## Survey: The clinical practice of small animal CPR

Thank you for contributing your time and experience to this project!
This survey is research, and by responding to the survey you are participating in a research project. Your participation is entirely voluntary. No personal identifying data will be used for this research and your identity will be protected. Please do not hesitate to contact us with any questions or concerns (manuel.boller@unimelb.edu.au).
IMPORTANT: If you need to leave the survey before completing it: click on the "select and return later" button at the bottom of each page. You will be given a return code to log in to your survey in the future. Please remember the code!
Sincerely,  Manuel, Dan, and Íde
Manuel Boller, University of Melbourne
Dan Fletcher, Cornell University
Íde Gillespie, University of Melbourne

Study contact:	
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Eligibility to survey	
Do you currently provide any clinical veterinary care to small animals (dogs and/or cats)?	○ Yes ○ No

Section 1: Tell us about yoursell	
What is your gender?	<ul><li>○ Female</li><li>○ Male</li><li>○ Other</li><li>○ Prefer not to answer</li></ul>
What is your age?	(Age in years)
In what country or world region are you currently practicing veterinary medicine?	<ul> <li>○ Africa</li> <li>○ Asia</li> <li>○ Australia or New Zealand</li> <li>○ Europe</li> <li>○ Canada</li> <li>○ Latin America</li> <li>○ United States of America</li> <li>○ I am not in clinical practice</li> <li>○ Other</li> </ul>
Which best describes your current professional status?	<ul> <li>General practitioner (including unspecialized ER vet)</li> <li>Board certified specialist</li> <li>Veterinary student</li> <li>Intern</li> <li>Resident</li> <li>Veterinary nurse or technician</li> <li>Not currently in clinical practice or studying veterinary medicine</li> <li>Other</li> </ul>
What other?	



What year did you graduate from veterinary school? O 2017 O 2016  $\bigcirc$  2015  $\bigcirc$  2014  $\bigcirc$  2013  $\bigcirc$  2012  $\bigcirc$  2011  $\bigcirc$  2010 **2009 2008 2007 2006**  $\bigcirc$  2005 O 2004  $\bigcirc$  2003  $\bigcirc$  2002  $\bigcirc$  2001  $\bigcirc$  2000

 $\bigcirc$  1999  $\bigcirc$  1998  $\bigcirc$  1997  $\bigcirc$  1996 O 1995 O 1994 ○ 1993 O 1992 O 1991 O 1990 O 1989 O 1988 O 1987 O 1986 O 1985 O 1984 **1983** 1982 1981 1980 1979 1978 1977 1976 1975 1974 1973 1972  $\bigcirc$  1971 O 1970 O 1969 O 1968 O 1966 O 1965  $\bigcirc$  1964 O 1963 O 1962  $\bigcirc$  1961 **1960** O 1959 O 1958 ○ 1957 O 1955 O 1954  $\bigcirc$  1953  $\bigcirc$  1951  $\bigcirc$  1950

Where are you fulfilling your internship requirement?	<ul><li>University</li><li>Private practice</li></ul>
What is the internship in which you are enrolled?	<ul><li>Small animal, rotating</li><li>Small animal emergency medicine only</li><li>Large animal</li><li>Other</li></ul>
Please specify	
In which year of your residency are you?	<ul> <li>○ First</li> <li>○ Second</li> <li>○ Third</li> <li>○ Fourth</li> <li>○ Fifth</li> <li>○ Sixth or more</li> </ul>
Where are you fulfilling your residency requirement?	<ul><li>○ University</li><li>○ Private practice</li></ul>
What is the residency in which you are enrolled?	Anesthesia Animal Behavior Cardiology Dentistry Dermatology Emergency and Critical Care, large animal Emergency and Critical Care, small animal Internal Medicine, large animal Internal Medicine, small animal Laboratory Animal Medicine Neurology Nutrition Oncology Ophthalmology Pathology or Clinical Pathology Pharmacology Radiology Shelter Medicine Surgery, large animal Surgery, small animal Theriogenology/Reproductive Medicine Zoo & Wildlife Medicine Other
Please specify:	
By which veterinary specialty organization are you board certified?  Check all that apply.	☐ ABVP ☐ ACVAA ☐ ACVECC ☐ ACVIM ☐ ACVP ☐ ACVS ☐ ANZCVS-ECC ☐ ECVAA ☐ ECVECC
	☐ ECVIM ☐ ECVS ☐ Other
Please specify:	

