



NEWSLETTER

APRIL 2007

Oklahoma Veterinary Board

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LARGE ANIMAL VCPR

Written by Gary Johnson, DVM

In the last newsletter Dr. Danner reviewed the VCPR as it pertains to dispensing prescription and CDS drugs. In this newsletter, I would like to look more specifically at the VCPR as it pertains to large animal prescription drugs and script writing.

It was 27 degrees; the wind had just changed to the north at about 30 mph. The rodeo bulls and bucking horses were scheduled to leave for the west coast next week. Brucellosis and Coggins testing were the order of the day. As I was bleeding the last of the bulls with numb fingers, cold toes, and a small icicle hanging from my red nose, an underweight bull with thin stool, came through the chute. The ranch hand reached in his medicine bag and pulled out a 500ml bottle of Nuflor, and proceeded to give the bull 40cc in the gluteal muscles. The ranch owner had previously told him to treat the bull and if he wasn't better by next week they would ship him. I looked at the label on the bottle...it was purchased at a farm supply store 60 miles away, with a veterinarians name on it that I was not familiar with, and directions---use as directed. Frankly, I was steamed...I was freezing my rear doing regulatory work and someone is sitting in his office writing scripts(for a fee) for bulls I'm sure he has never seen and doesn't have a clue where the ranch is. When I returned to the clinic, I tried to find the veterinarians name in the OVMA directory and the AVMA directory, to no avail. I called Cathy at the OSBVME office, and yes he is a licensed veterinarian in the State of Oklahoma.

I think this scenario is very typical of the frustrations many veterinarians are faced with daily in their practices. According to the

Oklahoma Veterinary Practice Act concerning a valid VCPR, none of the criteria was met.

"Veterinarian-Client-Patient-Relationship" means when:

a. the licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of an animal or animals and the need for medical treatment, and the client, owner or other caretaker has agreed to follow the instructions of the licensed veterinarian; and

b. there is sufficient knowledge of the animal or animals by the licensed veterinarian to initiate at least a general or preliminary diagnosis of the medical condition of the animal or animals in that:

1. the licensed veterinarian has recently seen or is personally acquainted with the keeping and care of the animal or animals, or

2. by medically necessary and timely visits to the premises where the animal or animals are kept or both, and

c. the licensed veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy, or has arranged for emergency medical coverage, and

d. would conform to applicable federal law and regulations.

What happens when a valid VCPR doesn't exist?

1. Inappropriate antibiotics are given for undiagnosed conditions.

2. Inappropriate dosages are given in unapproved locations.

3. Beef quality assurance guidelines are ignored.

4. A definitive diagnosis is never made.

5. Evidence-based medicine is not practiced.

6. An animal may go to slaughter with

drug residue. (If you recall this and the human safety issue are the reason most, if not all the new antibiotics are script drugs)

7. Intense aggravations arises:

- The slaughter buyer – if the animal is tanked due to drug residue.
- The restaurant customer who paid good money for a bad steak.
- The housewife who splurged on Friday night for steak and the family complains about the quality.
- The veterinarian, who's valid VCPR was violated, watches as the income from food animal practice continues to decline.
- The rancher, ultimately, because the demand for his product has been reduced because of inconsistent quality.

I think we as a profession must stop the invalid VCPR situations. Like any other issue, only a few veterinarians violating the practice act make this issue much more difficult for the remainder. When we, as clients of a medical doctor receive a script, it is for an exact amount of medication, for a finite amount of time. As I see and hear about scripts being written by veterinarians, they appear to be for an amount of medication to be determined by the producer and for an infinite period of time. At the OVMA meeting in January, there were several questions as to "timely visits", "recently", "sufficient knowledge", etc. concerning the valid VCPR. What is wrong with "common sense" and "doing what is right"? Let's all work together and get this right!

DISCIPLINARY ACTIONS

November 2006 – March 2007

Tamara George

Violation: (Voluntary Submission to Jurisdiction and Agreed Order) The habitual use of alcohol.

