

Graceful Euthanasia: Unleashing Light and Grace into Their Final Moments

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If you started out in general small animal practice like me, you may have become overwhelmed with the sheer amount of euthanasias you were doing per week. It seemed like the lifesaving moments came but once every 4-5 months and the deaths came daily. Which this is true, most veterinarians will find themselves in a euthanasia appointment at least once every couple of days.

There was one week in particular where I had reached 11 euthanasias in only 5 days. I was mentally exhausted and was not sure that I could perform another one. That's when I knew something was not right in my view of euthanasia. I was placing the burden, the emotions and even the decision on myself, and none of those are meant for me to bear.

We as veterinarians need to think about how we view euthanasias and how that view impacts us. We need to see the truth behind euthanasias and realize that they are a valid treatment option for suffering pets and are not failures on our part. If you do your best to try and save a pet, and have communicated effectively with the client, yet they still choose euthanasia, it is not your fault! You did the best you could and in the end, the pet is still relieved of all suffering.

I was also wrong in viewing euthanasias in such a negative light. The truth is, it is an honor to assist clients and their pets during this process and not a burden. You are entering into sacred space. Think about it: usually it's just the family who is present. Sometimes it is just one person. Rarely do we see other friends or loved ones around. Yet, you are right there with them in this moment of time that will impact them the rest of their lives. This is not to be taken lightly but is to be viewed as an honor to partake in such a sensitive time.

I also think that you should care deeply during, be empathetic, allow time for YOUR mourning, then LET IT GO! It is not your burden to carry. Find relief and reward in knowing that you allowed that pet to pass without suffering and to truly rest in a dignified, peaceful way.

I also want you to be aware that euthanasia is a skill both technically and emotionally. We receive little to no training in school about this procedure which we do at least weekly. Please give yourself grace and time to become skilled at it and do not get down on yourself at the beginning if you are finding it challenging to "find your groove".

My Preferred Method for a Euthanasia:

- 1. "Small Talk"
- 2. Sedation
- 3. Mirroring
- 4. IV injection of Fatal Plus
- 5. Offer grieving space
- 6. "Take Care"

I will start off with "small talk and say something like this, "Hi, I'm Dr. Heidi and I am sorry to meet you like this. I can see Fluffy isn't doing so well..." I keep my tone quiet and compassionate and this offers them a chance to explain why they are euthanizing. This also reduces the perception of a "rush". I also always give them the option of not staying with for the process. Some people really do not want to stay

but are afraid you will judge them if they leave. Bringing this up can be a big relief to some people who never want the image of their pet being dead in their minds.

Next, I explain the process by saying that the first “medication” (kinder word), “may feel just like a vaccine. Fluffy may have some choice words for me but...” This helps take the edge off if the pet does respond to your sedative injection. I also let them know that the first medication will take about 10 minutes to fully take effect, all the while they can be petting or holding their animal. I let them know that even though they are going to be getting sleepy, they still know they are there. Then, I tell them that the final medication is an overdose of anesthesia, that it really does just make the mind numb so that they fall right asleep.

I do offer up some warnings as to what we may see during the process. It really is patient dependent as far as what I talk about. If it's an arctic breed, then I make sure to tell them that there may be more vocalization and explain that's just what makes them special. If the pet is in the active dying phase, I may warn owners that the 2nd medication administration may take longer since their little veins may be fragile. That way, if it does happen, they will not become nervous. In pets who have heart failure, I do warn them about the potential of fluids coming from the nose afterwards.

For most euthanasias, I try to keep my warnings simple and stick to the fact that the pet will not close his eyes, his bladder may express, and he may have a few twitches on his muzzle or side that is part of the nerves releasing their last bits of energy. I explain this is all normal. If the animal does not seem to be sedating as much as I would have hoped, I will warn them about the potential of a “last breath” by explaining that there may be a reflex of the lungs producing a big breath at the end. I assure them that if it happens, the pet has already passed and is not feeling a thing that his body is doing. Be careful not to overload your clients with too much detail or medical terms as this would increase their fears and anxieties about euthanasia.

My Sedation Protocol

My Protocol includes a SUBCUTANEOUS injection for a pre med for dogs. Dr. Kathleen Cooney did a study at her home euthanasia and hospice service called “Home to Heaven” and found that dogs who were sedated with Telazol SQ only took 1 minute longer to become fully sedated as those who were given an IM injection of the same dose. IM injections tend to be more painful and I have found less reactions to the injection by giving it SQ. In cats, I generally do IM slowly in the rear leg.

