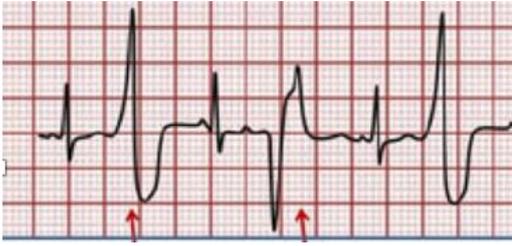




# IVNA eNewsletter



No. 2/2018

**SPRING ISSUE**

[www.ivna.ie](http://www.ivna.ie)

## Irish Veterinary Nurses Unite

*The IVNU is a working group of registered Veterinary Nurses formed to represent and work towards safeguarding the interests and welfare of Irish Veterinary Nurses in employment. Our aim is to improve pay and conditions for Irish Veterinary Nurses through the unionisation of the profession, seeking a fair and sustainable wage reflecting the legal and ethical responsibility the role of a Veterinary Nurse commands as well as seeking to improve current working conditions.*



### A Welcome Merger!

The IVNA and IVNU coming together to improve the working conditions of Veterinary Nurses nationwide.

#### Join Us!

IVNU have joined forces with the IVNA to embark on further developing our profession and standards of employment. To help us fight for Better Pay & Better Conditions, we need your help and support. Please join us by participating in our Upcoming National Professional Survey which is vital in assisting us achieve this goal. Look out for further information on this collaboration, survey links and campaign updates coming soon.

**Stronger together, Stronger than Ever!**

**JOIN OUR FACEBOOK GROUP AT**

[https://www.facebook.com/groups/136824773670830/?ref=group\\_header](https://www.facebook.com/groups/136824773670830/?ref=group_header)

## OUR CHARITY OF THE YEAR

# A LETTER FROM COMMUNITY CATS NETWORK

It is estimated that there are between 400 million and 600 million domestic cats in the world. The domestic cat is probably the only species of feline predator not to be on an endangered list today. The reason for this is the interest taken in them by humans. Unfortunately, that interest does not always extend to the welfare of the animal. In particular, very little attention is paid to the control of breeding. Cats are poly-seasonal and will mate and give birth to kittens all year round.

**The mortality rates for these kittens, and specifically feral kittens, is astronomical. While no official figures are available, animal welfare organisations put the numbers up to around 90%.**

It was to alleviate this suffering that Community Cats Network was formed by three individuals in 2012. Community Cats Network, or CCN for short, was established following intensive research into different animal welfare models. In Ireland there are three basic models: sanctuary, rescue group and, the least common, Trap-Neuter-Return.

It was felt by the founders of CCN that the latter method was the most effective in terms of the resources employed to achieve a significant result.



Initially, when CCN began its operations, there were two primary geographical areas of operation: West Cork, managed by Maggie Dwyer, and East Cork, run by Emilie Peneau. A phone was purchased for each region and immediately the calls began to flood in. It quickly became apparent that there were many people in dire need of help and who were eager to avail of CCN's services. Both Maggie and Em spent long days out on farms and in communities trapping and transporting cats to and from our partner vets.



*Farm cats in Timoleague*

CCN operates according to a set of pre-agreed policies and procedures. These cover every possible aspect of TNR work. Topics covered include euthanasia policy, veterinary protocols, transport and holding and care of feral cats. All policies were discussed before the organisation began to operate and any difficulties were thrashed out over a series of meetings. Many welfare groups tend to skip, or gloss over, these aspects and this can lead to difficulties down the line. TNR volunteers, especially those that go out into the community to do the actual trapping, are primary decision makers. These are the people who have to decide within minutes the "how and why" of the realities of the cat colonies they are dealing with. The policies and procedures are guidelines that provide a working framework and support for the individual trapper.

**One of the most important facets of animal welfare is the relationship the welfare organisation builds with the veterinary profession. And within the veterinary profession the real work is done between the veterinary nurse and the individuals involved with the welfare organisation.**

The veterinary practitioner will perform the surgery and give advice, but it is the veterinary nurse who deals, hands on, with both the welfare group and animals. It is not at all unusual for CCN volunteers to arrive at the surgery with 20 feral cats for neutering. In busy surgeries this number of cats can cause chaos. CCN relies completely on the professionalism of the veterinary nurses.