Board Action: Placed on probation for a period of 5 years; will actively receive treatment from a physician, psychiatrist, or counselor; for the first year of probation will actively participate in AA or other aftercare program 7-10 times per week; for the first year her work schedule will be limited to 20 hours per week, any hours worked over 20 must be directly supervised by another veterinarian; can not consume any alcohol; and within 90 days must pay \$1,000 fine and \$500 for costs.

RECOVERY CAN BEGIN WITH A PHONE CALL

If you are suffering from a chemical or alcohol dependency, there is a solution. OU Physicians ExecuCare is available for help. You may call 405-271-2474 to arrange a confidential telephone interview with one of their doctors.

WELCOME TO OUR NEW BOARD MEMBER

Dr. Gary Johnson is the Board's newest member. He was appointed by Governor Henry and replaces Dr. Brian Renegar, who resigned his position on the Board to begin a career as a House Representative for District 17.

Dr. Johnson was raised on a small ranch in eastern Wyoming where he decided at an early age to be a veterinarian. He was always impressed with the personal devotion and sacrifices the veterinarian had for their clients, patients and communities. He graduated from University of Wyoming in 1975 and then graduated with a DVM from Kansas State University in 1979. After graduation, he began practicing at the Checotah Veterinary Clinic in Checotah, Oklahoma. In 1980, he opened Johnson Veterinary Services located in Checotah. His practice is a very busy one doctor mixed practice with 60% small animal and the remainder large animal. Dr. Johnson has been married to Gayle for the past 28 years and they have four children. Jeremy the oldest is a third year medical student at OU Health Sciences Center; Justin a graduate student at the University of Arkansas; Jace a freshmen attending University of Arkansas and Jayme a Junior attending Checotah High school. He is a member of the AVMA, OVMA, the Checotah Lions Club, Chamber of Commerce, the Masonic Lodge, Scottish Rite, Bedouin Shrine, McIntosh Cattleman's Association and the FFA Booster Club.

RENEWAL HIGHLIGHTS

- MANDATORY QUESTIONS:** All four of these questions must be answered.
- MANDATORY REVIEW OF CDS LAWS (under CE):** This section must be completed.
- SIGNATURE:** Before returning the form, please be sure you have signed and dated it.
- RENEWAL MUST BE MAILED ON OR BEFORE JUNE 30, 2007.**

A BIG THANK YOU

We would like to take this opportunity to publicly thank Dr. Justin Roscoe and Dr. John Marcotte for assisting their local sheriff's department in one of the largest animal cruelty cases in Oklahoma. Thank you!

UNLICENSED PRACTICE – REPORT IT TO THE BOARD?

If you have evidence that a person is practicing without a license, please notify the Board. The Board will investigate the allegations and if founded, can take immediate action.

COURTESY INSPECTIONS

The Board will once again be offering courtesy inspections of hospitals/clinics; this measure is being offered to ensure that licensee's will become educated in their own clinic. Any licensee who wishes to initiate a request for a courtesy inspection in becoming drug law compliant may do so by contacting the OSBVME office at 405-524-9006 or by fax at 405-524-9012. Listed below is a Sample of the checklist that is used for courtesy inspections. Please note this is a *Sample only* and *is not required*.

SAMPLE MINIMUM STANDARDS PREMISES INSPECTION

Building & Grounds Standards (775:20-1-2)

1. Buildings and grounds at which animals are accepted for veterinary medical services is constructed and maintained in accordance with applicable federal, state and local building, zoning, and health department regulations (a).
2. Fire prevention measures meet state and local fire codes (b).
3. The veterinary medical premises is identifiable as a veterinary medical facility during all hours in which services are available (c).
4. If the premise is to remain open to the public at night, outside lighting to identify the premises is maintained (c).
5. All original and certified copies of applicable permits, current licenses, and renewals are displayed in full view of the public (775:10-5-30(m)).

Equipment Standards (775:20-1-3)

6. The veterinary premise is equipped with adequate diagnostic and treatment equipment and supplies to provide the services offered at a level consistent with the standards of veterinary practice within the community in which the premise is located (a).

