



GUIDELINES

Medical Records for Poultry Practice

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Related Topics:

Legislative Reference: The *Veterinarians Act*, R.S.O. 1990; Ontario Regulation 1093, sec. 22 (4), (5), (6); sec. 27; *Minimum Standards for Veterinary Facilities in Ontario*

College Contact: Registrar

Reference Materials: Sample Templates (Appendix 1); CgFARAD at www.cgfarad.usask.ca

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Purpose

These guidelines are intended to assist poultry practitioners with the development and maintenance of effective, complete and accurate medical records that meet both legislative requirements and also the expectations of their peers. The document was developed in consultation with poultry practitioners and experts across Ontario, and reflects generally accepted professional standards for the preparation of medical records.

Scope

The guideline applies to all veterinary practitioners involved in the care of poultry (both individual birds and flocks). 'Poultry' refers to farmed, domestic birds including fowls, turkeys, ducks, and geese.¹ Templates in Appendix 1 offer examples of forms for the poultry practitioner's consideration and use. These templates are suggestions only and practitioners are encouraged to adapt them to their own needs as appropriate.

Background

The College of Veterinarians of Ontario (CVO) recognizes that quality medical records are essential for quality poultry practice management.

Veterinarians serving agricultural clients are assuming an increasingly important role in food safety. The implementation of new programs, such as On-Farm Hazard Analysis Critical Control Point (HACCP) systems, requires particular attention be paid to effective medical records. Human health risks associated with the use of medicated livestock feed and additives can be managed effectively through the use of accurate and appropriate records. Animal health risks associated with increasing globalization necessitate effective practices at all levels of food production. Proper record maintenance is critical for assisting in trace backs, ensuring safe food, and providing a high level of consumer confidence in domestic products. The prosperity of livestock industries, as well as local, provincial and national economies, are directly impacted by the services and expertise provided by animal health systems, within which veterinarians provide a critical function.

The College of Veterinarians of Ontario's publication, *Minimum Standards for Veterinary Facilities in Ontario* (Titles 1-12), states that "records [must be] kept in the facility in accordance with the relevant provisions in the regulation."

Under Regulation 1093, the following sections pertain to record keeping for veterinarians licensed by the CVO:

- section 22 (4) states the **specific requirements** for record keeping for poultry practitioners;
- Section 22 (5-6) provides **general information** governing the administration and management of records;
- section 27 (1-2) provides the statutory requirements for record keeping on the **dispensing of drugs**;
- section 28 (1) addresses the provisions for a **controlled substance**² register;
- sections 31 (1-4) provide relevant instruction related to **withholding times**; and

¹ *Saunders Comprehensive Veterinary Dictionary* (3rd edition).

² While poultry practitioners generally do not dispense ketamine, controlled drugs, or targeted drugs, practitioners who do so must follow sec. 28 of the Ontario Regulation 1093.

- sections 17 (1) 27 and 28 state that **professional misconduct** includes failure to make or retain the records required by this regulation and falsifying a record regarding professional services.

Guidelines

Format

Appropriate records are fundamental for maintaining effective communication and optimal individual bird and flock care. They must be clear, detailed, and demonstrate the rationale for all assessments and treatments performed.

An effective poultry medical record must be precise, focused and practical. It is a working document that can enhance communication, animal care, and food safety. Records can be more complete and accurate if made while on the premises when the bird or flock is examined, as opposed to later.

Records need to be organized, logical, and self-explanatory. For ease of completion and consistency, the Data-Assessment-Plan (DAP) or Subjective-Objective-Assessment-Plan (SOAP) format for documenting medical assessments or examinations are recommended. These may be used for individual animals or for groups. Where appropriate, references to individual animals (observations, treatments, and assessments) may be noted on a group's SOAP or DAP form. These formats also allow a ready transfer of files between facilities and practitioners.

Records Management

Section 22 (5) of the Regulation states that the records shall be:

a) *legibly written or typewritten*

- Members should ensure that records can be read and properly interpreted to avoid misunderstandings that can be detrimental to individual animal or group care.
- Changes to typewritten or written records must be designated with a single line through the content, or using a similar technique, to ensure the legibility of the original entry. All changes must be dated and initialed for verification purposes.

b) *kept in a systematic manner*

- A complete record contains many components, including photographs, logs, communications (correspondence, phone logs), laboratory data, certificates, invoices, Client Information Sheets, privacy forms, consent forms, protocols, abbreviation lists, client education material, fee estimates, invoices, waivers.
- Components must include individual identification, including breed and sex, and the client's name and address; for efficiency, a client code or number linking the client to the animal(s) may be used. Such a code provides a link between the individual component and the complete medical record, for ease of assembly and retrieval.
- A systematic approach to record storage can help ensure timely retrieval and that no relevant information is overlooked or misplaced. For example, record

components for a client file may be kept in chronological order (farm visits, clinic or office visits, telephone consultation or direct contact).