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What your did you fulfill your residency	O 2017
What year did you fulfill your residency requirements?	○ 2017 ○ 2016
requirements:	○ 2015
	○ 2013 ○ 2014
	O 2013
	O 2012
	O 2011
	<u> </u>
	○ 2006
	O 2005
	○ 2004
	○ 2003
	O 2002
	○ 2001 ○ 2000
	○ 1999
	$\bigcirc 1999$ $\bigcirc 1998$
	○ 1997
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	○ 1989
	$\bigcirc$ 1988
	<ul><li>○ 1987</li><li>○ 1986</li></ul>
	○ 1985
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	<b>◯</b> 1982
	<u> </u>
	○ 1979
	○ 1978
	$\bigcirc$ 1977
	○ 1976 ○ 1975 ○ 1974 ○ 1973
	$\bigcirc$ 1974
	$\bigcirc$ 1973
	$\bigcirc$ 1971
	○ 1970
	O 1969
	<u>0</u> 1968
	$\bigcirc$ 1967
	○ 1967 ○ 1966 ○ 1965 ○ 1964
	○ 1963
	$\bigcirc$ 1962
	<ul><li>○ 1962</li><li>○ 1961</li><li>○ 1960</li></ul>
	<u></u> 1960
	() 1959
	<u> </u>
	1958 1957 1956 1955 1954
	$\bigcirc$ 1956
	$\bigcirc$ 1955
	<ul><li> 1953</li><li> 1952</li></ul>
	$\bigcirc 1952$ $\bigcirc 1951$
	$\bigcirc$ 1951 $\bigcirc$ 1950

1950 (If you completed several residencies, indicate the completion সুধান্ত লিক্তি পাৰ্ভিয় recent EDCap

Where did you fulfill your residency requirements?	<ul> <li>University</li> <li>Private practice</li> <li>(If you completed several residencies, answer this question for the most recent residency.)</li> </ul>

residency.)

What year did you graduate from veterinary nursing/technician school?

19511950

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Do you hold specialty certification in veterinary ECC	
	<u> </u>
e.g., VTS[ECC])?	$\bigcirc$ No



Section 2: Describe you working environment



How many veterinary clinicians work in your current place of employment?	CC
	0000

	<ul> <li>71</li> <li>72</li> <li>73</li> <li>74</li> <li>75</li> <li>76</li> <li>77</li> <li>78</li> <li>79</li> <li>80</li> <li>81</li> <li>82</li> <li>83</li> <li>84</li> <li>85</li> <li>86</li> <li>87</li> <li>88</li> <li>89</li> <li>90</li> <li>91</li> <li>92</li> <li>93</li> <li>94</li> <li>95</li> <li>96</li> <li>97</li> <li>98</li> <li>99</li> <li>100</li> <li>&gt;100</li> </ul>
What is the daily average number of dogs and cats that you personally attend to at your clinic?	<ul> <li>None</li> <li>1 to 5</li> <li>6 to 10</li> <li>11 to 20</li> <li>More than 20</li> </ul>
Which of the following best describes the emergency service your clinic provides?	<ul> <li>Emergency service during regular business hours only</li> <li>Emergency service during regular business hours and on call service after hours</li> <li>Emergency clinic or service open after regular business hours only</li> <li>Emergency clinic or service open 24hrs and able to hospitalize patients</li> <li>Emergency/critical care center with at least one board-certified emergency clinician</li> <li>Other</li> </ul>
Please specify:	
Which of the following best describes your workplace?	<ul> <li>Private practice (general or specialty) with no interns or residents</li> <li>Private practice with interns</li> <li>Private practice with residents</li> <li>Private practice with interns and residents</li> <li>University practice</li> </ul>

