



Guidance on Clinical Health Records for Mammals other than Mice and Rats Bred for Research* Used in Research and Instruction

Background

In accordance with federal regulations, the UGA IACUC policy, “Clinical Health Records Requirements for Animals Used in Research and Instruction” requires that adequate Clinical Health Records (CHRs) are maintained. This document describes the expectations for adequate CHRs.

Species of mammals other than and Mice and Rats bred for research include, but are not limited to, dogs, ferrets, horses, gerbils, guinea pigs, rabbits, *Acomys* spp., cotton rats, agricultural animals and non-human primates.

NOTE: This guidance applies to USDA covered animals

* For non-mammals and mice and rats bred for research, see *Guidance on Clinical Health Records for Non-mammals and Mice and Rats Bred for Research Used in Research and Instruction*

Acceptable Record Formats

- A. Individual Clinical Health Records
 - a. **REQUIRED** for these species
 - b. Offspring housed with the dam can remain part of her individual record until weaned.
 - c. Format options
 - URAR Animal Facilities
 - 1. URAR or VTH/CPC provided paper forms
 - 2. URAR pre-approved, accessible, and backed-up electronic records
 - Non-URAR Facilities
 - 1. Forms provided/approved by facility management

Clinical Health Records – General Standards

- A. Animal identifying information required:
 - a. Animal identification/s
 - The animal’s official UGA Identification
 - Other identifying information, such as individual name, identifying markings, etc. can be included.
 - b. Other information required
 - Animal species

- PI name
- Animal Use Proposal (AUP) number
- Sex
- DOB/age
- Acquisition date
- Source

B. EACH entry must:

- a. Include a date, AND signature or initials
- b. Time is also required for activities on a schedule, such as treatments or monitoring every X hours.
- c. Be in black or blue Ink, and legible
- d. Be reasonably comprehensive; *convey adequate information to allow the reader to understand the condition of the animal and any current treatments well enough to reconstruct the events of the case and make appropriate intervention decisions if necessary.*
- e. Document that a veterinarian is notified/consulted on the condition
 - Animal Facilities for which URAR provides veterinary care:
 1. The URAR veterinary staff is consulted on all medical decisions, even if the PI is a veterinarian. The consultation must be documented
 - Animal Facilities for which URAR does not provide veterinary care: :
 1. The facility veterinarian is consulted on all medical decisions. The consultation must be documented.
 2. Exception: If the facility veterinarian has approved a written SOP for handling specific, common/routine conditions, the facility personnel can follow the SOP rather than consult the veterinarian for each specific case.
 3. NOTE: The OACU/AV should be notified of all significant medical conditions
- f. Document all direct and indirect veterinarian involvement with medical decisions, with wording such as, "As per Dr. X," or, "Consulted with Dr. X, who instructed..." This applies to decisions such as changes in diagnostics, or treatment, including early cessation or extension of treatment.
- g. Be easily collated to other referenced documents (e.g., procedure records, anesthesia records) by providing a specific date or identification number.

C. Events that must be documented in the CHR

- a. Health records that arrive with the animal
- b. Routine preventative health and health monitoring procedures, with results – e.g., scheduled physical exams, vaccinations, scheduled diagnostic testing
- c. Experimental procedures**
 - e.g., anesthesia, surgery, sample collection, administration of any medications or other substances, catheterization
 - Certain procedures require specific details:
 1. Inhalant anesthesia: name, flow rate, % administered
 2. Drugs: name, dose (mg), volume, route
 3. Blood collection: volume, vessel, including left or right side
 4. Time performed for treatment administration
 5. Time performed for post procedural monitoring checks (e.g., post-surgery, post-infection)

NOTE: Documentation of anesthesia and surgery requires specific information. The anesthesia record, surgery record, and post-operative monitoring records must be added to the CHR. Please see the policy, "Policy on Anesthesia, Survival Surgery and Post-Anesthetic/Post-Operative Monitoring," as well as templates for records and examples of acceptable records on the IACUC website:

<http://research.uga.edu/docs/policies/compliance/oacu/UGA-IACUC-Survival-Surgery-Policy.pdf>

