



# CASE REPORT GUIDELINES



**AHPC**

Animal Hospice and Palliative Care  
Certification Program

## **CASE REPORT GUIDELINES**

### **COMPREHENSIVE CASE STUDY GUIDELINES AND CHECKLIST**

The following is a checklist to help ensure your AHPC case report meets expectations. Our goal is to increase the likelihood of a successful case submission, including all components of a quality care plan, with little to no revisions required. Use the Case Design list as your blueprint. We recognize that some components may be unknown, but each submission must include the Cover page, Abstract, Clinical Report, Clinical Outcome, Discussion, Summary, and References. Each component will have points assigned to it so please be as thorough as possible.

### **FORMATTING**

- Format - Word Document
- Font style: Times New Roman
- 2,500 to 3,000 words (10 to 12 pages)
- Double spaced
- Pages numbered

### **CASE CHOICE**

Choose a case that showcases your skills supporting a hospice or palliative care patient, that you were directly or indirectly involved with. The case may be ongoing or have reached a conclusion. The patient may also be a personal pet. Consult with an IAAHPC advisor if you are unsure of your choice.

## CASE REPORT GUIDELINES

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- **Cover page:**
  - Name, case title, acute vs chronic delineation, credentials, address, email, and phone number
- **Abstract:**
  - A clear blueprint of the case for administration to follow At least 200 or 250 words
- **Clinical Report**
  - Full signalment – patient name, age, species, breed, gender, weight in kg
  - Pertinent history
  - Psychosocial Factors and Desires for Care (See checklist in Appendix 1)
    - Previous experiences
    - Financial situation
    - Spiritual needs
    - Physical abilities to provide care
    - Emotional state and estimation of anticipatory grief
    - Other pets of interest
    - Preplanning considerations
      - Extenuating circumstances
      - Emergency contacts
      - Feelings on hospitalization or additional diagnostics
      - Plans for death
      - Plans for aftercare
      - Plans for memorialization

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## CASE REPORT GUIDELINES

### CASE REPORT GUIDELINES CON'T

- Case management
  - Patient Needs
    - Pain assessment
    - Symptom management
    - Daily enrichment program (aligning with pet preferences)
    - Mental health of pet
    - Mobility supportHousehold/environment modifications
    - Hygiene considerations
  - Personalized Care Plan
    - Use of a daily diary or other means to track progress
      - Define type of pain scale
      - Provide pain scale scores
      - Define type of quality of life scale
      - Provide quality of life scores
    - Drug dosages and route of administration
    - Proper drug names
    - Medication or plan of care listed for every symptom
    - Use of integrative care
      - Define the types of therapy, i.e. laser therapy
      - Define the duration of therapy, i.e. 15 minutes
      - Define the parameters of the therapy, i.e. 4 Joules/cm<sup>2</sup> over bilateral hip area
    - Modification to the original plan based on patient health/client feedback
    - Client communication and education
      - Give details about conversations instead of “They got her to settle down following the instructions,” please list the instructions.
      - Details should include how you have educated the client about the patient’s disease process and any techniques used to support the pet.
  - Client Perspective Regarding Case Management
  - List Interdisciplinary Team Members

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### CASE REPORT GUIDELINES CON'T

- **Clinical Outcome**
  - Patient response to care
  - Manner of death or other outcome
    - If euthanized, tell us about the experience using the essential components covered in Modules 2 & 5. Include discussion of drug choices and dosages, patient response, quality of the passing, setting, client experience, veterinary team experience, length of appointment, emotional support, memorialization, successes and challenges. Minimum of 200 words.
  - Client Emotional Support
    - Information on use of sympathy card and/or other support choices
    - Any grief literature given to the client (Define exactly what was given to the client, i.e. a booklet about grief, website list for pet loss support groups....)
- **Discussion**
  - A comprehensive overview of the case including what you would do differently next time with your elevated comprehension of hospice and palliative care (Note: this is extremely important to help the task force fully appreciate acumen of material)
- **Summary**
  - At least 200 to 250 words summarizing the case
- **References**
  - There should be at least 10 references tied to actual case content. This may include references on the disease process, death and dying, human hospice comparisons, research on clinical sign management. Must be Immediately searchable by reviewer.
  - Examples of reference style below:
    - Shearer T. Hospice and palliative care. In: Gaynor J, Muir W, editors Handbook of veterinary pain management. 2nd ed. St. Louis (MO): Mosby 2010: 312-14.
    - Marocchino KD. In the shadow of a rainbow: the history of animal hospice. Vet Clin North Amer Small Anim Pract 2011; 41:447-98.
    - Leary S, Underwood W, Anthony R, et.al. AVMA Guidelines for the Euthanasia of Animals: 2013 Edition. Accessed 1/12/18  
<https://www.avma.org/KB/Policies/Documents/euthanasia.pdf>
    - Bullock J, Lanaux T, Shmalberg J. Comparison of pentobarbital-phenytoin alone vs propofol prior to pentobarbital-phenytoin for euthanasia in 436 client-owned dogs. J Vet Emerg Crit Care 2019; 29: 161-165.
    - Xie H, Ferguson B, Deng X. Application of Tui-na in Veterinary Medicine, 2nd ed. Tianjin, China: Tianjin Jincal Arts Printing Co 2007: 18-20, 32-35.