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Which of the following best describes your clinic's patient distribution?	<ul> <li>Small animals (including exotics) exclusively</li> <li>Cats only</li> <li>Dogs only</li> <li>Mixed, with more than 50% small animals</li> <li>Mixed, with less than 50% small animals</li> <li>Other</li> </ul>
Please specify:	

Section 3: Describe your patients	
For which species are you personally providing medical care?	<ul> <li>Small animals including avian and exotics</li> <li>Dogs only</li> <li>Cats only</li> <li>Dogs and cats only</li> <li>Small and large animals</li> <li>Other</li> </ul>
Please specify:	
Approximately what percentage of cats and dogs that you personally see, present as emergencies?	<ul> <li>None</li> <li>1% to 10%</li> <li>11% to 25%</li> <li>26% to 50%</li> <li>51% to 75%</li> <li>76% to 99%</li> <li>100%</li> </ul>



## **Section 4: Describe your CPR experience**

How long has it been since you last participated in some form of veterinary CPR training?	<ul> <li>○ Within the last 6 months</li> <li>○ Between 6 months and 1 year ago</li> <li>○ Between 1 and 3 years ago</li> <li>○ More than 3 years ago</li> <li>○ Never did any CPR training</li> </ul>
How many times on average per year are you personally involved in performing CPR?	<ul> <li>○ Never</li> <li>○ 1 time</li> <li>○ 2 to 5 times</li> <li>○ 6 to 10 times</li> <li>○ 11 to 20 times</li> <li>○ More than 20 times</li> </ul>
On average, how many people make up the resuscitation team during CPR in your practice?	<ul><li>○ 1 or 2</li><li>○ 3</li><li>○ 4</li><li>○ 5</li><li>○ More than 5</li></ul>



Section 5: CPR preparedness											
Which of the following preparedness measures for CPR are in place in your practice?								☐ Continuing in-house education in veterinary CPR☐ Regular training drills for staff likely to be			
Check all that apply.							involved in CPR  ☐ Regularly maintained 'crash cart' or 'crash station' ☐ Emergency drug dosing chart displayed ☐ CPR algorithm displayed ☐ Specific CPR record sheet to document the resuscitation attempt ☐ None of the above				
How important do you the	hink th	ese pre	paredr	iess me	easures	are?					
Continuing in-house edu	ıcation	in vete	rinary	CPR							
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>4</b>	<b>5</b>	<b>○</b> 6	<b>7</b>	0 8	<b>○</b> 9	○ 10 (=absolutely necessary)		
Regular training drills fo	r staff	likely to	be inv	olved i	in CPR						
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>O</b> 4	<b>○</b> 5	<b>○</b> 6	<b>O</b> 7	0 8	<b>○</b> 9	○ 10 (=absolutely necessary)		
Regularly maintained 'cı	rash ca	rt' or 'c	rash st	ation'							
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>O</b> 4	<b>5</b>	<b>○</b> 6	<b>O</b> 7	0 8	<b>○</b> 9	○ 10 (=absolutely necessary)		
Emergency drug dosing	chart o	displaye	ed								
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>O</b> 4	<b>5</b>	<b>○</b> 6	<b>O</b> 7	<b>8</b>	<b>9</b>	○ 10 (=absolutely necessary)		
CPR algorithm displayed	I										
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>O</b> 4	<b>5</b>	<b>○</b> 6	<b>7</b>	0 8	<b>9</b>	○ 10 (=absolutely necessary)		
Specific CPR record sheet to document the resuscitation attempt											

 $\bigcirc$  1 (=no importance)  $\bigcirc$  2  $\bigcirc$  3  $\bigcirc$  4  $\bigcirc$  5  $\bigcirc$  6  $\bigcirc$  7  $\bigcirc$  8  $\bigcirc$  9  $\bigcirc$  10 (=absolutely necessary)