Through the simple expedient of casual conversations, times can be arranged that suit both CCN and the surgery. It is in CCN's interest that the cats are dealt with quickly, humanely and with due regard given to their wild nature. It is within the surgery's interest that they are not suddenly presented with a clutch of feral cats in the middle of a busy day. To facilitate the smooth operation from both perspectives, CCN provides the veterinary surgery with a complete set of policies and procedures. These include the handling of the cats, the procedures to be performed, the types of drugs to be employed and what general health checks should be carried out. These requirements are always discussed with the relevant surgery beforehand. For instance, all CCN neutered cats are ear-tipped on the left ear, which is the internationally recognised symbol of neutering. They also receive a thorough health check, as well as flea and worm treatments. From initial trapping through to release the entire process normally takes between 36 and 48 hours.

CCN volunteers will be present at the IVNA Congress and will be happy to answer any questions or concerns you may have in relation to the issues raised here.

**In the six years of its existence CCN has dealt with close to 5,000 cats. Although this number represents a huge achievement for the volunteers of CCN, it is only a drop in the ocean when compared to the numbers of**

**unwanted kittens born to suffer and die in Ireland every year.**

But as the organisation grows and more veterinary surgeries come on board, greater inroads are being made annually. Trap, Neuter, Return, is the most efficient and humane method of dealing with this country's massive cat overpopulation problem. It is truly at its most effective when cooperation between welfare organisations and veterinary professionals work seamlessly.

CCN would like to thank the Irish Veterinary Nurses Association for the honour of choosing us as their animal welfare charity of the year. Your recognition and support mean so much to this nascent welfare organisation. We hope, in the months and years to come, to meet you all in person and to work with you on a professional basis to end the unnecessary suffering amongst Ireland's forgotten cats.

Thank you,

*Maggie, Emilie and Jim*



*Maggie, Emilie and Jim on their way to TNR a feral colony on Cape Clear*

**Please help COMMUNITY CATS NETWORK**

**DO YOU HAVE €2 TO SPARE?**

**Text NEUTER to 50300 to donate €2**

**DO IT NOW! 😊**

## NURSING FEATURE

# Identifying Cardiac Arrhythmias

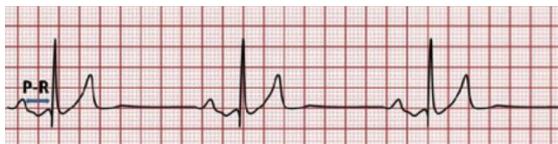
by Louise O'Dwyer MBA BSc (Hons) VTS  
(Anaesth. & ECC) DipAVN

Cardiac arrhythmias can be atrial or ventricular in origin, and are common cardiac emergencies. Arrhythmias may occur in bursts, episodes, or be sustained for long periods of time. Depending on the type of arrhythmia, treatment will vary and the rapidity and criteria for treatment will vary. We will look at some common arrhythmias by dividing them into two categories: Bradyarrhythmias (arrhythmias with a slow rate) and tachyarrhythmias (arrhythmias with a fast rate)

### Bradyarrhythmias

#### **First Degree Heart Block**

1st Degree Heart Block is caused by prolonged conduction through the A-V node, resulting in a prolonged P-R interval. This may be normal for the patient, and is rarely treated unless the patient is extremely bradycardic. The patient is responsive to treatment using atropine and glycopyrrolate. This arrhythmia can be associated with drug therapy, and is also seen in hyperkalaemic patients.



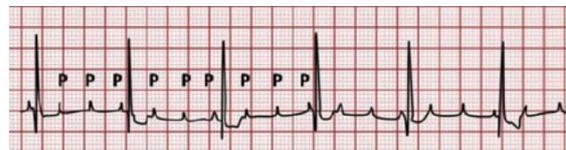
*First degree heart block*

#### **Second Degree Heart Block**

2nd Degree Heart Block comes in two forms; 1) Mobitz Type I, and 2) Mobitz Type II. Of the two, Mobitz type II is the more serious condition. Mobitz Type I is often a transient condition often seen when a patient has increased vagal tone (abdominal pain, vomiting) and is often seen after an insufficient dose of glycopyrrolate. Characteristics include: lone p-waves without an accompanying QRS complex, and a slightly

longer P-R interval following the blocked beat. Type I is responsive to glycopyrrolate or atropine, and will resolve immediately. It is also known as Wenckebach.