- d. Expected adverse effects of research procedures / monitoring for humane endpoints
 - o This must include the date, time, initials, and score as appropriate.
- e. Veterinary clinical interventions (See Appendix p. 4 for details required)
 - o Unexpected adverse effects/complications of research procedures – e.g., illness after infection when no illness was expected, infected incision post-surgery
 - o Spontaneous medical conditions – e.g., dermatitis, injuries, interdigital cysts
- f. Transfer from 1 AUP to another AUP
 - o AUP transfers should be documented at the beginning of each CHR
 1. Paper forms: Enter on the "AUP Coversheet for Clinical Health Records" at the front of the CHR
 2. Electronic forms: Enter at the beginning of the CHR
- g. Temporary/simultaneous use of the animal on a different AUP (e.g., blood collection)
- h. Final disposition
 - o Euthanasia, Transfer, Adoption
 1. NOTE: Euthanasia requires the method to be stated
 - i. Drugs used for euthanasia require the drug name, dose (mg), volume, and route.

**NOTE: Experimental data is not required to be in the CHR and should not be entered in the CHR unless it is also used for assessment of humane endpoints (e.g., body weight).

Acceptable Record Location

- A. Default: Animal Room/Farm
- B. Other designated location: With prior URAR (or facility management for Non-URAR facilities)

Disposition of Records

- A. CHRs for non-rodent mammals for which URAR provides veterinary care or oversight must be submitted to URAR
 - a. Clinical records (or a copy) must be submitted to URAR within 30 days of euthanasia or adoption of individual animals.
 - b. Electronic (scanned) copies are preferred.
 - o They should be sent to the URAR Main Administrative Office at urarbusiness@uga.edu
 - o The institution must maintain these records for 3 years after the final disposition of the animal, and they must be accessible to USDA inspection. *Having URAR maintain these records ensures accessibility and destruction at the appropriate time.*

APPENDIX

Each clinical event in an Individual Clinical Health Record should include the following:

- A. A distinct start date of the event
- B. A description of the original abnormality observed
 - a. e.g.: “Dog reported for vomiting this morning”
- C. Observations of animal’s condition, appearance, attitude, activity level
 - a. e.g.: Alert, normal activity, playful, lethargic, hunched
 - b. *Documentation of the presence or absence of pain/distress/discomfort is especially important and is required if the animal is being assessed for possible pain/distress/discomfort, such as after a surgical procedure*
- D. Physical examination results
 - a. i.e.: what is observed when the animal is examined
- E. Diagnostic samples taken and results obtained
 - a. e.g.: fecal tests for parasites, blood analysis, culture
- F. Diagnosis or differential diagnoses (if possible)
 - a. State the diagnosis, if known – e.g., fractured limb, corneal ulcer
 - b. If the diagnosis is not known, state the most likely possibilities – e.g., diarrhea could be due to recent food change, viral infection, anxiety from thunderstorms
- G. Action plan (even if the plan is only to monitor)
 - a. Treatment
 - NOTE: Treatments must be prescribed by a veterinarian, either by a URAR veterinarian or by a PI veterinarian in consultation with a URAR veterinarian
 - Type, frequency, and duration of treatment
 - Medications must be identified by name, dose, and administration directions
 - Documentation of every treatment administered with the date, time, and initial of person administering it
 - *A separate treatment documentation sheet can be used for convenience, but must be referenced in the record during treatment and eventually be added to the CHR*
 - b. Medical restrictions (e.g., exercise, feeding) (must be prescribed by a veterinarian, either a URAR veterinarian or by a PI veterinarian in consultation with a URAR veterinarian)
 - c. Procedure (e.g., dental cleaning, surgical removal)
- H. Criteria and/or schedule for re-evaluation by the veterinarian/designee
- I. Rechecks
 - a. A recheck entry must include an assessment of the progression of the condition – e.g., “Improved,” “No change,” “More lethargic,” “Looks worse”
- J. Discontinuation of treatment
 - a. NOTE: Discontinuation of a treatment must be prescribed by a DVM, either through the initial treatment plan (e.g., “Treat for 3 days”) or at the time of discontinuation

- b. An assessment of the animal's response to the treatment must be included when the treatment is discontinued, such as, "Condition resolved," or, "No evidence of pain"
- K. Outcome/Conclusion of the medical problem
 - a. State the resolution of the event – e.g., "Resolved," "Determined to be a permanent condition which does not require ongoing treatment," "Euthanasia"

NOTE: For diagnostic testing or other procedures performed by the UGA VTH or CPC, or outside laboratory, a copy of the records should be added to the CHR as soon as possible after the event.