented for a minimum of 300 animals that the candidate has anaesthetised as the primary clinician. At least 100 cases should be general anaesthesia in small (companion) animals, 100 cases should be general anaesthesia in horses, 20 cases should be general anaesthesia in farm animals (cattle, pigs, sheep, goats and small camelids [at least one of each species and a maximum of 10 of any one species]) and 10 cases should be general anaesthesia in wildlife, exotic and avian patients (at least 3 species). Animals anaesthetised for research purposes can be included in the ARL. These animals must have recovered from the procedure and this proportion of cases should not exceed 25% of the cases in any of the species categories.

Records should include a contents page and be organised by species (dog/cat/horse/farm animals/other) and each species subdivided for body systems listed above (e.g. orthopaedic, lower respiratory, abdomen, etc.) A template with all the required information has been provided in Appendix 2.

Both the candidate and the supervisor are required to sign a cover page to the ARL (Appendix 3) stating that all of the anaesthetic records, when submitted, were cases anaesthetised as part of the residency training. A general index for 300 cases must also be included with submissions. A template for this document is available in Appendix 4.

PUBLICATIONS AND PRESENTATION
Refer to the Fellowship Candidate Handbook, Section 2.10.

Two first author publications are required along with one presentation (oral) at a national (e.g. College Science Week) or international anaesthesia and/or analgesia conference. The publications must relate to Veterinary Anaesthesia and Analgesia.

RECOMMENDED READING LIST
The candidate is expected to research the depth and breadth of the knowledge of the discipline. The reading list below is very extensive and is intended as a guide to the candidate to some core references and source material. The list is not intended as an indicator of the content of the examination. Books are regularly updated and the most current edition should be sourced.

The relevant references are the most recent editions of the following texts and the most recent years of the journals (i.e. all journals published since the last issue of the relevant texts).
Core Textbooks

A. Basic Sciences Applied to Anaesthesia

1. Physiology (including biochemistry) and anatomy
All You Really Need to Know to Interpret Arterial Blood Gases (1999, 1st ed., Martin)
Basic Physiology for Anaesthetists (2015, 1st ed., Chambers)

2 Pharmacology

3. Biophysics and clinical measurement

B. The Practice of Anaesthesia, Analgesia and Intensive Care.

4. Clinical anaesthesia
Veterinary Anesthesia and Analgesia, Lumb and Jones (2015, 5th ed., Tranquili)

5. Anaesthesia in research

6. Analgesia

7. Intensive / critical care

Recommended Textbooks

A. Basic Sciences Applied to Anaesthesia

General
Miller’s Anesthesia (2014, 8th ed., Miller)
Physics, Pharmacology and Physiology for Anaesthetists: Key Concepts for the FRCA (2014, 2nd ed., Cross)

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3 Definitions of Textbooks
Core textbook – candidates are expected to own a copy of the textbook and have a detailed knowledge of the contents.
Recommended textbook – candidates should own or have ready access to a copy of the book and have a sound knowledge of the contents.
Additional references – candidates should have access to the book and have a basic knowledge of the contents.
1. Physiology (including biochemistry) and anatomy

Anatomy for Anaesthetists (2013, 9th ed., Ellis)
Cunningham’s Textbook of Veterinary Physiology (2012, 5th ed., Klein)
Nunn’s Applied Respiratory Physiology (2010, 7th ed., Lumb)
Principles of Physiology for the Anaesthetist (2015, 3rd ed., Kam)

2. Pharmacology

Drugs in Anaesthesia and Intensive Care (2011, 4th ed., Smith)
Goodman and Gilman's The Pharmacological Basis of Therapeutics (2011, 12th ed., Brunton)
Pharmacology of Pain (2010, 1st ed., Beaulieu)
Veterinary Pharmacology and Therapeutics (2009, 9th ed., Riviere)

3. Biophysics and clinical measurement

Basic Physics and Measurement in Anaesthesia (2003, 1st ed., Davis)
Equipment in Anaesthesia and Critical Care (2013, 1st ed., Aston)
Ward’s Anaesthetic Equipment (2012, 6th ed., Davey)

Statistics


B. The Practice of Veterinary Anaesthesia, Analgesia and Intensive Care.

4. Clinical anaesthesia

Anesthesia and Analgesia in Laboratory Animals (2008, 2nd ed., Fish)
Canine and Feline Anesthesia and Co-existing Disease (2014, 1st ed., Snyder)
5. Analgesia


6. Intensive / critical care


7. Medicine, surgery and pathology


Scientific Journals with relevant article material

Core Journals

- Veterinary Anaesthesia and Analgesia
• Veterinary Clinics of North America
• Journal of Veterinary Emergency and Critical Care
• BJA Education (formerly Continuous Education in Anesthesia, CC and Pain)