My Euthanasia Sedation Protocol*

Cats: **Telazol** 0.35 or 0.4mL/cat plus 0.05ml **Torb** IM

Dogs: combination

Dogs 0-25 pounds : **Telazol**: 0.3ml/10#, **Torb** 0.05ml per pet

Dogs 25-40 pounds: **Telazol** 0.3ml/10#, **Torb** 0.05ml/10# +/- **Ace 0.05ml/10#**

Dogs over 40 pounds: **Telazol** 0.2ml/10#, **Torb** 0.08ml/10#, **Ace** 0.05ml/10#, **Xylazine** 0.04ml/10#

All placed in one syringe and given SQ, I will stay with the pet until it lies down (to catch if need be), then leave to pull up the IV injection.

Takes about 10 minutes for pet to become fully relaxed

*Telazol 100mg/ml, Torb 10mg/ml, Ace 10mg/ml, Xylazine 100mg/ml

***mastiffs or aggressive dogs, use at least minimum 2.0ml torb. I tend to round up on torb with all dogs especially if not super sick (arthritis related issues etc).

I will stay with the pet until it lies down (to catch if need be), then leave to pull up the IV injection. As the pet starts to lay down and become sedated, I warn owners about tongue sticking out by telling them that it may happen if the pet becomes super relaxed. Most dogs do stick out their tongue which helps the owners feel comforted that their pet is extremely relaxed.

Ten minutes while waiting for full sedation can feel like a long time! This is when I mirror the Family's emotional state: If they are wailing and very upset, then I am silent and focused on the pet and giving them tissues. If they are quiet but ok, I ask about the pet. If they are sharing stories and laughing, I laugh too and ask them questions about those adventures or memories. Once the palpebral reflex is slowed/gone, I say "I think Fluffy is relaxed enough for the second medication, I will be right back". I then leave to draw up the second injection. I also have a tech go in and give pet a "pillow" which is just a clean rolled up towel. This adds a nice compassionate touch that owners really appreciate. Plus, it helps wick up any drool!

Euthanasia solution dose:

Fatal Plus is my preferred solution since it's not as thick as other solutions. However, I am still careful to use luer lock syringes to avoid any pressure leakage.

Dose: dog/cat 1ml/10 pounds IV

Add in propofol: 1 ml for cat, 2 ml for medium dog, 3 ml large dog

My preferred veins are as follows:

Dog: lateral saphenous (back leg)

Cat: medial saphenous vein (inner back leg), cephalic, or intrarenal (more to come)

You can use tourniquets if you do not have a technician to help hold off a vein. They can easily be placed on a forelimb, but can also be placed just above the knee in a hindlimb. Just make sure to use the smaller material type tourniquets since the large rubber ones tend to roll down.

I was trained on injecting the euthanasia solution with just the needle and syringe IV. It is also important to INJECT SLOWLY!!!! 0.1ml per second (slow helps avoid dying reflexes/twitches). It has bene about a year since I started injecting Fatal Plus slowly, and I have had almost no agonal breaths or adverse reactions.

Next, I listen to the heart and I let the owner know he has passed once it stops. I make a paw print and give to owner. I pause for a while and feel the family out to see if they are going to rush out or if they may want some time. If they seem to want time, I will offer to step outside while they take all the time they need to say goodbye. Most do not want more time, but I want to make sure I offer it for those who may need more time.

I usually leave with the same phrases: "I'm really sorry for your loss of Fluffy. I know you did the best thing for him but I know it is not easy...Take Care." It is in our human nature to say, "Have a good day!" Please hold back as much as possible not to say this as it sounds callous and cold.

Adverse Reflexes

Confidence is key! If you have any reflexes that you think may make your owners nervous, explain them as they happen with confidence. The more you are cool, calm, and collected, the more at ease your owners will be.

During Sedation Scenarios:

If the pet needs more sedation: explain that this is normal and some pets require a little extra

If the head starts bobbing/side to side: explain this is normal and only lasts a few minutes followed by relaxation

If there is a seizure: explain his body must be really sick and this is manifestation of it, then reach for propofol/diazepam or midazolam

Post Mortem:

If there is an agonal breath: explain this is a normal reflex of the lungs during passing

If there are small facial/side twitches: He has already passed, this is a normal reflex of the nerves releasing final energy

If there is stretching: explain this is a normal reflex and he has already passed

Troubleshooting: Injections

Sedation: You may run into some issues with animals who are obese especially in cats. I will tend to shoot for IM in these cases as SQ does tend to last a bit longer in pets who are obese. I also give IM sedation injections to pets who are too skinny for sq. There have been instances where I have had to give a second injection because I shot straight through the pet. This can be avoided mostly by aiming IM.