- A cover page (electronic or paper) at the start of each file comprising a table listing the date, name of practitioner, comment/purpose of entry would allow easy identification of progression of each case.

(b.1) *identified after each entry with the initials or code of the veterinarian responsible for the procedure (in practices of more than one practitioner or practices that employ locums)*

- An “entry” is any notation put into the record, or added to the record, whether it is a note regarding a procedure, client consultation, or dispensing of products/pharmaceuticals; an assessment, observation, or progress note (on a SOAP or DAP form, or other); lab results; or other.
- Entries made by non-veterinary staff in the medical record should be recorded with initials or an employee code.

c) *retained for a period of at least five years after the date of the last entry in the record or until two years after the member ceases to practice veterinary medicine, whichever occurs first.*

- The complete medical record must be kept for 5 years after the date of the last entry in (and/or addition to) the overall record.
- Members who cease to practice due to retirement or closing a facility need to ensure their records are accessible to clients, the College and others who may require them. This provision can be met by transferring records to another member still in practice. Regardless of where the records are stored, members must notify the College of their location. Records belonging to members who sell their practices to another veterinarian become the property of the new practice owner.

Coordinated Care

Records must be shared between colleagues treating the same bird or flock in a timely and professional manner (see the CVO Position Statement, “Release of Medical Information” [June 2007] for details).

Electronic Records

The CVO does not approve or endorse any particular software program(s) for medical record keeping by veterinarians. It is the responsibility of the member to ensure that all legal requirements and professional expectations for record keeping are met, regardless of the system selected for record creation, storage and management.

As per section 22(6),

records may be maintained in any electronic medium that provides a visual display of recorded information if

- a) the recorded information is capable of being printed promptly; and
- b) any changes in the recorded information are clearly indicated as changes.

Therefore members must ensure that any software package utilized:

- designates medical record revisions as a change, and retains the original information entered;
- includes adequate security provisions; and
- allows easy retrieval of record components for printing and compilation as required.

Itemized Minimum Requirements as per Regulation

As per section 22(4),

The records required in respect of poultry, for each bird or flock, shall contain the following information:

1. Bird or flock identification, or both, including species and type.
 - Species and type must be clearly stated and not inferred from other information presented in the record.
 - Flock identification must clearly refer to a specific group of birds. This could be the entire flock, a barn of a specific age group, or any other designated grouping.
2. The client's/agent's name, address and telephone numbers.
 - It is advisable to secure as much client contact information as possible. This may include residence, barn, off-farm employer, and cell phone numbers.
 - All relevant contact information can be documented on the Client Information Sheet (see Appendix 1 for a sample template).
 - The client's lot and concession number should be supplemented by the property identification number, if available, for all premises.
 - The address where the bird or flock is located and the mailing address of the client, if different, should both be recorded and identified.
3. The name and telephone number of a person to be contacted in the absence of the client.
 - To avoid potentially significant problems where the client might be unavailable, the record should include adequate contact information for an alternative individual and indicate whether the client has granted (medical and/or financial) authority to allow him/her to act as an agent in their absence, and to what extent, and provide consent if required. The alternative contact information needs to be regularly updated.
 - In the case of an emergency, all attempted client and alternative contacts should be documented.

4. Date of each service.
 - “Service” is defined as any procedure, client consultation, assessment, observation, progress note, and dispensing of products or pharmaceuticals, and all entries must be dated.
5. A history of the presenting complaint.
 - The “presenting complaint” is defined as the client’s perspective of the problem with the individual bird or flock.
 - In order to ensure continuity of care, accountability, and provide client service, a copy of the history, assessment, and results should be left on the farm at the time of the call. A practice copy should be kept in a central location in either paper, electronic or combination format.
6. If there is a presenting complaint, particulars of each assessment, including any laboratory investigations performed or ordered by the member and the results of each assessment.
 - The assessment of the bird or flock and the interpretation of diagnostic tests are required components of a complete medical record. This assessment incorporates problems identified and rule-outs considered.
 - The rationale for the service should be clearly documented in the medical record.
 - All calls should provide complete explanations of all observations and assessments. The details of a call can be captured in a protocol.
 - A record containing only documentation of procedures performed is not complete. Records must contain assessments and interpretations of problems identified.
 - Protocols and templates can make record keeping more efficient.
 - A template is a diagram, chart, or checklist utilized to document information for quick recording and documentation.
 - Findings are recorded in detail and can be accomplished with the use of a template (see Appendix 1). A protocol documents a routine procedure that outlines in detail a particular way that the procedure or assessment is performed in the majority of cases.
 - Protocols may contain references to texts, journals, and current websites. All material sourced from the internet should be printed and maintained in the record. Any significant variance must be recorded with enough detail to clearly outline the nature of the variance
 - All current and archived protocols should be maintained in a readily accessible central location for reference by all staff.
 - Acronyms and abbreviations may be used if a complete list is readily available for all staff to reference and sent with transferred records (see Appendix 1).
 - Practitioners must implement a system to ensure the tracking of laboratory samples for both in-house and external laboratories. The system records where and when the sample was sent, when the results