Recommended Journals

• American Journal of Veterinary Research
• Compendium: Continuing Education for Veterinarians
• Equine Veterinary Journal
• JAAHA: Journal of the American Animal Hospital Association
• JAVMA: Journal of the American Veterinary Medical Association
• JSAP: Journal of Small Animal Practice
• Journal of Veterinary Internal Medicine
• Journal of Veterinary Pharmacology and Therapeutics
• Journal of Zoo and Wildlife Medicine
• Veterinary Medicine
• Veterinary Record
• Veterinary Surgery
• Acta Anaesthesiologica Scandinavica
• Anaesthesia
• Anesthesia and Analgesia
• Anesthesiology
• ASA Refresher Courses
• British Journal of Anaesthesia

Internet link with relevant material for examination preparation
• ANESTHESIA UK (www.anesthesiauk.com)

FURTHER INFORMATION
For further information contact the College Office

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Fax: International +61 (07) 3423 2977
Email: admin@anzcvs.org.au
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Scientists
## Appendix 1: Activity Log Summary (Template) By Species

<table>
<thead>
<tr>
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<th>SUBJEC: Veterinary Anaesthesia &amp; Analgesia</th>
<th>DATE: Jan 2018 -- Dec 2018</th>
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</thead>
<tbody>
<tr>
<td>Canine</td>
<td>13</td>
<td>2</td>
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<td>Feline</td>
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<td>Equine</td>
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<tr>
<td>Ruminants</td>
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</tr>
<tr>
<td>Captive/free ranging wildlife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exotic companion and lab ani</td>
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<td>0</td>
</tr>
<tr>
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<td>Cumulative total</td>
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## Activity Log Summary (Template) By Body System Category

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<tr>
<td>Respiratory system - upper</td>
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<td>1</td>
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<tr>
<td>Respiratory system - lower</td>
<td>7</td>
<td>0</td>
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<tr>
<td>Cardiovascular system</td>
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<td>0</td>
</tr>
<tr>
<td>Urogenital</td>
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<td>0</td>
</tr>
<tr>
<td>Head and neck</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Skin or reconstructive</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pancreatic and hepatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penneal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopies</td>
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<td></td>
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<tr>
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<tr>
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Activity Log Summary (Template) By Technical Procedure

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<td>direct arterial line</td>
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</tr>
<tr>
<td>central venous line</td>
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</tr>
<tr>
<td>PICC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>epidural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>epidural catheter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>urinary catheter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>difficult airway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tracheostomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>one lung intubation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional anaesthesia:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- blind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- using nerve stimulator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- using US guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current total</td>
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</tr>
<tr>
<td>Previous total</td>
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<tr>
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<th>3</th>
<th>4</th>
<th>5 Emergency</th>
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<td>accumulative total number</td>
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</tbody>
</table>
## Appendix 2: Anaesthetic Record Log (Template)

### Example of summary for 300 Anaesthetic Record Log - Veterinary Anaesthesia and Analgesia

Each page to be signed by Supervisor

<table>
<thead>
<tr>
<th>Date</th>
<th>Case num</th>
<th>Patient</th>
<th>Category</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
<th>ASA # add if emergency</th>
<th>Procedure</th>
<th>Drugs only</th>
<th>Induction (drugs only)</th>
<th>Maintenance (drugs only)</th>
<th>Complications</th>
<th>Outcome</th>
<th>Comment</th>
<th>primary anaesthetist</th>
<th>supervised</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/11/20</td>
<td>12345</td>
<td>DM</td>
<td>Respiratory</td>
<td>2 ya DM</td>
<td>asa1</td>
<td></td>
<td></td>
<td>methadone</td>
<td>propofol</td>
<td>iso</td>
<td>hypothermia</td>
<td>successful recovery</td>
<td>yes</td>
<td>Dr Sup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/1/20</td>
<td>12346</td>
<td>age 1</td>
<td>Respiratory</td>
<td>1yo m</td>
<td>asa2</td>
<td></td>
<td></td>
<td>ketamine</td>
<td>propofol cri</td>
<td>iso</td>
<td>hypoxia/bronchial</td>
<td>successful recovery</td>
<td>yes</td>
<td>Dr Do</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Example of Anaesthetic Record Log - Veterinary Anaesthesia and Analgesia

