Recovery Transporter

The Recovery Transporter organizes the cleaned and sanitized traps, keeps trap covers with their corresponding traps, places cats arriving from the Clinic Records Station in their corresponding traps and transports the cats to the Recovery Station for monitoring and to the Discharge Station when they are fully awake. **This position does not require a rabies vaccination.**

Safety First

- **Most perioperative deaths occur during the first 3 hours after surgery.** Recovery is the most dangerous period for cats undergoing surgery.
- **Cats must be monitored continuously** during this very risky period.
- **Visually monitor the cats closely.** If the cat is moving, blinking or licking, then it is recovering normally. If the cat is fully sedated, watch the chest for movement. Breathing can be very shallow and difficult to see. A normal respiratory rate is 6 or more breaths per minute. If breathing is less frequent or isn’t visible at all, alert the Vaccinations Technician to do a hands-on assessment immediately.
- Notify a veterinarian immediately, if a cat is in distress.
- Anyone handling traps with conscious cats must wear leather gloves.

Station Alert

- **Infectious cats are segregated** from healthy cats in the Recovery Station.

Recovery Transporter Instructions

1. **Organize the traps** received from the Trap Manager in numerical order according to the cat ID# on the white sticker in groups of 10.
2. **Check the Paw Tag of each cat** arriving from Clinic Records Station, and locate the correct trap for the cat.
   - If time permits, work together with the Clinic Records staff to locate traps in advance of the cat’s arrival.
   - Verify that the Paw Tag and Trap Tag match. Do not remove the Paw Tag until the cat is ready to be placed into the correct trap.
3. **Verify that the cat has been placed in the trap on its right side** with the tipped ear facing up so bleeding can be monitored.
4. **The Clinic Records Transporter will remove the Paw Tag.** Verify that any other tags or instruments have been removed.
5. **Secure all trap latches and doors** using the cable ties in your station kit to strengthen questionable traps.
6. **Transport each cat in its trap to Phase 1 of the recovery area** for monitoring.
   - Place cats under the heating lamps.
   - Alert the Recovery Station Monitor, if the cat is bleeding or has been flagged with other post-op complications that need monitoring.
7. **The Recovery Station has two phases. One supervisor oversees each phase.**
   - **Phase 1:** Cats stay in the main area immediately after surgery for assessment and monitoring. They will be on their sides, ear tip up. Particular attention must be paid to breathing, bleeding from incision and ear tip, and temperature regulation. Supplemental heat is provided with heat lamps. Once a cat can 1) become and remain sternal, 2) hold its head up and 3) right itself if it falls over, then it can be transferred to Phase 2 Recovery in the hallway. **DO NOT COVER TRAPS IN PHASE 1 RECOVERY!**
   - **Phase 2:** Cats are transported to the recovery area in the hallway for additional monitoring, once they become sternal. Particular attention must be paid to the cat’s level of consciousness, especially if it becomes more sedate as time lapses. This can indicate hypothermia, internal bleeding or other emergent complications. Close attention to the incision is important as cats wake up and move around more. The back 1/3 of the trap may be covered to give the cat a place to hide while it recovers, but monitors must be
very attentive to the hiding cats. Once the cat is coordinated, not thrashing or banging, is steadily sternal or standing and alert, then it may be transferred to the Discharge station.

8. **Monitors should continually “walk the line”** checking on each and every cat in their phase of recovery. Make mental note of which cats aren’t becoming progressively more awake as time passes.

9. **When cats are conscious, cover the rear third of their traps with their corresponding trap covers to reduce stress.** Traps in recovery should never be completely covered, as visual observation is required until discharge.

**Station Closing and Cleanup**

When the clinic is concluded:
- inventory the remaining supplies and repack the supply kit
- return the kit, station instructions, and any remaining items to storage
- clean the area
- dispose of all trash
- wash all tables, including the central trough
- wipe down entire base of table
- remove tape from underside of table
- wipe as much of the overhead surgery lamp as can be reached
- sweep or vacuum
- mop the floor.