

# Overnight Observation Services

PLEASE SEE REVERSE SIDE FOR CRITERIA



**LOCATIONS**

- San Diego 10435 Sorrento Valley Rd. | San Diego CA 92121 | 858 875 7500 | Fax 858 875 7525
- North County 2055 Montiel Rd. | San Marcos CA 92069 | 760 466 0600 | Fax 760 466 0660

<p><b>DVM Contact Information</b></p> <p>Name: _____</p> <p>Hospital Name: _____</p> <p>Overnight Phone#: _____</p> <p>Daytime Phone#: _____</p> <p>Alternate Phone#: _____</p>	<p><b>Client/Patient Information</b></p> <p>Patient Name: _____ Age: _____</p> <p>Breed: _____ Weight: _____ kg/lb</p> <p>Client Name: _____</p> <p>Overnight Phone#(s): _____</p> <p>Daytime Phone#(s): _____</p>
---	--

CPR Code (please circle one):      Closed Chest CPR    Open Chest CPR    DNR

Presenting Complaint and Brief History:

---



---

Medications and Treatments Given:

---



---

Diagnostics Performed and Pending:

---



---

Desired Treatment Plan (Please fill out completely and mark treatment times):

	5p	6p	7p	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	6a	7a	8a
<b>Medications:</b>																
Example: Cefazolin 150 mgs IV TID																
<b>Monitoring:</b>																
TPR Q ____ Hours																
Blood Pressure Q ____ Hours																
PCV/TS Q ____ Hours																
Blood Glucose Q ____ Hours																
<b>Food/Water:</b>																
Food Type: _____ Q ____ Hours																
H2O Amount: _____ Q ____ Hours																
<b>Fluids/Additives:</b>																
Type: LRS/NormR/0.9% NaCl    Rate: ____ ml/hr																
Additives: Type 1: _____ mg/L																
Type 2: _____ mg/L																
Type 3: _____ mg/L																

*Please send only appropriately labeled oral medications. VSH will provide discounted IV fluids and medications.*

Have VSH notify you if: \_\_\_\_\_

---



## Overnight Observation Services Cost and Criteria

### Criteria (Please read carefully):

1. Applies to **stable** patients requiring overnight medical observation (CRF cats on IV fluids, blocked cats requiring urinary catheter care and fluids, post-op patients requiring fluids and pain medications, diabetics requiring blood glucose checks, animals on seizure watch). Not for critical patients requiring specialist consultation and advanced diagnostics.
2. The Overnight Observation Services form must be filled out completely to receive discount.
3. The referring veterinarian must provide overnight contact information.
4. The VSH veterinarian will examine the patient but will not talk to the owner.
5. The owner will receive a maximum of 2 technician updates via phone.
6. The owner will not be allowed to visit the patient.
7. Hospitalization at VSH will be less than 14 hours (6:00pm–8:00am)
8. The owner must pick up the patient in the morning, by 8:00am.
9. If the patient is initially assessed as being unstable, the VSH veterinarian will contact the referring veterinarian and regular costs and procedures will apply.
10. If the patient becomes unstable overnight, the VSH veterinarian will contact the referring veterinarian, if requested, by phone and discuss if the patient should be transferred to standard VSH care. If the referring veterinarian does not want to be contacted or is contacted and elects to transfer, the VSH veterinarian will contact the owner and regular costs will apply retroactively.
11. A specialist will not be involved in the patient's care unless the decision is made to transfer the pet.

### Cost to Owner:

Please send only appropriately labeled oral medications. IV fluids and IV medications will be provided at a substantial discount (see below).

Initial Patient Assessment (VSH DVM will not talk to the owner)	Free
Replacement IV Catheter if needed overnight	Free
Sampling Central IV Catheter if requested	\$52
Observation I All IV fluids, additives, and oral medications	\$127
Observation II All IV fluids, additives, oral medications, and 1-2 injections	\$186
Observation III Multiple IV fluids, additives, oral medications, and 3-5 injections	\$254
Isolation Fee (additional)	\$43
Critical Care Panel (NOVA) Panel includes: Acid/Base, electrolytes, BUN, creat, PCV/TS	\$61 per time
PCV/TS	\$17 per time
Blood Glucose	\$15 per time
Urine Collection Overnight	\$18 per shift
Blood Pressure Check	\$26 per time

Please fax a copy to:  
San Diego (858) 875-7525  
North County (760) 466-0660  
**AND send a copy with the owner.**