were received, and that the implications were discussed with the client (see Appendices 10 [external] and 11 [internal] laboratory tracking logs).

7. A note of any professional advice regarding the bird or flock and an indication of to whom the advice was given if other than to the client.
 - Descriptions of advice given must be clearly documented, including diagnostic and treatment options and implications. Complete explanations should be provided for such things as preventive health measures and nutrition.
 - Personal and telephone communication with clients or agents of clients involved in bird care should be included in the record and documented by date. All parties involved in the communication need to be identified. If a message is left on a voicemail, this information should be documented, including time and date.
 - All recommendations, including those for medical treatment or diagnostic testing, must be documented.
 - If a recommendation is declined, it must be noted in the record, along with the reasons given by the client, if any, and details of the remaining discussion (e.g. risks or alternatives).
8. A complete record of all written prescriptions and drugs dispensed or prescribed by the member, made in accordance with Section 27 (see below).
 - Drug information contained in the record must include the name of the drug, the strength, dose, and quantity. A second copy of the prescription label included in the record may be an efficient way of recording this information. If a prescription can be repeated, this should be noted. If there is a significant warning or side effect associated with the drug, this should be conveyed to the client and recorded.
 - Practitioners should maintain procedures to ensure that clients are properly informed on medications for their birds and flocks. Detailed instructions on usage and withdrawal times must be documented and provided to clients. References to withdrawal times should focus on the date for which systemic drugs will no longer be an issue for the treated bird (s).
 - A description of a complete record for drug dispensing is found in Regulation 1093, Section 27 (1) (2).
9. A copy of any report prepared by the member in respect of the bird or flock.
 - Reports may include health certificates, export documents, and insurance applications.
10. The fees and charges showing separately those for drugs and those for advice or other services.
 - An invoice is a component of the medical record.
 - Charges must clearly differentiate the fees for pharmaceuticals from those for professional services.

Drug Dispensing³

Section 27 of Regulation 1093 contains the following specific provisions for the dispensing of drugs, including:

- 27 (1) A member who dispenses a drug shall make a written record showing,
- (a) the name and address of the owner of the animal or group of animals for which the drug is prescribed;
 - (b) the name, strength and quantity of the prescribed drug;
 - (c) the directions for use if they are different than the directions for use on the manufacturer's label or if the manufacturer's label does not specify the directions for use;
 - (d) the date on which the drug is dispensed; and
 - (e) the price charged.

(2) The member shall retain the written record required under subsection (1) for a period of at least five years or until he or she ceases to practice veterinary medicine, whichever occurs first.

Withholding Times

Section 31 (1-4) of Regulation 1093 states:

31. (1) In this section, "withholding time" means, in reference to an animal that receives a drug or substance, the period of time for which the animal or the product of the animal should be withheld or withdrawn from sale for consumption.

(2) When a member dispenses a drug or substance for use in food-producing animals, the member shall advise the recipient of the drug or substance of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer of the drug or substance.

(3) The container in which the drug or substance is dispensed shall include on the label, legibly and conspicuously displayed on the outer surface of the container, a warning of an appropriate withholding time, which shall be at least as long as the withholding time recommended by the manufacturer.

(4) When a member dispenses a drug or substance for use in food-producing animals and the member knows or suspects that use will be made or a dosage will be administered of the drug or substance that is different than the use or dosage that is customary or recommended by the manufacturer, the member shall, in addition to the advice required under subsection (2), advise the recipient of the drug or substance that the appropriate withholding time is not known but should be substantially longer than the recommended withholding time.

³ See Footnote 1, page 2, re: requirements if/when dispensing controlled substances.

- References to withdrawal times should refer to the date on which systemic drugs will no longer be an issue for the treated bird(s), when the date/time of administration is known.
- Veterinarians should consult CgFARAD (www.cgfarad.usask.ca) for accurate withdrawal times.

