



|                |                          |
|----------------|--------------------------|
| Eyes Overnight | <input type="checkbox"/> |
| Case Transfer  | <input type="checkbox"/> |

## CVES Patient Transfer Form

EON \$200/night, Referral consult \$140

Once fully completed, please send with referred patient.

Referring Clinic: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Date: \_\_\_\_\_ RV Discharge Time: \_\_\_\_\_

### CLIENT DETAILS

|                     |                          |
|---------------------|--------------------------|
| Name: _____         | Surname: _____           |
| Phone Number: _____ | Secondary Contact: _____ |

### PET DETAILS

|                   |                |              |
|-------------------|----------------|--------------|
| Pet's Name: _____ | Species: _____ | Breed: _____ |
| Colour: _____     | Age: _____     | Sex: _____   |
| Desexed: _____    | Weight: _____  |              |

### CLINICAL DETAILS

|   |   |
|---|---|
| Diagnosis: _____  | History Attached: <input type="checkbox"/>                          |
| Lab work performed: Y / N - Information attached <input type="checkbox"/> | Imaging performed: Y / N - Images attached <input type="checkbox"/> |
| Diagnostics needed (transfers only): _____                                |   |
| Extra Information: _____  |   |
| Special instructions: _____   |   |

### MEDICATION REQUIRED

| Drug Name | Dose mg/kg | Route | Frequency | Last Given | Next Due | Supplied |
|-----------|------------|-------|-----------|------------|----------|----------|
|           |            |       |           |            |          |          |
|           |            |       |           |            |          |          |
|           |            |       |           |            |          |          |
|           |            |       |           |            |          |          |

### FLUID THERAPY PLAN

| Fluid Type | Additive 1 | Additive 2 | Rate in ml/hr | Supplied |
|------------|------------|------------|---------------|----------|
|            |            |            |               |          |
|            |            |            |               |          |

Nursing care plan: \_\_\_\_\_

TPR: Q4 / Q6      Recumbency Care: Y / N      Bladder Care: Y / N      Other: \_\_\_\_\_

Food: Y / N Type: \_\_\_\_\_ Frequency: \_\_\_\_\_ Water: Y / N      **NPO: Y / N**

Discharge Home: Y / N      Discharge Instructions Supplied: Y / N      Refer Back: Y / N

Meds to go home supplied: Y / N / None      Recheck arranged: Y / N / Not necessary

## Eyes Overnight Information Sheet

Eyes overnight (EON) is CVES' initiative to care for your patients overnight at a reduced cost in emergency so your treatment plan can continue overnight. Eyes overnight is only applicable for stable patients who have been worked up and have a treatment plan. The cost to the client for EON is **\$200/night** and EON is not applicable on the weekends.

We understand that sometimes things don't go according to plan. If an EON patient becomes unstable or requires additional diagnostics and treatments overnight, the case will be treated as a transfer. The client will be advised of any additional fees.

### Examples of patients that can be sent over to CVES as EON:

Post straight forward ex-lap (including late desexing, enterotomy with no complications)  
Blocked cats that has been unblocked with urinary catheter in place and is not azotemic or hyperkalemic  
Animals with gastroenteritis that have had bloods or radiographs done.

### Criteria for EON:

- Patients need to come with a hard copy of the history and completed EON form.
- Patients need to come with a thorough plan from the referring veterinarian including fluid rate and fluid type, medications including dose and when these medications are due.
- Medications need to be labeled clearly on the vial or syringes, with the drug concentration (in mg/ml). This also needs to be clearly written on the EON form, including when the last dose was given and when the next dose is due. Patients requiring ongoing intravenous fluid therapy have to come with IV catheter in place, fluid bags and fluid lines supplied.

We can provide opioid pain relief at \$80 per night so you don't have to send any opioid's with the client if you feel uncomfortable doing so.

If the patient is to be discharged home (instead of back to you in the morning), discharge instructions and medications to go home with should be provided. Our nurses will update the client on overnight progress in the morning but the referring veterinarian should have gone through discharge instructions before sending over the patient to us (including when you would like to see them for recheck).

### Examples of patients that do NOT fit the EON criteria:

- Patients whose condition may change despite being stable through the day, or patients requiring intensive monitoring.

Examples:

Post cardiac arrest care (ideally requiring multi-parameter monitoring and intensive observation)  
Moderate to severely anaemic or coagulopathic patients

Paralysed or tetraparetic patients

Patients who have needed oxygen through the day or with respiratory compromise

Patients requiring further work up that needs veterinary interpretation (eg. glucose curve and insulin doses, PCV/TP and blood transfusion, repeat abdominal radiographs in suspected FB obstruction).

**Thank you for your referral!**