## CASE REPORT GUIDELINES

### ADDITIONAL CASE REPORT RECOMMENDATIONS

Professional journals require that contributing authors following common guidelines which include a few of the details listed below. These details elevate the case study to a more polished level of presentation:

- Get the client's permission to write about their pet and get permission to use any photographs.
- Provide a clear story line for the case study by following an outline. (For example: Abstract or synopsis, history, clinical report, discussion, conclusion, references...)
- Try to avoid writing in the first person (instead of "I observed that the patient was agitated" write " This author observed that the patient was agitated" or "the patient was observed to be agitated".)
- Do not refer to the reader you, your, our, we... Restructure the sentence. (Instead of "We should embrace hospice care" write "the veterinary profession should embrace hospice care.")
- Avoid using the term owner. Use the term caregiver or client.
- Avoid using non-professional terms
- Some journals prefer that formal names not be used but this is optional for this your case study. (Instead to "Mr. and Mrs. Smith" caring for Fido write "the caregiver and her spouse")
- Avoid superlatives such as extremely, mildly... (The patient's appetite was mildly decreased write the patient consumed 1/3 of the pet's daily food ration.)
- Avoid long sentences and keep the sentence to one thought.
- Numbers at the beginning of a sentence need to be spelled out.
- Make sure the time frame between visits or therapy is listed and not only the dates. For example: 2 weeks after the initial house call, a follow-up visit was made for a reassessment.
- Zero spelling errors: double check for spelling errors. Do not rely on spell check alone.
- Zero grammar errors
  - Write in full sentences
  - Proof read the case study out loud
  - Have the case study reviewed by a peer prior to submission
  - Write mostly in the past tense

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### CASE REPORT SCORING CRITERIA

Below is the scoring rating scale to evaluate case reports:

#### Grading Criteria for Case Studies

Criteria	Check if completed	Comments	Potential Score	Actual Score
Abstract, clinical report, clinical outcome, discussion, summary and references have been completed			10	
Psychosocial needs identified and addressed			10	
Patient's needs addressed			10	
Caliber of medical management (good balance of care, nursing care, dosages of medications ...)			20	
Use of integrative care			10	
Caliber of communication with caretaker			10	
Emotional support of caretaker addressed			10	
Well written (grammar and spelling)			10	
Adequate and accurate references			10	
Total Score			100	

## CASE REPORT GUIDELINES

### PSYCHOSOCIAL WORKSHEET

- From TCVM for Geriatric Medicine and Palliative Care. Shearer 2017.

Psychosocial Needs Assessment Worksheet

Caretaker data	Record information below
Primary caretaker	
Description of presenting problem	
Reason for seeking hospice or palliative care	
Other family members and ages	
Available physical support	
Available emotional support	
Is caretaker responsible for family with health issues	
Is caretaker responsible for small children	
Employment schedule (retired, full time, part time)	
Financial constraints or worry about cost of care	
<b>Environment and activities of daily living</b>	
Patient's lifestyle (working dog, agility, companion)	
Pet's activities of daily living (exercise, grooming)	
Floor type	
Steps	
Outside terrain	
<b>Explore pet's constitution</b>	
Current constitution at home with people	
Current constitution at home with other animals	
Constitution changes over time	
Constitution outside of home with people	
Constitution outside the home with animals	
<b>Past Medical Experiences</b>	
Positive experiences	
Negative experiences	
Losses	
Details of the past that need to be avoided	
Past trouble administering medication	
Past trouble caring for the patient	
<b>Explore Medical Preferences</b>	
Preferences for diagnostics	
Tolerance and comfort with diagnostics (venipuncture)	
Tolerance in a hospital setting	
Patient's behavior around new people	
Patient's behavior away from home (hospital, boarding)	
Preference regarding hospitalization versus home care	
Preference regarding outpatient care	
Preference regarding outside specialty care (cardiologist)	
Interest in specific services (TCVM, rehab, alternative)	
<b>Philosophy on death and end-of-life choices</b>	
Belief regarding natural death	
Belief regarding hospice assisted death	
Belief on euthanasia	
Preference to where a pet dies	