

# RIG'S PRACTICE VN GUIDE



*A useful aide-memoire for  
practices employing a new  
locum veterinary nurse*



*You may be accustomed to using locum vets to fill busy periods or to cover for holidays, but employing a locum veterinary nurse (VN) carries some different pitfalls.*

### **The role of a VN at your practice**

A veterinary surgeon's job is much the same from practice to practice – examining and treating animals and charging for it. A VN's role varies far more. Some practices use their VNs to the limit of what is legal; doing minor surgery, taking responsibility for in-patients, maintaining anaesthesia, administering second vaccinations, running obesity clinics, puppy parties and much more. Others use them just to answer the phones, mop the floors and clean the kennels.

Will they be expected to be on call? Will they be required to work alone in sole charge of in-patients at any time? The first thing that you need to decide is exactly what you want your locum VN to do and what you don't, and make sure that the person you choose to employ is willing, competent and legally able to do what you want.

Once veterinary nurses have passed their exams and qualified, they may enter the RCVS List of Veterinary Nurses. This requires an initial fee then an annual retention fee if they are to remain Listed. Only Listed VNs (this includes the old List and the new non-statutory Register, discussed in the next paragraph) are entitled by law to give animals medical treatment, and carry out certain minor surgery, under veterinary direction. If you want your locum VN to be able to carry out these "Schedule III" tasks, you need to make sure that he or she is currently Listed or Registered. You can check this on the RCVS web site or ask the locum VN to produce his/her current RCVS registration card.



## The Register of VNs

The non-statutory (ie voluntary) Register of Veterinary Nurses was introduced in September 2007 and all newly qualified VNs now enter this rather than the old (unregulated) List. VNs on this Register can call themselves Registered Veterinary Nurses (RVNs) and their registration demonstrates that they are keeping their skills up-to-date and accounting for their professional conduct. RVNs are required to complete an average of 45 hours of CPD over a three-year period and must also follow the Guide to Professional Conduct for Veterinary Nurses. If things go wrong, a disciplinary process, similar to that for veterinary surgeons will be in place from 2010.



## Having the correct credentials

Are they who they say they are? There have been cases of identity theft, where unqualified people have obtained locum positions as veterinary surgeons using the name and registration number of a genuine person and there is no reason to suppose this could not happen with VNs. So if anything they say or do strike a false note, it might be worth trying to find someone who can verify their identity.

Lastly, just keep in the back of your mind that life as a locum can be a good cover for someone addicted to the contents of your dangerous drugs cupboard, as they are not in one place long enough for odd behaviour, mood swings and stock shortages to be noticed and any previous employer, who did develop any suspicions, may well have decided simply not to employ them again, rather than make what could be mistaken allegations.



## A uniform approach

What uniform do you want them to wear? If you are going to provide it, what size are they, and do you have at least two sets (preferably three) clean and in good condition? Do you want to get them a practice name badge (make sure you know how to spell their name correctly) or are you happy for them to use their own?

## Provide useful information on your practice

If you want your locum VN to work within your practice team as you would like, it is worth taking some time to prepare, to give him/her the tools needed to do the best job for you that they can. Investing a little time and trouble in a proper induction, advising on what you would like him/her to do rather than expecting him/her to know, as if by magic, is time well spent.

Make sure that they know well in advance what hours they will be expected to work, including any on call rota.

If you want them to interface with your clients at all, either working behind the reception desk or leading puppy parties or obesity clinics, they need to know your practice protocols for the sort of things that clients regularly ask about. Do you finish your puppy vaccinations at ten weeks or twelve? Do you ask that your surgical cases be starved from 6pm, 8pm or midnight the previous evening? Will you issue a repeat prescription if the patient has not been seen for three months, six months, twelve months? Which brand of flea spot-on and wormer do you prefer and where



are the dosage charts for each if they aren't familiar with them? What does practice policy allow them to dispense themselves and what requires a veterinary surgeon's authorisation? The answers to these questions and many others vary widely. If they will be dispensing drugs, they will need to know how you organise the contents of your pharmacy shelves: are products in alphabetical order of current brand name, or do you use some other less obvious system?

If they will be working in the operating theatre, they will need to know which anaesthetic protocols do you prefer? Do they calculate the dosages and draw up the drugs themselves or is that the veterinary surgeon's job? Do they maintain anaesthesia (alter the percentage of gas according to the vital signs observed) or simply monitor and report their findings to the surgeon? Or what is the procedure for admitting and discharging patients?

Try to make sure that somebody, yourself or a senior nurse, can find an hour or so to spend on an initial induction session with your new locum VN on arrival to give him/her a tour; an introduction to practice personnel and to

answer the questions that they will have. Ensure that the nominated person is fully briefed on what is expected of him/her.

Think about giving the new locum VN a crib sheet covering the basic questions, but something tailored to the job that he/she will be doing – if working exclusively as a theatre nurse, he/she won't need to know your puppy vaccination schedules.

## Help at hand

After the induction, it's a good idea to ensure that they are working with an experienced member of staff for at least the first half day: veterinary surgeon, VN or receptionist, depending on the job they will be doing. On day one in a new practice, they don't know practice policy on *anything*, where to find *anything*, what paperwork you want when admitting a patient for a drip, or how to work your blood biochemistry analyser. Until they find their feet, even the most experienced and competent locum VN will be able to work far faster working alongside someone who knows your practice systems.