Section 6: Generating blood flow				
Which of the following techniques have you employed during CPR?  Check all that apply.	<ul> <li>☐ Closed-chest compressions</li> <li>☐ Open-chest CPR</li> <li>☐ Aortic cross clamping</li> <li>☐ Interposed (alternating) abdominal compressions</li> <li>☐ Impedance threshold device (ITD)</li> </ul>			
	☐ None of the above			
In DOGS, with what frequency (compressions per minute) do yo	u perform external chest compressions during CPR?			
<ul><li>○ Less than 60</li><li>○ 60 to 80</li><li>○ 80 to 100</li><li>○ 100 to 120</li><li>○ More than 200</li></ul>	○ 120 to 150 ○ 150 to 200			
In CATS, with what frequency (compressions per minute) do you	perform external chest compressions during CPR?			
<ul><li>○ Less than 60</li><li>○ 60 to 80</li><li>○ 80 to 100</li><li>○ 100 to 120</li><li>○ More than 200</li></ul>	○ 120 to 150 ○ 150 to 200			



Section 7: Ventilation	
By which means have you supported breathing during CPR in dogs or cats?  Check all that apply.	<ul> <li>Mouth-to-snout ventilation</li> <li>Mask and ambu-bag</li> <li>Endotracheal intubation</li> <li>Emergency tracheostomy</li> <li>Supraglottic airway</li> <li>Jen Chung (GV 26) acupuncture point stimulation</li> <li>Other</li> </ul>
Please specify:	
What gas do you routinely use for delivering breaths during CPR?  Check all that apply.	☐ Supplemental oxygen ☐ Room air only ☐ Exhaled breath
In DOGS, what is the ventilation rate (breaths per minute) you are generally targeting during CPR?	<ul> <li>○ 1 to 5</li> <li>○ 6 to 15</li> <li>○ 16 to 30</li> <li>○ 31 to 45</li> <li>○ 46 to 60</li> <li>○ To match compression rate</li> <li>○ As many as possible</li> </ul>
In CATS, what is the ventilation rate (breaths per minute) you are generally targeting during CPR?	<ul> <li>1 to 5</li> <li>6 to 15</li> <li>16 to 30</li> <li>31 to 45</li> <li>46 to 60</li> <li>To match compression rate</li> <li>As many as possible</li> </ul>
How do you deliver breaths in relation to chest compressions in the intubated animal?	<ul> <li>One breath during each compression</li> <li>One breath between each compression</li> <li>Breaths delivered during compressions to achieve target respiratory rate</li> <li>Breaths delivered between compressions to achieve target respiratory rate</li> <li>Breaths given independent of compressions to achieve target respiratory rate</li> </ul>



Section 8: CPK monitoring										
Which of the following n do you have available a CPR?					<ul><li>☐ ECG</li><li>☐ Capnograph</li><li>☐ Pulse oximeter</li></ul>					
Check all that apply.				<ul> <li>☐ Oscillometric BP measurement</li> <li>☐ Doppler BP measurement</li> <li>☐ Ultrasound</li> <li>☐ Stethoscope</li> <li>☐ None of the above</li> </ul>						
Which do you routinely	use dur	ring CP	R?				□ ECG		L	
Capnograph Check all that apply.  Pulse oximeter Oscillometric BP measurement Doppler BP measurement Ultrasound Direct pulse palpation Palpation of apex beat Stethoscope Mucous membrane color and Co								eter ric BP measurement rmeasurement rmeasurement e palpation of apex beat		
How important do you t	hink the	ese mo	nitoring	g techn	niques a	are dur	ing CPF	<b>\</b> ?		
ECG (electrocardiogram	)									
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>4</b>	<b>○</b> 5	<b>○</b> 6	<b>O</b> 7	○ 8	<b>O</b> 9	○ 10 (=absolutely necessary)	
Capnograph										
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>4</b>	<b>○</b> 5	<b>○</b> 6	<b>7</b>	0 8	<b>9</b>	○ 10 (=absolutely necessary)	
Pulse oximeter										
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>O</b> 4	<b>○</b> 5	<b>○</b> 6	<b>7</b>	0 8	<b>○</b> 9	○ 10 (=absolutely necessary)	
Oscillometric BP measur	rement									
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>4</b>	<b>○</b> 5	<b>○</b> 6	<b>7</b>	0 8	<b>○</b> 9	○ 10 (=absolutely necessary)	
Doppler BP measureme	nt									
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>O</b> 4	<b>○</b> 5	<b>○</b> 6	<b>7</b>	0 8	<b>○</b> 9	○ 10 (=absolutely necessary)	
Ultrasound										
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>O</b> 4	<b>5</b>	<b>○</b> 6	<b>O</b> 7	0 8	<b>O</b> 9	○ 10 (=absolutely necessary)	
Direct pulse palpation										
∩ 1 (=no importance)	$\bigcirc$ 2	$\bigcirc$ 3	$\bigcirc$ 4	$\bigcirc$ 5	$\bigcirc$ 6	$\bigcirc$ 7	$\bigcirc$ 8	$\bigcirc$ 9	∩ 10 (=absolutely necessary)	