X-ray-EKG-Auto-clave Sharps container Pulse oximeter

7. The veterinary medical premise meets manufacturers label requirements for biologics and other supplies and medications requiring temperature control (b).
8. Oxygen and/or ventilation equipment and supplies for administration is readily available any time general anesthesia is administered to a small animal (c).
9. Premises offering surgery has properly sterilized surgical supplies and instruments (d).
10. An individual compartment of adequate size is provided on the premises for each small animal being housed (e).

Housekeeping Standards (775:20-1-4)

11. All areas of the veterinary medical grounds, buildings and facilities are kept clean & free of refuse (a).
12. Floors, countertops, tables, sinks, and similar equipment and fixtures are cleaned and disinfected after contact with any internal organ, body fluid or other bodily discharge of a patient (b).
13. Examination tables, surgery tables, anesthetic equipment, and all indoor animal compartments are cleaned and disinfected after each patient use with disinfectants capable of eliminating harmful viruses and bacteria (c).

14. Indoor animal compartments and exercise runs are cleaned at least once a day when in use (d).

15. Outdoor animal compartments are cleaned regularly (e).

16. Ventilation and cleaning are routinely provided to keep odors from lingering in the rooms (f).

17. Noxious odors, gases and vapors do not exceed the most recent American Conference of Governmental Industrial Hygienists threshold limit values in parts per million in any one room when sampled by a singular draw per room from no less than a manually operated bellows pump or similar equipment specifically designed to measure concentrations of gases and vapors (g).

Patient Records (775:25-1-2)

18. Records are maintained for three (3) years. Records containing prescription drug information are maintained for five (5) years (a).

19. Patient records include the patient's name, species, breed, age or date of birth, sex, color, and markings if applicable (b).

20. Patient records include the owner's name, home address and telephone number (c).

21. Patient records include the vaccination record (d).

22. Patient records include the physical examination findings to include diagnosis, treatment regimen (e).

23. Patient records include the medications dispensed, prescribed or administered (e).

24. Patient records include a record of every visit or stay on the veterinary premise (f).

25. Records are maintained in a manner that will permit any authorized veterinarian to proceed with the care and treatment of the animal, if required, by reading the medical record of that particular patient. The record clearly explains the initial examination (g).

26. The veterinarian ensures that each dose of a medication administered is properly recorded on the patient's medical record, in addition to any medications dispensed or prescribed. All drugs administered, prescribed or dispensed are only being done solely upon the order of a licensed veterinarian (h).

Dispensing/Labeling Requirements(775:25-1-3)

27. CDS and veterinary prescription drugs lawfully possessed and to be dispensed for use by a companion animal are dispensed only on the order of a licensed veterinarian who has an existing veterinary-client-patient relationship (VCPR) (a).

28. All medications are within the expiration date (Pharm Act).

29. The veterinarian is ensuring that labels are affixed to any unlabeled container containing any medication dispensed and to each factory labeled container that contains veterinary prescription drugs for companion animals (a).

30. The label includes the name and address of the dispensing veterinarian and the veterinarian's telephone number if the drug is a CDS. (a)(1).

31. The label includes the date of delivery or dispensing (a)(2).

32. The label includes the name of the patient, the client's name, and the client's address if the drug is a CDS (a)(3).

33. The label includes the established name or active ingredient of the drug, strength, and quantity of the drug dispensed (a)(4).

34. The label includes the directions for use specified by the practitioner including dosage, frequency, route of administration, and duration of therapy (a)(5).

35. The label includes any cautionary statements required by law, including the words "For Veterinary Use Only", and/or any withdrawal periods associated with the drug (a)(6).

36. If the size of the immediate container is insufficient to be labeled, the small container is enclosed within another container large enough to be labeled (a)(6).

37. All CDS and veterinary prescription drugs to be dispensed or prescribed for use in food or for administration to a food or commercial animal for medical purposes, are dispensed only on order of a licensed veterinarian with an existing VCPR (c).