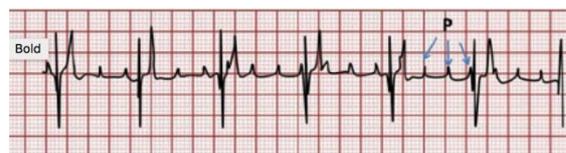
Mobitz Type II is a potentially more serious condition where again, there are lone P-waves without an accompanying QRS complex (which may occur in multiples) and a consistent P-R interval. It can lead to severely reduced cardiac output if the ventricular rate is very low, and is NOT responsive to atropine or glycopyrrolate. This condition may require a pacemaker placement.



*Second degree (Mobitz Type II) heart block*

#### **Third Degree Heart Block**

3rd Degree Heart Block has a somewhat similar appearance to 2nd Degree, Type II, often with multiple P-waves before a QRS. The difference is that the P-waves have no association with the QRS complex, so the QRS's appear at random. The QRS's that do appear are called escape beats, and are initiated from foci within the ventricles. This rhythm is usually not responsive to atropine, and most often requires placement of a pacemaker.



*Third degree heart block*

### Tachyarrhythmias

#### **Atrial Fibrillation**

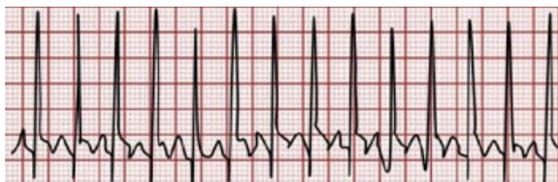
Atrial fibrillation results when many foci fire repeatedly within the atria. This gives the characteristic undulating baseline. The activity of the atria causes increased ventricular firing, resulting in a rapid ventricular rate with an irregular rhythm. Atrial fibrillation is typically seen in disorders causing atrial dilation, such as cardiomyopathy.



*Atrial fibrillation*

### **Supraventricular Tachycardia**

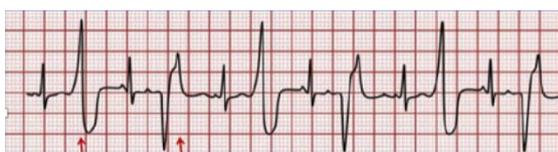
As the name implies, this arrhythmia occurs above the ventricles so originate in the atria. Supraventricular tachycardia is caused by ectopic foci within the atria. The complexes can be very tall and narrow, and often it is difficult to discern P and T waves and there is often a single wave between QRS's that encompasses both the P and T-wave. Supraventricular tachycardia can be an extremely rapid rate, often in the high 200's to 300's. It is caused by bursts of premature atrial contractions (APC's) that can be transient or sustained. When sustained, cardiac output is severely compromised, and patients can deteriorate quickly. Supraventricular tachycardia may be broken by increasing vagal tone, i.e. performing "vagal maneuvers" such as carotid sinus massage or putting pressure on the eyeballs. Calcium channel blockers such as diltiazem are often administered to break the supraventricular tachycardia.



*Supraventricular tachycardia*

### **Ventricular Premature Contractions**

Ventricular premature contractions (VPC's) are premature beats that originate from foci within the ventricles. Multiple foci will lead to VPC's with different structure, termed multifocal VPC's.

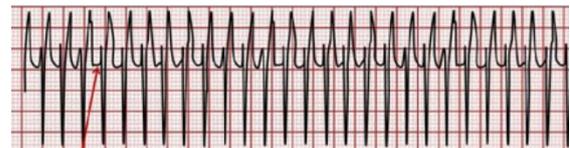


*Ventricular premature contractions*

VPC's are usually followed by a pause, before the next sinus beat. Therefore the R-R interval of the sinus beat to the VPC is shorter, than the R-R of the VPC to the following sinus beat. VPC's can be caused by heart pathology, myocardial hypoxia, following myocardial trauma (common following RTA's), they can be associated with pain, acidaemic states, and the use of some drugs. Typically, VPC's are treated with lidocaine.

### **Ventricular Tachycardia**

Ventricular Tachycardia is defined as runs of 3 or more VPC's in a row. This is a very common arrhythmia in veterinary patients. It is rapid, often between 150-300 bpm.