Palpation of apex beat									
○ 1 (=no importance)	<b>O</b> 2	<b>○</b> 3	<b>O</b> 4	<b>O</b> 5	<b>O</b> 6	<b>O</b> 7	0 8	<b>9</b>	○ 10 (=absolutely necessary)
Stethoscope									
○ 1 (=no importance)	<b>○</b> 2	○ 3	<b>4</b>	<b>O</b> 5	<b>○</b> 6	<b>7</b>	0 8	<b>9</b>	○ 10 (=absolutely necessary)
Mucous membrane color and CRT									
○ 1 (=no importance)	<b>2</b>	<b>○</b> 3	<b>4</b>	<b>5</b>	<b>○</b> 6	<b>7</b>	<b>8</b>	<b>9</b>	○ 10 (=absolutely necessary)



Section 9: Defibrillation	
Do you have an electrical defibrillator available?	○ Yes ○ No
Which of the following techniques have you employed during CPR?	<ul><li>☐ External defibrillation</li><li>☐ Internal defibrillation</li><li>☐ Precordial thump</li></ul>
Check all that apply.	☐ None of the above



Section 10: CPR drugs	
Which of the following drugs do you have readily available during CPR?  Check all that apply.	☐ Atropine ☐ Epinephrine (= adrenaline) ☐ Vasopressin ☐ Lidocaine ☐ Amiodarone ☐ Sodium bicarbonate ☐ Calcium gluconate ☐ Doxapram ☐ Mannitol ☐ Glucocorticoids ☐ Other
Please specify	
Which of the following drugs have you used during CPR attempts in the last two (2) years?  Check all that apply.	Atropine Epinephrine (=adrenaline) Vasopressin Lidocaine Amiodarone Sodium bicarbonate Calcium gluconate Doxapram Mannitol Glucocorticoids Other
Please specify	
Do you routinely use intravascular volume expansion therapy (e.g., crystalloid or colloid bolus or boluses) as part of your CPR strategy?	



## Section 11: Route of drug administration

How frequently have you personally used the methods listed below for drug administration during CPR?									
Intravenous drug administration									
○ 1 (=never)	<b>○</b> 2	<b>○</b> 3	<b>4</b>	<b>5</b>	<b>O</b> 6	<b>7</b>	0 8	<b>9</b>	○ 10 (=always)
Intraosseous administration in a juvenile animal									
	<b>○</b> 2	○ 3	<b>4</b>	<b>5</b>	<b>O</b> 6	<b>7</b>	08	<b>9</b>	○ 10 (=always)
Intraosseous administration in an adult animal									
○ 1 (=never)	<b>○</b> 2	<b>○</b> 3	<b>4</b>	<b>5</b>	<b>O</b> 6	<b>7</b>	0 8	<b>9</b>	○ 10 (=always)
Direct (blind) intracardiac injection									
○ 1 (=never)	<b>○</b> 2	<b>○</b> 3	<b>4</b>	<b>5</b>	<b>O</b> 6	<b>7</b>	0 8	<b>9</b>	○ 10 (=always)
Via endotrache	al tube								
○ 1 (=never)	<b>○</b> 2	<b>○</b> 3	<b>4</b>	<b>5</b>	<b>O</b> 6	<b>7</b>	<b>8</b>	<b>9</b>	○ 10 (=always)