IV Fatal Plus Injections: It is ok to warn owners about the possibility of taking a little time to give the injection. You can tell them that their pet is very sick and their veins are tiny and fragile. This assures the owners that they have made the right decision and also let's them know that you have a plan if a vein blows.

I typically start with my favorites but then will go to the following:

Dogs: cephalic, dorsal pedal....flip, saphenous, cephalic, dorsal pedal

Cats: medial saphenous, cephalic (for fat cats)

KEY is to stay confident and explain to owner this is normal.

Troubleshooting: Aggression

Always be safe and use a muzzle as needed. Also make sure owner is aware that as pet is becoming more sedate, they may not be seeing clearly or know who is who. This is to try and make sure they do not get bit if they startle their own animal as it is sedating.

Other Techniques for Euthanasia Solution Administration (Cooney, 2016)

Intracardiac: Can tell owners that you are going to be giving an injection into a "large vessel in the chest". Can shield them from the injection with a towel or your hand. Locate the intercostal space 4,5 or 6 or use your stethoscope to hear the heart and aim for where you hear it the loudest. Place your syringe perpendicular to the chest and use a long needle. If you get negative pressure, this means the tip is in the myocardium so redirect. You can push in the solution you have and then drawn up more. You do not need to tell people how many injections you are going to give. You can just tell them something like, "I'm going to give what I need right here".

Dose: 1ml/10pounds

Speed: fast under 2 minutes

Requires heavy sedation/anesthesia

Intrahepatic: This technique is good for smaller dogs and cats under 40 pounds. These can be unpredictable and may take a little longer: usually 2-5 minutes. Inject on either side of the xyphoid process and direct the needle cranially at a 45 degree angle. You should see some changes in breathing within a few minutes if you truly did hit the liver.

Dose: 2ml/10pounds

Speed: slower, about 5 minutes

Requires heavy sedation/anesthesia

3. Intrarenal: this is one of my favorites in really skinny cats with tiny thread like veins. You can inject either kidney but for people who are right handed, it is usually easiest to have cat laying on the right side as I am able to reach and isolate the left kidney. You may notice a few deep breathes as the solution goes in, but then breathing stops pretty quickly.

Dose: 3ml/10 pounds

Speed: fast 2-3 minutes

requires heavy sedation/anesthesia

4. Intraperitoneal: this is an injection into the abdomen and does not require any pre medication or sedation. This does take longer: 45 minutes or more and you have to be careful not to inject into the spleen or cancerous masses.

Dose 3ml/10 pounds

Speed: slow up to 45 minutes

no sedation required

It will increase your confidence when you know that you have other options besides IV just in case all the veins seem to be bad.

Other methods besides straight off the needle IV administration of euthanasia solution include placing an IV catheter or using a butterfly catheter. I still recommend using a sedation injection prior to both of these for patient comfort and ease of administration for you.

Sometimes owners want us to euthanize pets in some different locations that just in the home or in the clinic. The following are some tips I have learned throughout the years.

- In the car: use tourniquets and do not be afraid to ask for a muzzle, ask for more space, or to move the animal so you are safe and you can easily administer the medications.
- In the back of the truck: make sure you keep the animal from trying to jump down!
- In dimly lit rooms: use the lighting on your phone or make sure to carry a small lantern type light that you can set next to you. If you forgot one, most owners are more than willing to provide you with one.
- Outdoors: there are so many distractions outdoors. I usually increase my Telazol dose to 0.45ml/10 pounds. I have had many outdoor euthanasias last a long time because just as the pet is laying it's head down, a loud car goes by that he thinks he needs to chase!
- When there is a crowd: be confident and make sure you talk to them about where you will be so that they know they need to make room for you
- In a lap: small dogs or cats it is usually best to place a catheter with an extension line so the owner can hold the pet without you having to be right on top of them. In cats, I have also done intrarenal and that works pretty well. Make sure to offer a "Pee pad" to place under the pet just in case.

Euthanasia is a procedure that we will likely perform every day and we received hardly any training on it in school. I hope this has helped you become more confident in this procedure and that it leads to many more passings with dignity, love and peace.

Resources:

Cooney, Kathleen. *In-Home Pet Euthanasia Techniques*. White Space Graphics, 2016.