

Case Log Instructions for the CASVM **Emergency Medicine**



Case log explanations and instructions:

The case log for the **ESAVS Certificate / Emergency medicine** shall contain at least 100 cases mostly compiled in the second half of the program.

Among the 100 cases, all shall be critical emergency medicine cases. There shall be a minimum of 25% cats or 25% dogs, the reminder must be dogs, cats or small mammals/reptils. **Each of the following categories shall have at least the following number of cases:**

Field	Code	Minimal number of cases	examples
Respiratory distress	RESP	10	Upper airway obstruction, pleural space disease, pulmonary parenchymal disease including stabilization (nasal oxygen cannula, thoracentesis, chest drain, oxygen supplementation techniques
Trauma	TRA	10	Blunt or penetrating trauma from hit by car, high-rise syndrome, bite wounds, head trauma
GI Emergencies	GI	10	Ileus, hemoabdomen, pancreatitis, GDV, AHDS, diarrhea
Urogenital emergencies	URO	10	acute renal failure, FLUTD, chronic renal failure, ureteral obstruction, uroabdomen, pyometra, prostatitis
Neurological emergencies	NEURO	7	Head trauma, paresis and paralysis, encephalitis, status epilepticus,
Internal medicine emergencies	IM	7	Addison crisis, diabetic ketoacidosis, severe anemia, AHDS,
Cardiogenic emergencies	CARD	5	Cardiogenic pulmonary edema, Arrhythmias leading to syncope, pericardial effusion
Toxicities	TOX	5	Including environmental toxins
Dystocia / neonatal	GYN	5	Dystocia, caesarian section, neonatal resuscitation, neonatal/pediatric emergencies
Live-saving emergency procedures	PROC	10	CPR, emergency tracheotomy, emergency chest tube placement, cut down, thoracocentesis
Various	VAR	5	Heat stroke, anaphylaxis, ophtalmological emergency, small mammals, exotics

Each case can only be listed once (e.g. for emergency chest tube placement OR trauma OR respiratory distress)

For each case, the following information is mandatory (information is provided as example)

1. **Date:** give date of first presentation for current complaint
2. **Name / file number:** number in computer system or name of dog and owner
3. **Species, breed, age, weight Age and sex**
4. **Major presenting complaint/ problem**
5. **Main physical exam findings: give all pertinent abnormal findings from physical examination**
6. **Problem list:** list main problems, summarize (for example decompensated shock instead of tachycardia, pale MM, prolonged CRT, weak pulse, hypothermia)
7. **Emergency treatment / initial stabilization:** list initial stabilization prior to further examinations
8. **Examinations:** list all tests performed and the pertinent abnormal findings
9. **Diagnosis:** give all reached diagnoses or working diagnosis
10. **Medical therapy:** list drugs (including dose and interval), fluids (type and dosage)
11. **surgical therapy:** give a short report of surgical procedures if performed by yourself
12. **Hospital stay and follow up:** list any pertinent additional treatments and findings after the emergency stabilisation (for example post op)
13. **Complications and treatment:** list, if any, complications and their treatment
14. **Outcome:** list outcome (died, euthanized, referred, went home)
15. **What I learned:** list what you learned from the case
16. **Code:** use the code in the above list

**The case log needs to be compiled as an Excel file using the template in the appendix. List the cases in chronological order.
The list of abbreviations may be extended**

Use of artificial intelligence (AI) in scientific writing

The use of AI tools is generally permitted, i.e. for the improvement of language. However, **content creation** with AI is absolutely unacceptable and will result in exclusion from the program. Presenting such content as your own work, or failing to acknowledge its use appropriately, may be considered an academic offence. All contributions produced with the assistance of AI must therefore be clearly labelled as such and carefully checked for accuracy.

All data relevant to each case, including case identification, signalment and history, results of the examination and ancillary aids, laboratory findings, differential diagnosis, diagnosis, and prognosis, therapy, and outcome, must be filed in a digitalized format and must be accessible upon request by the Program Director.

A case log may not be acceptable and may be rejected in its entirety if critical concerns regarding one or more categories result in a fail, regardless of whether all other required criteria are adequately met.