## Section 12: Your opinion on CPR and CPR guidelines

Conducting effective CPR is an essential skill in clinical small anil	mai veterinary medicine.							
○ Strongly disagree ○ Disagree ○ No opinion ○ Agree	○ Strongly agree							
How do you judge your proficiency in performing CPR?								
○ Poor ○ Fair ○ Good ○ Very good ○ Excellent								
Have you heard of the Reassessment Campaign on Veterinary Resuscitation (RECOVER) CPR consensus guidelines published in 2012?	<ul><li>Yes</li><li>No</li></ul>							
Have you consulted the RECOVER guidelines for direction and updates in performing CPR in your No patients?								
Does your workplace use any of the following RECOVER cognitive aid charts?	<ul><li>☐ CPR Algorithm</li><li>☐ CPR Emergency Drugs and Doses</li><li>☐ Post-Cardiac Arrest Algorithm</li></ul>							
Check all that apply.	☐ None of the above ☐ I don't know							
How useful do you rate each of the charts?								
CPR Algorithm								
$\bigcirc$ 1 (=not useful) $\bigcirc$ 2 $\bigcirc$ 3 $\bigcirc$ 4 $\bigcirc$ 5 $\bigcirc$ 6 $\bigcirc$ 7 $\bigcirc$ Can't say, I do not know it	8 $\bigcirc$ 9 $\bigcirc$ 10 (=extremely useful)							
CPR Emergency Drugs and Doses								
$\bigcirc$ 1 (=not useful) $\bigcirc$ 2 $\bigcirc$ 3 $\bigcirc$ 4 $\bigcirc$ 5 $\bigcirc$ 6 $\bigcirc$ 7 $\bigcirc$ Can't say, I do not know it	8 $\bigcirc$ 9 $\bigcirc$ 10 (=extremely useful)							
Post-Cardiac Arrest Care Algorithm								
$ \bigcirc \ 1 \ (=\text{not useful}) \ \bigcirc \ 2 \ \bigcirc \ 3 \ \bigcirc \ 4 \ \bigcirc \ 5 \ \bigcirc \ 6 \ \bigcirc \ 7 \ \bigcirc $ $ \bigcirc \ \text{Can't say, I do not know it} $	8 O 9 O 10 (=extremely useful)							
Please rate the following statements in relation to YOUR PERSONAL EXPERIENCE with the RECOVER guidelines.								
"In my experience, the use of the RECOVER guidelines								
promoted CPR training."								
○ Strongly disagree ○ Disagree ○ No opinion ○ Agree	○ Strongly agree							
improved CPA recognition and initiation of effective CPR."								
○ Strongly disagree ○ Disagree ○ No opinion ○ Agree	○ Strongly agree							
improved quality of basic life support (e.g., chest compression	ns, ventilatory support)."							
○ Strongly disagree ○ Disagree ○ No opinion ○ Agree	○ Strongly agree							

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improved quality of advanced life support (e.g., drug administration, defibrillation)."								
<ul><li>Strongly disagree</li></ul>	<ul><li>○ Disagree</li></ul>	O No opinion	○ Agree	<ul><li>Strongly agree</li></ul>				
increased return of	spontaneous c	rirculation (ROSC	c) rates."					
<ul> <li>Strongly disagree</li> </ul>	<ul><li>○ Disagree</li></ul>	O No opinion	○ Agree	<ul><li>Strongly agree</li></ul>				
increased survival t	o hospital disc	harge rates."						
<ul> <li>Strongly disagree</li> </ul>	<ul><li>○ Disagree</li></ul>	O No opinion	○ Agree	<ul><li>Strongly agree</li></ul>				