38. The veterinarian ensures that labels are affixed to each factory labeled container, unlabeled container, or multiple unit/dose container or box containing any medication dispensed or prescribed that contains any CDS or veterinary prescription drugs for food or commercial animals (c).

39. All CDS and veterinary prescription drugs shipped directly from a wholesale or retail distributor to the client, to be dispensed or prescribed for use in food or for administration to a food or commercial animal for medical purposes, are dispensed only on the written order of a licensed veterinarian with an existing VCPR (d).

40. The veterinarian and the wholesale/retail distributor are ensuring that labels will be affixed to each factory labeled container, unlabeled container, or multiple unit/dose container or box containing any medication dispensed or prescribed that contains any CDS or veterinary prescription drugs for food or commercial animals (d).

41. The veterinarian is maintaining the original written order on file in the veterinarian's office. A copy of the written order is on file with the distributor and a second copy is maintained on the premises of the patient-client (d).

42. The label and the written order if applicable with respect to questions #47 & #48, includes the name and address of the veterinarian and the veterinarian's telephone number if the drug is a CDS (e)(1).

43. The label and the written order includes the date of delivery or dispensing (e)(2).

44. The label and the written order includes the name of the patient or herd identification, the client's name, and the client's address if the drug is a CDS (e)(3).

45. The label and the written order includes established name or active ingredient of the drug, or if formulated from more than one ingredient, the established name of each ingredient, as well as the strength and quantity of the drug or drugs dispensed (e)(4).

46. The label and the written order includes directions for use specified by the practitioner stating the class or species of the animal or animals receiving the drug or some other identification of the animals (e)(5)(A).

47. The label and the written order includes directions for use specified by the practitioner stating the dosage, the frequency and route of administration, and duration of therapy (e)(5)(B).

48. The label and the written order includes directions for use specified by the practitioner stating any cautionary

statements required by law, including "For Veterinary Use Only" or whether there are withdrawal periods associated with the drug (e)(5)(C).

Mobile Clinics (775:20-1-5)

A mobile clinic is a self-contained trailer, van, or mobile home not attached to the ground designed to function as a clinic.

49. Equipped with a hot and cold water source (c)(1).

50. Equipped with a collection tank for the disposal of waste materials (c)(2).

51. Equipped with a power source to operate all diagnostic equipment (c)(3).

52. Drugs are maintained in a safe and orderly manner (d).

53. Controlled dangerous substances (CDS) are maintained in a locked compartment permanently attached to the vehicle (d).

54. Copies of the Drug Enforcement Administration (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) certificates are maintained in the vehicle (d).

55. The veterinarian permits inspection of the certificates by a peace officer or agency official in the enforcement of laws relating to controlled dangerous substances (d).

56. Licensee has in their possession a current State issued wallet ID card while engaged in the practice of veterinary medicine (e).

57. All original and certified copies of applicable permits, current licenses, and renewals are displayed in full view of the public (e).

Mobile/Ambulatory Units (775:20-1-6)

A mobile/ambulatory unit is a vehicle from which out-patient veterinary services are delivered to temporary sites and which is not designed to function as a self-contained clinic.

58. Drugs are maintained in a safe and orderly manner (b).

59. Controlled dangerous substances are maintained in a locked compartment permanently attached to the vehicle (b).

60. Copies of the Drug Enforcement Administration (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) certificates are maintained in the vehicle (b).

61. The veterinarian permitted inspection of the certificates by a peace officer or agency official in the enforcement of laws relating to controlled dangerous substances (b).

62. Facilities meet manufacturer requirements for biologics, medications and supplies requiring temperature control (c).

63. Surgical equipment is in either individual sterilized packs or a properly maintained sterilizing solution (d).

64. Licensees have in their possession a current State issued wallet ID card while engaged in the practice of veterinary medicine (e).

65. Copies of all applicable permits, current licenses, and renewals are carried in the vehicle at all times and displayed upon request (e).

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