SAMPLE TEMPLATES

SAMPLE CLIENT INFORMATION SHEET

Client's/Producer's Name:	
Address:	
Address 2:	
Residence Phone:	
Business Phone:	Fax:
Cell Phone:	Email: For transmission of confidential information? Y / N

Alternate Contact/Agent Information

Agent's/ Alternative Contact's Name:	
Address:	
Address 2:	
Residence Phone:	
Business Phone:	Fax:
Cell Phone:	Email: For transmission of confidential information? Y / N

Consent for the above to act as client's agent:	Y / N
Client's signature:	Date:

SAMPLE POULTRY MEDICAL RECORD

Date: _____ Veterinarian: _____

Owner/Producer:

Bird Identification: Species _____ **Breed** _____ **Age** _____ **No.** _____

Barn ID: _____ **Floor** _____

History / Previous Treatment

Has another veterinarian been consulted? **Yes: Dr.** _____ **No**

Presenting Complaint

Clinical Findings

Assessment

Treatment Plan

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Specimens Taken:

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Instructions to Owner

Product	Amount	Route	Frequency	Duration

Withdrawal Instructions:

Veterinarian's Signature _____ **Date** _____

SAMPLE POST-MORTEM PROTOCOL

Utilized by: Dr. _____

Dates Utilized: e.g. 2003 to present _____

Reference:

Journal / Text: _____

Title: _____

Pages: _____

Method:

The dead bird is washed with detergent water to remove any foreign materials and to hold down the feathers. The bird is then placed on a flat surface with breast side up and head directed away from the practitioner.

1. The upper part of the beak is removed by cutting through the nasal cavities and turbinate bones permitting observation of the upper respiratory areas for infection. The turbinate area is squeezed and any emissions are noted. Eyes are examined for inflammation, mucus, or discoloration.
2. One scissor blade is inserted into the mouth making a cut through one corner and extending down the neck to expose the interior of the gullet. The mouth and larynx are examined for abnormalities. The gullet is scanned for nodules and other signs of injury by foreign materials.
3. The larynx and trachea are cut away from the mouth and the trachea opened lengthwise. The interior is examined for excess blood and mucus.
4. An incision is made in the abdominal skin below the tip of the breast cartilage. The cut is extended around each side of the body. The upper edge of the cut skin is grasped and peeled over breast to expose the muscles, which are examined for conditioning and hemorrhages.
5. The skin on the abdomen where the legs and body connect is cut. Hands are placed on each leg pressing down and out until the femoral joints dislocate and the legs are lying flat on the table. The skin is removed from the legs and examined for pin-point hemorrhages.

6. An incision is placed through abdominal muscles below the tip of the breast bone but the cuts are not deep enough to damage internal organs. The cut is extended toward the back and angled toward the wing attachments on both sides. The ribs are cut to complete this procedure. The breast is pushed toward the head and the shoulder joints dislocated. The shoulder joints are then cut and the breast removed from the carcass.
7. The air sacs are observed as the membranes are often covered with mucus.
8. The liver is examined for swelling, lesions, hemorrhages, or unusual color. The liver is incised and checked for scar tissue and dead tissue. The heart is examined for evidence of fluid around the heart sac.
9. Liver, heart, and spleen are removed to expose the digestive system which is examined for tumours or hemorrhages. The gullet is cut near the mouth and the digestive system removed.
10. The crop is cut and any sour smells noted. The crop contents are washed out and the lining examined for patch-like areas or ulcers. A check for capillary worms is made by inflicting a small cut and slowly tearing the crop wall.
11. The proventriculus is opened and checked for any hemorrhages or coating on the lining.
12. The gizzard is opened and examined for rough texture and if the lining is separated from the underlying muscles.
13. The intestine is slit lengthwise and examined for worms, free blood, and mucus. The lining is checked for inflammation, ulcers, or hemorrhages. If unusual conditions are prevalent the location within the intestine is noted.
14. The ceca is opened and its contents examined, particularly the core and any worms. If blood is present, the lining is washed and examined.
15. The reproductive organs are assessed for abnormalities prior to their removal from the body.
16. Kidneys and ureters are examined for unusual swelling or the presence of whitish salt deposits.
17. The sciatic nerve extending to each leg is examined for swelling. The brachial nerve is examined to the wing tip.
18. Lungs and bronchial tubes are observed for lesions and accumulation of mucus.

SAMPLE ABBREVIATION LIST

Ab	Antibiotics
BAR	Bright, alert and responsive
CRT	Capillary refill time
DDX	Differential diagnoses
FX	Fracture
GPE	General Physical Examination
INB	If no better
INI	If no improvement
LMOM	Left message on machine
NAF	No abnormal findings
NSF	No significant findings
O	Owner
R/o	Rule out
RX	Prescription
q24	1 time daily
q12	2 times daily
q8	3 times daily
TC	Telephone call
TDX	Tentative diagnoses
TX	Treatment
WCB	Will call back
WNL	Within normal limits