*Ventricular tachycardia*

V-tach is characterized by wide, bizarre QRS complexes, without an obvious P-wave. The rhythm is usually regular, and there is usually marked reduction in cardiac output

## **Upcoming IVNA events**

# **CONGRESS Sunday booked out!**

We've had lots of delegates registering for our first Dublin Congress and the Sunday practical sessions are already full! We do apologise if anyone has been disappointed but unfortunately we do have to cap numbers so that delegates get a more personal experience.

**EARLY BIRD RATES ARE AVAILABLE TILL 15<sup>TH</sup> APRIL – CONGRESS SATURDAY MEMBERS RATE €70 (6 CVE Credits)**

## Other news

### IVNA Awards

Nominations for the IVNA Awards 2018 opened in December and we are grateful as always to our sponsors, Royal Canin sponsor of the Veterinary Nurse of the Year, Allianz sponsor of the Student Veterinary Nurse of the Year and Bayer sponsor of the Practice Manager of the Year, which is a new category this year.

The response has been good although many nominations were made with only the nominees name and category but no explanation as to why they should win an award. Unfortunately, in spite of being contacted to complete the nomination very few nominators responded.

The list of nominees is currently being shortlisted by the committee and **the three shortlists will be sent to the sponsoring company who will select the overall winner.**

Thank you to everyone who took the time to make a nomination.

### New IVNA Student-liaison Officer

**The IVNA committee are delighted to welcome Jane Tyrrell RVN who joins us as our new Student-liaison Officer**



Jane has been working in small animal practice exclusively since qualifying as a veterinary nurse in 2010 and has a keen interest in surgical nursing and wound management. She graduated from St. Johns Central College and in 2013 she returned to education to complete a post-grad in Veterinary Physiotherapy. She works part time as a veterinary nurse and as a small and large animal veterinary physiotherapist. She is hoping to return to complete her masters thesis in physiotherapy and education at Nottingham Vet School in the near future.

In the past Jane bred Sport horses and competed in show jumping. Nowadays she focuses her time at home on her 3 dogs and breeding rare breed Kerry Bog Ponies.

Jane is excited to be on the IVNA committee and to take on the role of student liaison officer and become a point of contact for students with the IVNA should any issues arise that they need advice on.

Contact Jane at [student-liaison@ivna.ie](mailto:student-liaison@ivna.ie)

### Committee appeal: We need your help!

**Are you passionate about the veterinary nursing profession?**

**Are there things you would like to see happen?**

**Do you have a few hours a week to spare?**

If you can answer yes to these questions why not seek a nomination to the IVNA committee? Nominations for the committee are open until April 14<sup>th</sup>.

The committee for 2017-18 was reduced to four at one stage, all of whom have given at least 4 years of service. We have since recruited two new members but currently have no Secretary or Public Relations Officer which are both vital roles. The committee are trying to cover both of these positions as best we can but in particular we're sure members have noticed the lack of social media posts. If

we don't have more members stepping forward, there is a real danger that the IVNA might cease to function, as some of the current committee may not be in a position to seek a further term in office.



*Current committee at Congress 17. L to R: Lisa Joyce (Chair), Ciara O'Kelly (Committee), Eilis Nichol (Treasurer) & Lorraine McDonnell (Vice-chair & temp. Secretary). Not included in photo Orlaith Farrelly (Committee) & Jane Tyrrell (Student-liaison).*

If you or someone you know has been a full member of the IVNA for at least 1 year (or will be by the date of the AGM May 12<sup>th</sup>) you are eligible to become a committee member. If you or they would like to stand for election to the committee, just submit the name and IVNA membership number to [treasurer@ivna.ie](mailto:treasurer@ivna.ie) and we will be in touch with further details. You can also contact Eilis at the same email address for more information on what's involved.

## Competition

2018 is the Chinese Year of the Dog and to mark this we are having a canine based competition. All you have to do is to correctly identify the 7 breeds, take the first letter from each and arrange them to make up the name of a commonly used surgical instrument.

When you think you have the correct answer **email the 7 breed names and the anagram answer to [administrator@ivna.ie](mailto:administrator@ivna.ie)**

Closing date is midnight on Friday 20<sup>th</sup> April and the winner, who will be selected at random, will receive a €50 One4All voucher.



*Congratulations to Robyn Perry RVN winner of our last competition, the signed copy of Pete the Vets recent book 'Pet Subjects'.*