If you have several branches where they will be expected to work, good maps of how to get to each and where they can park will be invaluable. In addition, if they will be staying locally in a practice flat or b&b, but are not familiar with the area, a sheet of notes on local pubs, cinemas, restaurants, take-aways and supermarkets is a friendly gesture that will help them to feel welcome.

If you are providing a flat or a car, think about doing a quick scan around together with the locum and noting any damage before they take possession. Arguments at the end of a placement about whether they caused that dent or if it was there before they arrived can cause quite unnecessary bad feeling, so make sure that there can be no doubt. Make sure that they know well in advance exactly what you will be providing and what they will need to bring for themselves, for example, towels, bed-linen, basic kitchen supplies. It is also only courteous to make sure that they know if they will be required to share the accommodation.

**The need for the occasional locum is a fact of life in most practices. A little advance preparation can help to ensure that everything runs smoothly and that your locum VN doesn't cost you a good deal more than their fee.**

*If you need a locum veterinary nurse, then give us a call on 01392 332858 or email us on [info@rigvets.co.uk](mailto:info@rigvets.co.uk)*



# Checklist for small animal practice

This small animal checklist is intended to give you some things to think about when writing your own. You may not want to include some of the items here, or you may have others that your own experiences prompt you to add.

## For nurses working on reception or with clients

- Vaccination schedules
  - Do you give the same dog vaccine every year, or DHP only every two or three years?
  - Do you give KC and/or rabies vaccines at the same time as a booster?
  - At what age does your practice finish puppy vaccinations?
  - Do all cats get an FeLV vaccine as well as 'flu and enteritis, or do the owners get the choice?
  - Does your practice vaccinate rabbits against Myxomatosis and VHD at the same time or separately?
- What is your practice's preferred minimum age of neutering for each species and gender?
- How often do you want to see patients before refusing to issue repeat prescriptions?
- Which brand of flea spot-on, and where is the dosage chart?
- Which brand of wormer, and where is the dosage chart?
- Which brand(s) of prescription diet?
- Waste disposal: what goes in which bins?
- Are there any nurse-led clinics (obesity, training, dental care, noise-phobia etc) that a locum VN should be referring suitable clients to or leading him/herself?
- Any current promotions, such as a vaccine amnesty or a discount for prompt attendance for boosters?
- Give quick tour of the computer system if it isn't familiar to the locum
- What uniform should the VN wear?

## For nurses working in the operating theatre or with in-patients

- Does the vet or the nurse admit animals for surgery?
- Is a pre-med given on admission or afterwards?
- What are your practice's usual anaesthetic protocols?
- Does the vet or the VN calculate the dosages and draw up the drugs?
- Does the vet or the VN induce anaesthesia, intubate the animal and clip it prior to surgery?
- Does the VN maintain anaesthesia (alter the percentage of gas according to the vital signs observed) or just monitor it, advising the surgeon of their findings and taking instruction as to the percentage of gas to give?
- Is the surgeon or the VN responsible for monitoring the patient post-operatively, before and after extubation?
- Does the surgeon or the VN discharge the patient?
- Does the VN ring the client when the patient is ready to collect or does the client ring the practice at a pre-agreed time?
- Does the vet or the VN place i/v catheters and drips?
- Does the vet or the VN perform dental scale and polishes?
- Waste disposal: what goes in which bin in the surgical suite?
- For any of the tasks on the list above, is the locum nurse legally qualified and happy with her competence to perform them?
- What is the system of ward-rounds for the care of in-patients?
- To whom does the locum VN report if he/she is not happy about an in-patient's condition or has problems with its care or medication?
- If locum VN is in charge of in-patients overnight, how does he/she get in touch with a veterinary surgeon if he/she is not happy about a patient? Or in an emergency?
- What uniform should the VN wear?

## Duties

Tick those tasks on the list below which you would like your locum VN to be able to do, and make sure in advance of her placement that she is competent, willing and legally able to do them:

### General areas:

- Surgical nursing
- Medical nursing
- Intensive care nursing
- Reception duties
- Consulting (second vaccinations, suture removals, obesity clinics, etc)
- Cleaning
- On call
- Overnight supervision of patients

### Specific tasks:

- Admitting and discharging surgical patients
- Calculating doses and administering pre-meds
- Inducing general anaesthesia
- Intubating
- Maintenance of anaesthesia (altering the percentage of gas according to the vital signs observed)
- Monitoring of anaesthesia (noting the vital signs, reporting them to the surgeon and changing the percentage of gas as instructed)
- Scrubbing-in to assist with surgery
- Performing minor surgery
  - Suturing
  - Removal of small lumps
  - Dental scale and polish
- Giving i/v injections
- Placing i/v catheters
- Taking blood samples
- Radiography
- Cleaning and care of endoscope
- Cleaning and care of ultrasound machine
- Cleaning and care of high-speed dental engine
- Running obesity clinics
- Running dental clinics
- Running puppy parties
- Running any other specific clinics
- Suture removal
- Second vaccinations
- SQP for the purpose of dispensing NFA-VPS drugs (if you don't understand the question, the answer is no!)?

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