Each page to be signed by the Supervisor

<table>
<thead>
<tr>
<th>Date</th>
<th>Case num</th>
<th>Patient</th>
<th>Category</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
<th>ASA # add if emergency</th>
<th>Procedure</th>
<th>Drugs only</th>
<th>Induction (drugs only)</th>
<th>Maintenance (drugs only)</th>
<th>Complications</th>
<th>Outcome</th>
<th>Comment</th>
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<th>supervised</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>GNS system</td>
<td>CNS system</td>
<td>87</td>
<td></td>
<td></td>
<td>right lung</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Respiratory</td>
<td>upper</td>
<td>87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>hypoxia</td>
<td></td>
<td></td>
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- **Category**: Head and neck, Skin or reconstructive, Gastrointestinal, Pancreatic and hepatic, Abdomen - other (adrenal, spleen), Perineal, All "scopies", Orthopaedic.
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### Example of Activity Log - Veterinary Anaesthesia and Analgesia

Each page to be signed by the Supervisor

**Food Animals**

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<th>ASA # add if emergency</th>
<th>Procedure</th>
<th>Premed</th>
<th>Induction</th>
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<th>Complications</th>
<th>Outcome</th>
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Appendix 3: Cover page for Anaesthetic Record Log (Template)

This cover page must be signed by both the candidate and the supervisor/s and is a compulsory part of the Anaesthetic Record Log.

The anaesthetic record log must accompany the Credentials Document.

Name of Fellowship candidate in Veterinary Anaesthesia and Analgesia

This Anaesthetic Record Log contains details of at least 300 cases anaesthetised during Directly Supervised Training in Veterinary Anaesthesia and Analgesia of the above candidate. Indexed first by species and then by categories within species. We acknowledge that it is a true and accurate representation of some of the clinical and technical procedures that have been accomplished during training.

Signed:

 Supervisor ................................................................. Date ..............................

 Supervisor ................................................................. Date ..............................

 Candidate ................................................................. Date ..............................
Appendix 4: General Index for 300 Cases (*Template*)

SUBMISSION OF 300 CASE RECORDS

Candidates NAME

General Index

HORSE ANAESTHETIC CASE RECORDS

Total number of records: ###

## horses were part of an experimental study in ***, all other horses were clinical cases.

They were anaesthetised at

1. Institution 1
2. Institution 2

Division according to ASA category

ASA 1  ##
ASA 2  ##
ASA 3  ##
ASA 4  ##
ASA 5  ##

FARM ANIMAL SPECIES

Total number of records: ##

## animals were part of an experimental study, all other farm animals were clinical cases.

They were anaesthetised at

1. Institution 1
2. Institution 2
Division according to ASA category

ASA 1  ##
ASA 2  ##
ASA 3  ##
ASA 4  ##
ASA 5  ##

NON DOMESTIC SPECIES ANAESTHETIC CASE RECORDS

Total number of records: ##
All animals were clinical cases, except ## animals, which were part of a study.
They were anaesthetised at
1. Institution 1
2. Institution 2

Division according to ASA category

ASA 1  ##
ASA 2  ##
ASA 3  ##
ASA 4  ##
ASA 5  ##

DOG ANAESTHETIC CASE RECORDS

Total number of records: ##
All dogs were clinical cases.
They were anaesthetised at
1. Institution 1
2. Institution 2

Division according to ASA category

ASA 1  ##
ASA 2  ##
ASA 3  ##
ASA 4  ##
CAT ANAESTHETIC CASE RECORDS

Total number of records: ##

All cats were clinical cases.

They were anaesthetised at

1. Institution 1
2. Institution 2

Division according to ASA category

ASA 1  ##
ASA 2  ##
ASA 3  ##
ASA 4  ##
ASA 5  ##

INTENSIVE CARE CASE RECORDS

Total number of records: ##

All ICU cases were clinical cases and were treated by the candidate as first or second responsible clinician.

They were treated at

1. Institution 1
2. Institution 2

Division according to species

dogs  ##
cats  ##
horses  ##
DEFINITION OF ASA CATEGORIES FOR ANAESTHETIC RECORD LOG

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<td>ASA 3</td>
<td>patient with severe systemic disease</td>
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<tr>
<td>ASA 4</td>
<td>patient with severe systemic disease that is in constant threat of life</td>
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<tr>
<td>ASA 5</td>
<td>moribund patient not expected to survive with or without surgery</td>
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</table>

Animals were assigned an ASA grade before surgery.

List of Abbreviations for Anaesthetic record log

All surgical terms are listed in the “Index of Procedures” in English

Abbreviations used in the “Index of Procedures”
ACP         acepromazine

Abbreviations used in the Case Records
cri         continuous rate infusion

Drug abbreviations
(You may add additional drug abbreviations as needed)

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List of Drugs / Equipment for Anaesthetic record log

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### MAINTENANCE / INDUCTION

### FLUIDS:

### SYMPATHOMIMETICS/ PARASYMPATHOLYTICS/CHRONATROPES

### ANTIBIOTICS

### OTHERS:

### USED MACHINES AND VENTILATORS ETC.: