

Euthanasia Best Practices: Feeding the Needs of Both Families & Veterinary Teams

Simple and practical tips that can be easily incorporated into every day practice to improve the euthanasia experience such as; quality of life assessment tools, key sentences to show your empathy, where to inject, what to give and how to prevent professional complaints. But more than anything, how to feel better around euthanasia and to get a lot of chocolate boxes and positive reviews. Basically, providing tips gathered in 20 years of experience delivered in 60 minutes!

Speaker Bio:

A graduate of the Faculty of Veterinary Medicine at the University of Montreal in 1999, and in the practice of small animals since then. Like many veterinarians, she had to euthanize thousands of animals. Having suffered from the lack of training in euthanasia, she is committed to share her knowledge and clinical experience with veterinary teams to improve the experience of euthanasia for everyone involved in the process. In the last years, she has attended international veterinary conferences and is on a mission to share the best of what she has learned in lectures on end-of-life and communication and in the clinic. She also completed the CAETA training in 2019 given by Dr Kathy Cooney, the international KOL in veterinary end-of-life.

Her focus is on how to structure the customer approach and promote the veterinary team wellbeing. Training teams on how to map the euthanasia experience, properly sedate patients, use safer alternate routes of providing medication and teach how to express empathy and deliver bad news. All potential sources of stress for families and veterinary teams.

Dr Leheurteux is also the designer of veterinary pet body bag EUTHABAG used in 25 countries and 12 veterinary schools. Over 1M of them have been sold since its launch in 2016. She has been speaking in Europe and in America since 2018 with the objective to contribute to the veterinary profession wellbeing while providing a better euthanasia experience to pets and their family.

Learning Objectives:

1. How to support the pet owners during, before and after euthanasia
2. How to use positive terminology around end-of-life
3. Benefits and protocols for the 2 injection pre-euthanasia sedation
4. How to inform families on the concerns of pet burial to prevent professional complaints
5. What you need to know on the AVMA Companion Animal Aftercare Policy
6. Euthanasia as a practice building opportunity

WELCOME!



**WOMEN
OWNED**

EUTHABAG®

Depart with dignity.



**DONATED TO
NONPROFITS**



Hi, everyone. I'm Julie Legred. With Vetcetera. Our speaker today is-- I know I'm going to botch this up-- Dr. Celine Leheurteux. I knew I'd screw it up, but-- and her presentation tonight is Euthanasia Best Practices: Feeding the Needs of Both Families and Veterinary Teams. Dr. Celine is a graduate of the faculty at Veterinary Medicine at the University of Montreal in 1999, and in the practice of small animals since then.

Like many veterinarians, she had to euthanize thousands of animals. Having suffered from lack of training in euthanasia, she is committed to share her knowledge and clinical experience with veterinary teams to improve the experience of euthanasia for everyone involved in the process. In the last year, she has attended international veterinary conferences, and is on a mission to share the best of what she has learned in lectures on end of life and communication in the clinic. She also completed the CAETA training in 2019 given by Dr. Kathleen Cooney, the international opinion leader in veterinary end of life.

Dr. Celine is also the designer of the veterinary pet body bag, Euthabag, used in 25 countries and 12 veterinary schools. Over 1 million of them have been sold since its launch in 2016. She has been speaking in Europe and in America since 2018, with the objective to contribute to the veterinary profession well-being while providing a better euthanasia experience for pets and their families. I want to first off thank Euthabag for sponsoring Dr.

Celine and this fantastic information she is going to present to us, and I will shut up now and turn it over to Dr. Celine for the presentation.

Thank you, Julie. So welcome. First, thank you so much to be here. I know how busy your days are, so really want to highlight that it means that you're really committed in improving that euthanasia experience. So Euthabag is a veterinary-owned company. There's not that many. It's an independent company as well. Just wanted to outline that because I created it.

And I'm a woman, so we're also women-owned, and I think it's a nice thing to have around the business planet. Also, because of that, maybe a part of it, we do give 1% of our sales to nonprofits. And that's something new, and I'm very proud of, and I was looking forward to. And we are finally able to do that starting in 2023.

THE CALL



THE COMMITMENT



THE PRODUCT



So just a little bit quickly on myself, I'm one of those I wanted to be a veterinarian when I was 10 years old. And this is me with my rabbit, and the next day I had 11 rabbits because she gave birth. And I've been so passionate about the vet world ever since. I just love it. I'm fascinated.

And that came with a commitment to honor that passion for vet med, which I always think that it's the best job in the world, although it's really difficult. But then when I face the reality of practice and I realized that beloved pets were put in these plastic bags, that made me really feel bad and ashamed. And the rest, everything else made sense, and I just was so proud of everything else we did that I looked for a product to honor that bond and the trust people were putting in me.

Couldn't find anything. Nothing in Italy, nothing in Japan. So I'm like, oh, well, you know, I'll just design one. It's going to be easy, and I'll sell that throughout the world. Just like a surgery, I don't know how to do it. I'll just look it up and figure it out, just like a vet, right? So I designed that product in my kitchen, and now it's available through the veterinary distributors.

THE MISSION

Improve the euthanasia experience

Vet team

Pet

Family

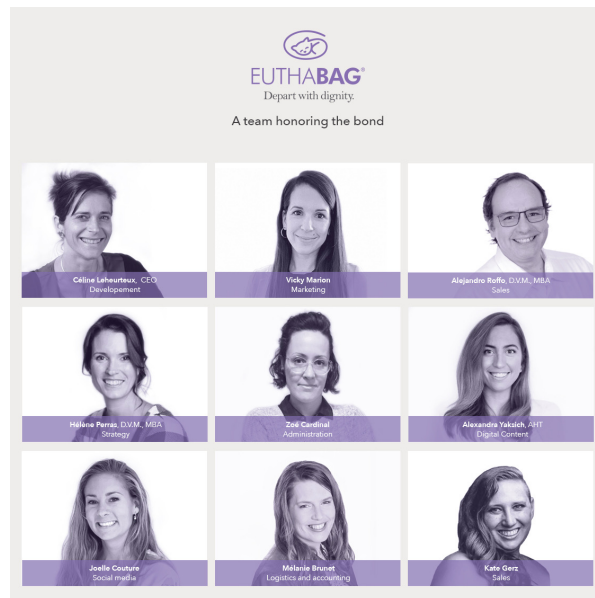
DREAM TEAM

3 veterinarians

2 vet techs

1 vet receptionist

3 pet lovers



So first, I am a veterinarian. It's my child's dream. And then second, I'm the CEO of Euthabag. Our mission is not to sell only bags. It's to improve the euthanasia experience-- that's why I'm here tonight-- for the vet team, for the pet as well, and for the family. We have a dream team of nine people. Three of us are veterinarians, two are veterinary techs, and one is the vet receptionist, and the other ones are pet lovers. So just to show you that we know where you're at at the moment.



EUTHANASIA BEST PRACTICES: FEEDING THE NEEDS OF BOTH FAMILIES AND VET TEAMS


Celine Leheurteux, DVM 1999
Designer of Euthabag
Mother of 3 and of Pepper



January 2023


Disclaimer: The information provided in this presentation is for informational purposes only and does not represent the opinion of a specialist in anesthesia. This is anecdotal data from practitioners wanting to share their experience with colleagues.

So let's get going, so feeding the needs of both families and vet teams. I'm Celine. I don't even know how to pronounce my last name, so don't try. I graduated a little over 20 years ago, and I'm a mother of three and a mother of an Australian blue heeler that made me a better vet, a better person, more empathetic with these clients that have special dogs.




CONTENT

- Guilt: the enemy to kill
- Twist it positive
- Map the experience
- Deep sedation
- Compassion satisfaction




EUTHABAG®

So today, we're going to see how to get rid of the guilt people experience around end of life, how to twist positive-- twist communication in a positive way, map the experience for the clients, the benefits of deep sedation, the fantastic feeling of compassion satisfaction. We're not going to talk about compassion fatigue today, said satisfaction tonight.



CONTENT

- Responsible pet burial
- AVMA Aftercare Policy
- Sedation tips
- Free resources

 EUTHABAG[®]

Also, responsible pet burial, really important information for you. Here, the AVMA after care policy, quick sedation tips, and free resources.



WHY BOTHER?

- Clients you love walk away from you
- Professionals walk away from vet med
- Professional complaints could kill you
- New grads still don't get educated



Why bother? Thank you for taking the time tonight to be here because you've got other things to do. You have to be all over the place. It's important because it's one of the most impactful appointments. And what brought me into putting part of my career into end of life is when a client walked into the room and started crying when she saw my face. She started crying, and then I'm like, oh, you know, are you facing a divorce or a disease?

Like, no, no, I'm totally healthy. It's just seeing your face. It's reminding me that you put down my cat. I'm like, oh, OK. So how long ago was it, like two days, two weeks, two months? And she's like, no, it's two years ago. As a young vet wearing glasses just to look older, I didn't have much life experience. And then I'm like, so what did I do wrong? Did I blow the vein, or I said the wrong thing? What did I do wrong?

She's like, no, it was just beautiful. It's just seeing you here. And I'm here today with my kid my new kitten, and it's really hard. And then I'm like-- you know, nowadays, I'm like, oh, what if I would have to bring my daughter, my baby into the same room where my father passed at the hospital? That would be really strange, like I would cry, too. So just to put that in perspective.

OK, professionals walk out of vet med because-- there are so many reasons, but euthanasia is part of that stress, that experience. Professional complaints could kill you,

and a lot of them have to do with euthanasia. And you grads still don't get educated, and that's why I'm here tonight because in practice about five years ago, we welcomed a new grad. It wasn't my practice, so I was just working there.

And I thought, you know, she graduated 20 years after me. She's going to know all about euthanasia, what to say, what to use, sedation, and so on. And the next morning when I arrived, all the vet team was like, oh, my gosh, she was such a mess last night. She didn't know what to use, didn't know what to say. I'm like, what? It's so unfair to have these new graduates come into practice with zero training, that I want to help with that.

PEOPLE ESCAPE

01

20% of clients will not return to the same clinic

02

50% of our amazing vet techs leave after 5 years



So you might know this, but about 20% of our clients won't come back to the clinic after euthanasia, no matter how much they loved you. You know these clients that you really have this bond, this trust, this beautiful relationship that took you years to build, well, bye bye. They're just gone, so that's really-- it's painful. It's just because it's too hard, not because you didn't do your job well necessarily.

50% of our amazing vet techs leave after five years when they're at the top of their knowledge. And you've work together so well, and then they're just like, you know what? It's too much. And part of it can be euthanasia. When they see that the animals are not sedated well, that the families are not prepared well, they're just like, you know what, this is-- I don't want to be part of this. So they want to give everything all the time to all of these patients and families, so we need to keep up with what our vet techs expect from us.

COMPLAINTS



01

Perception

02

Preparation

03

Treatment of the deceased body

04

Feeling of being rushed



So that's the veterinary complaints. I'll go real fast. But it's not because you didn't do the job. Obviously, the animal died hopefully, but it's a question of perception because all of those clients are in that emotional tsunami. And you might take that little white dog, you might be just giving him his sedation. And then right before you touch him, he just yaps, and then the client thinks you hurt him. Or you take him in the back to put a catheter, and then another dog screams, and they think it's their pet.

So it's just about perception because it's altered. Also, preparation, so sometimes we just-- we know how it goes, and we think that people know what we know. And then we just tell them, we're just going to sedate your cat, and we'll be back later. And then five minutes later, the cat is on his side, and they have not been prepared to see this. We see this on a regular basis, but imagine if it would be your first time.

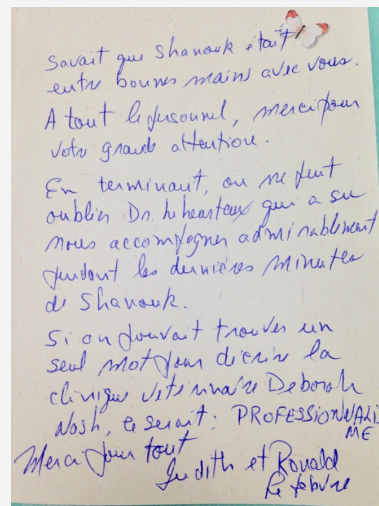
Treatment of the deceased body, you wouldn't believe how many people tell me about getting-- being traumatized with getting their dog in a plastic bag. For some reason, the vet gave it back to them in that, but that's shocking to people. That's not in line with the level of care they're used to. Feeling of being rushed, so I'm not going to tell you to keep the clients an hour and a half after euthanasia. A good three to five minutes does magic, so we'll see that a little later.

But these are all reasons why people put professional complaints down, also because they're looking for guilt, guilty person for that whole drama, the experience. So it's one of the most common grounds for veterinary complaints.

The power of

EDUCATION

Compassion satisfaction is possible
Practice building feels good
Become the most popular vet



Be Prepared and Be yourself



The power of education. So again, I'm here tonight because I had to learn the hard way. I made so many mistakes. I said the wrong thing. I used the wrong molecules and everything, and it was really hard on me because I'm a sensitive person, just like you guys. Introvert, sensitive, perfectionist, analytical. But just the power of learning by talking with pet loss counselors, by listening to Kathy Cooney, Denny [INAUDIBLE], Mary Gardner just empowered me. And I want to share that with you because after you get all of these tips, then you feel compassion satisfaction.

When you see a euthanasia on the schedule, you're like, oh, it's not an internal medicine. It's going to be easier than some of those tough medical cases. It's just a recipe to follow, and then you get chocolate boxes and beautiful handwritten cards like that that we should get more often, but we only get them with euthanasia nowadays. And the best way to be the most popular vet in the clinic, all you need to do is to be prepared and be yourself.

STAY NATURAL

- Posture
- Self-assurance
- Looking for a permission
- Reassure
- Depart with dignity



Who is your Maxou?



So for the longest time, I thought that when people were in pain or sad, I needed to be kind of sad to look empathetic. But I had the chance to meet a lady that had lost her husband, and she had seven kids. And I just met her, and she taught me how to deal with people that experience extreme pain. And she showed me that you just-- what these people need is just us to be normal, natural. Treat them normally, listen to them, be present. That's what.

We don't need to look sad and walk on the tip of our toes. Just be normal because then what they're looking for is a permission. As a pet owner facing end of life, they feel guilty. They feel they're betraying their best friend. They're killing their child. So if we look like we're not comfortable with the thing, then it makes them doubt, and they're like, oh, maybe I'm doing the wrong thing. They've already canceled three times the appointment.

So just be more natural. It's legit. Then, if they see the doctor acting normally, I think it helps them feel better. It reassures them. Also, you can refer to depart with dignity, as you know a lot of people don't have that chance, and they're facing loss of quality of life over extended periods of time. So when we say, at least he's going to be able to depart with dignity. That's helping them.

And by the way, that's my first dog, Max Su. And we have to come back to what brought

us to vet med and how precious that bond is.



NON-VERBAL LANGUAGE

- Listening without wanting to settle everything
- 80% of the communication
- Get closer
- Physical contact
- Look in their eyes



That dog, you know, nothing could replace him. He was my foster brother.

Nonverbal language, Marty Becker showed me that. Just moving around that table, the consult table, so usually on that side. They're on the other side sitting down, and you're the doctor, and you're telling what's going to happen. If you just move around that table and be at the same eye level as these clients, it makes such a difference for them. They feel more comfortable of expressing what they think, and they feel listened to.

And then the challenge here for us is to listen without wanting to settle everything because us, as the team members, we always want to fix everybody. But just welcome that. That's all. Don't fix it. So how do you feel today? I know it's not easy. That's all. So that's 80% of the communication. It's just the way your body talks. If you look at these people on the bench, they're not talking. You do know what they're thinking, right?

We're so analytical and perfectionist, we're just worried of what's coming out of our mouth. But don't worry so much. It's about just trying to be natural and relaxed. Get closer if physical contact. One finger, on the shoulder, on the head, just somewhere, something magic. Don't hug people if you don't feel like it, like I've done in the past. Look in the eyes. That's pretty obvious.

EMPATHY IS NOT COMPASSION



- I remember when I lost my pet...
- You sound worried to me...
- Normalize; many people feel this way



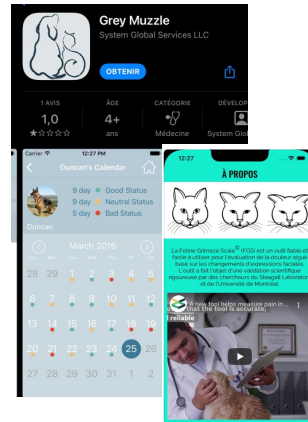
Just wanted to outline that empathy is not compassion. So empathy, what people expect from us is just to kind of understand what they're going through, just to have an idea of what they're facing, not compassion. Compassion means sharing pain. They don't want that from us. They're not asking that. That's not why they came to see us.

So just saying something like, I remember when I lost my pet, that wasn't easy. And they're like, oh, she lost a pet. They have no idea. They think we save everybody, or all of our pets are healthy and smart and normal, which is not the case. Or saying something like, when you see they're very tense, you sound worried to me. Can you tell me more? Would you feel like telling me more?

It just opens that valve of stress, and they feel that this is open. That works really well. Normalize. We all want to be normal. I'm still trying. So you can just say, many people feel this way. It's hard to take that decision for your pet. Helps them.

QUALITY OF LIFE SCALES (QOL)

How Do I Know If It's Time
 Grey muzzle app
 Feline grimace scale app
 Calendar (happy/sad face)
 BEAP pain scale
 QOL for the family



The Quality Of Life Assessment for the family
 How is life at home? It's important to recognize that a family's Quality Of Life is also of importance.

Help pet owners decide if they are in a position to take care of their ill pet at home.

WHEN IS IT TIME TO SAY GOODBYE

- AFFORDABILITY**
Have an open discussion about the cost associated with the treatments.
- TIME IS OF THE ESSENCE**
Are owners available to give medications frequently or go to the vet clinic for frequent follow-ups? Do they have demanding work schedules that may prevent them from properly caring for their pet?
- PHYSICAL ABILITY**
Medium to large breed dogs require strength when their mobility is compromised or limited. Are the pet owners able to carry or lift their dogs when required?
- EMOTIONAL TOLL**
Taking care of a sick animal can create turmoil in a family. This is especially true when a member may have had a similar condition.

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This is so dear to me. So many people leave the veterinary practice being told by the vet, you know, Mrs. Brown, you should start thinking about it. And then she goes home, and Mr. Brown is like, so what did the doctor say? Well, we should think about it. And then six months down the road, they're still thinking. They don't have the knowledge. They don't have what's necessary to think about it, so we need to provide these families with something.

A handout, two pages, "How Do I Know If It's Time?" Well, look at it. An app, there's an app for everything now. I download one a day about. There's two apps, Gray Muzzle app-- they're both free. Feline Grimace Scale, amazing. Just a calendar. That late old lady, you could just put a happy face or sad face, and look at the whole month at the end of the month. It can help you, the BEAP pain scale.

And also, the quality of life for the family. Who's going to help these families think about themselves? You know that lady, you have one in your clients, and you know she's been like that, and she has an overweight Labrador. He's peeing all over. She hasn't been sleeping for months. She doesn't have enough money to take care of herself. She's bringing that dog up the stairs so many multiple times a day, her back hurts.

Who's going to help her? Her family, they're all going to just say, put him down. This is

nonsense. I think we're here to just be the middle person to help them think about themselves and take some perspective. Just saying.

HOW DO I KNOW WHEN IT'S TIME ?

QUESTIONS TO ASK YOURSELF:



- What is the most important thing when considering my pet's end-of-life treatment?
- What are my thoughts about euthanasia?
- Would I consider euthanasia if the following were true about my pet:
 - Feeling pain?
 - Can no longer urinate and/or defecate?
 - Starts to experience seizures?
 - Has become uncontrollably violent or is unsafe to others?
 - Has stopped eating?
 - Is no longer acting normally?
 - Has a condition that will only worsen with time?
 - Financial limitations prohibit treatment?
 - Palliative (hospice) care has been exhausted or is not an option?
 - The veterinary team recommends euthanasia?
 - The veterinary team recommends euthanasia, but the required symptoms or situations that I listed above are not present?



So how do I know if it's time? Just show them that quality of life is more than appetite. I thought for 15 years, oh, if he's eating, it's all good. It's much more than that.

So that handout is very client friendly. We adapted it from Ohio State,

Assessing a Pet's Quality of Life and Making Decisions

Survey Date: _____ Weight: _____




MY PET...	STRONGLY AGREE (ALL THE TIME) (SEVERE)	AGREE (MOST OF THE TIME) (SIGNIFICANT)	NEUTRAL	DISAGREE (OCCASIONALLY) (SLIGHT)	STRONGLY DISAGREE (NEVER) (NONE)
does not want to play	1	2	3	4	5
does not interact with me in the same way as before	1	2	3	4	5
does not enjoy activities as before	1	2	3	4	5
is hiding	1	2	3	4	5
displays a different behaviour than prior to diagnosis/illness	1	2	3	4	5
does not seem to enjoy life	1	2	3	4	5
has more bad days than good days	1	2	3	4	5
is sleeping more than usual	1	2	3	4	5
seems dull and depressed	1	2	3	4	5
seems to be or is experiencing pain	1	2	3	4	5
is panting (even while resting)	1	2	3	4	5
is trembling or shaking	1	2	3	4	5
is vomiting and/or seems nauseous	1	2	3	4	5

Ref: How do I know it is time, Ohio State University



and it's just opening a whole door of reflection for them. Several questions on mobility, sleep, hygiene, and so on. No score at the end saying over 30 years and all that. It's just something that both Mrs. and Mr. Brown can talk about or as a whole family. So it's just wonderful, two pager. Download it. Print it. Give it. Just precious.

FELINE GRIMACE SCALE FROM U OF MONTREAL

0 = AU is absent	1 = AU is moderately present*	2 = AU is markedly present
 <ul style="list-style-type: none"> • Ears facing forward • Eyes opened • Muzzle relaxed (round shape) • Whiskers loose and curved • Head above the shoulder line 	 <ul style="list-style-type: none"> • Ears slightly pulled apart • Eyes partially opened • Muzzle mildly tense • Whiskers slightly curved or straight • Head aligned with the shoulder line <p>*The score of 1 can be also given when there is uncertainty over the presence or absence of the AU</p>	 <ul style="list-style-type: none"> • Ears flattened and rotated outwards • Squinted eyes • Muzzle tense (elliptical shape) • Whiskers straight and moving forward • Head below the shoulder line or tilted down (chin towards the chest)



Cat Grimace Scale from University of Montreal, so simple. Also, for your in-patient clinic, in-clinic patient. Montreal. Super helpful and also available as an app.

*"She is not in pain,
she doesn't cry"
Arrrrghh!*

BEAP Pain Scale for Dogs

Many signs of chronic pain are non-specific.
Make sure to see your vet to rule out other diseases as a cause of these signs.



<p>0 No pain</p>		<p><input type="checkbox"/> B: Breathing normally</p> <p><input type="checkbox"/> E: Eyes bright and alert</p> <p><input type="checkbox"/> A: Walks normally on all four legs; no lameness present</p> <p><input type="checkbox"/> A: Engages in play and all normal activities</p>	<p><input type="checkbox"/> A: Eating and drinking normally</p> <p><input type="checkbox"/> A: Happy, interested in surroundings and playing; seeks attention</p> <p><input type="checkbox"/> R: Comfortable at rest and during play; perky ears and wagging tail</p> <p><input type="checkbox"/> R: Enjoys being touched and petted; no body tension present</p>
<p>1-2 Mild pain</p> <p>Speak to your vet during your next visit</p>		<p><input type="checkbox"/> B: Breathing normally</p> <p><input type="checkbox"/> E: Eyes bright and alert</p> <p><input type="checkbox"/> A: Walks normally; may exhibit very subtle lameness when walking</p> <p><input type="checkbox"/> A: May show first signs of being just a little slower to lie down or rise up (subtle)</p>	<p><input type="checkbox"/> A: Eating and drinking normally</p> <p><input type="checkbox"/> A: Happy and engaged; may seem a little more subdued with some "off" moments interspersed with normal behaviors</p> <p><input type="checkbox"/> R: May show occasional shifting of position; tail may be down just a little more; ears slightly flatter</p> <p><input type="checkbox"/> R: Enjoys being touched and petted; no body tension present</p>
<p>3-4 Moderate pain</p> <p>See your vet to assess pain</p>		<p><input type="checkbox"/> B: May pant intermittently</p> <p><input type="checkbox"/> E: Eyes slightly duller in appearance; can have a slightly furrowed brow</p> <p><input type="checkbox"/> A: Noticeably slower to lie down or rise up; may exhibit lameness when walking</p> <p><input type="checkbox"/> A: May be slightly unsettled and more restless; difficulty getting comfortable; shifting weight</p>	<p><input type="checkbox"/> A: Appetite more finicky, such as wanting only treats or "special" food</p> <p><input type="checkbox"/> A: Subdued; engages less or does not initiate play</p> <p><input type="checkbox"/> R: Difficulty squaring or lifting to urinate, subtle changes in posture; tail more tucked and ears more flattened</p> <p><input type="checkbox"/> R: Does not mind touch except on painful area; turns head to look where touched; mild body tension</p>
<p>5-6 Moderate to severe pain</p> <p>Consult your vet</p>		<p><input type="checkbox"/> B: Panting often noted, possibly with an increased breathing effort</p> <p><input type="checkbox"/> E: Dull eyes, worried look</p> <p><input type="checkbox"/> A: Very slow to rise up and lie down; hesitation with movement; difficulty on stairs; reluctant to come when called; more obvious lameness</p> <p><input type="checkbox"/> A: Not eager to interact but may be in tune with surroundings; obvious lameness when walking; may lick paw/limb</p>	<p><input type="checkbox"/> A: Will frequently lose appetite</p> <p><input type="checkbox"/> A: Anxious or restless; unable to settle or sleep well</p> <p><input type="checkbox"/> R: Abnormal weight distribution when standing; difficulty posturing to urinate; arched back; tucked belly; head hanging out/tucked tail; frequently shifts position when touched</p> <p><input type="checkbox"/> R: Fully aware painful area when touched; moderate body tension when being touched</p>
<p>7-8 Severe pain</p> <p>VERY concerned! See your vet</p>		<p><input type="checkbox"/> B: Faster breathing rate with more noticeable effort; frequent panting episodes common</p> <p><input type="checkbox"/> E: Dull eyes, may also have distressed look</p> <p><input type="checkbox"/> A: Obvious difficulty rising up or lying down; will not bear weight on affected leg; avoids stairs; obvious lameness</p> <p><input type="checkbox"/> A: Avoids interaction with family or environment; will often "go off" or hide; may frequently lick painful area</p>	<p><input type="checkbox"/> A: Loss of appetite; may not want to drink</p> <p><input type="checkbox"/> A: Agitated, fearful, worried, reclusive, potentially aggressive</p> <p><input type="checkbox"/> R: Tail tucked, ears flattened or pinned back; abnormal posture when standing; more hesitant to move or stand</p> <p><input type="checkbox"/> R: Significant body tension when painful area touched; may vocalize in pain; guards painful area by pulling away or changing position</p>
<p>9-10 Worst pain possible</p> <p>EMERGENCY! See your vet</p>		<p><input type="checkbox"/> B: Panting; increased breathing rate and effort</p> <p><input type="checkbox"/> E: Dull eyes; may have panicked look</p> <p><input type="checkbox"/> A: May refuse to get up; may not be able to (or willing to) take more than a few steps; will not bear weight on painful limb</p> <p><input type="checkbox"/> A: Difficulty in being distracted from pain, even with gentle touch or soothing voice</p>	<p><input type="checkbox"/> A: No interest in food or water</p> <p><input type="checkbox"/> A: Extremely depressed or minimally responsive ("flat out"); may vocalize in pain; distress at rest</p> <p><input type="checkbox"/> R: Prefers lying position or backing to side, flat or pinned ears; may prefer to be left tucked up or stretched out</p> <p><input type="checkbox"/> R: Avoids being touched when touched; will not tolerate touch of painful area; becomes fearful when other areas that are not painful are touched</p>

Created by Dr Shea Cox



It's a BEAP pain scale. Amazing. How many times a day do you hear, she's not in pain, she doesn't cry? Show them. This is their translation guide to understand their dog's or cat's body language. Very, very precious.

IF IT SHOULD BE

If it should be that I grow weak and pain should keep me from my sleep.

Then you must do what must be done, for this last battle cannot be won.

You will be sad, I understand.

Don't let your grief then stay your hand.

For this day more than all the rest, your love for me must stand the test.

We've had so many happy years, what is to come can hold no fears.

You'd not want me to suffer so. The time has come, please let me go.



If it should be. That's a poem that's anonymous. No reference to religion whatsoever.

And it's just beautiful to show them. Say this decision some people say it's the hardest of their life over a divorce, changing job, buying a house.

Take me where my needs they'll tend, and please stay with me until the end.

Hold me firm and speak to me, until my eyes no longer see.

I know in time that you will see, the kindness that you did for me.

Although my tail its last has waved, from pain and suffering I've been saved.

Please do not grieve it must be you, who had this painful thing to do.

We've been so close, we two, these years.

Don't let your heart hold back its tears.
-anonymous

IF IT SHOULD BE



So it shows them how much it's an act of love. And we won't read it because it's so beautiful. And it's available everywhere, including on our website.

QUALITY OF LIFE

- *What a life he had*
- *The younger animal will not return*
- *The best is likely behind*
- *Not himself anymore*

- *Who are we keeping him alive for?*



Quality of life, just some sentences you can show these, or you can tell these families because everybody is different. And you need to try different angles. Trying to remove them from the focus of, is it going to be today, tomorrow, this afternoon, next week, next month?

Look at the whole picture. What a life you had. I wish I would have been your dog.

This younger version of himself is not going to come back. You need to bring them back to reality because they don't know. And not just, uh, yes, by magic because you're such a good vet come back to where he was two years ago.

Have them look at old pictures that help them, old, like six months, two years ago. That might impact them. The best is likely behind him.

That's our job to review expectations, or he's not himself anymore. What do you think? And just what I like quite a lot is, who are we keeping him alive for? When they're struggling with the decision of--

Putting an end to his suffering is starting our own suffering. That might be why there is a delay here in taking the decision. And I had this experience with one of my best friends.

She's the best pet parent of the world.

And she couldn't take the decision. No matter how many handouts I gave her or sentences, nothing was working. At one point, I just told her you know what? What about you would your dog, we put you in the entrance and she has to flip you over every four hours and take you out to do your business and that's all you do? Is that what you want her to do for you?

No, she grabbed the phone. She [INAUDIBLE].

POSITIVE TWIST

INSTEAD OF	WE CAN SAY
IV catheter	Device in the vein
A sedative	Calming agent
Euthanasia solution	Large dose of anesthetic

Ref: Dr. Dani McVety, 2019



So you never know what's going to work.

I really like this part, thanks to Denny [INAUDIBLE], just how to twist it positively. So instead of saying IV catheter. People don't know about this.

We can say it's device in the vein. We can say we're going to give Minnie a calming agent, so she's really relaxed and doesn't feel anything. That's saying we're going to give her a sedative.

No, she doesn't know what that is. She won't ask you. If you think that people ask when they don't know, they don't. They're so ashamed because they have a very low esteem of themselves during these times.

We're going to give her a large dose of anesthetic. So she's going to fall asleep and pass in her sleep instead of euthanasia solution. Euthanasia, euthanasia, anesthesia, there they're lost.

POSITIVE TWIST

INSTEAD OF	WE CAN SAY
He/she will not suffer	He/she will be comfortable
You made the right decision	We are taking the right decision
16, yrs is a good age!	It's never long enough

Ref: Dr. Dani McVety, 2019



She'll be comfortable.

She'll be feeling better than she's been in a long time. Instead of saying she won't suffer. I used to say that for 15 years. Oh, he won't suffer.

You're taking the right decision. I'm just a doctor. I'll do what you want.

We're taking the right decision for many today. This is what we need to do for her because we both-- we're here for her. It's never long enough.

Instead of saying 16 years, excuse me, it's a good age. No, it's not what they need to hear. It's never long enough. I understand.

POSITIVE TWIST

INSTEAD OF	WE CAN SAY
You'll know when the moment will come	It's extremely difficult to decide when
Call us when you're ready	Call us when you want to talk about it
You can't do anything for him	You did an extraordinary job

Ref: Dr. Dani McVety, 2019



You can say it's extremely difficult to decide when. We're all facing this at one point. Instead of going, you'll know when the moment comes. You'll see in their eyes.

No, you won't see it in their eyes. Call us when you want to talk about it because it's really difficult. Instead of, call this when you're ready, ha, ha, ha.

You did an extraordinary job. You can't do anything for him. Hmm.

You were the best pet parent. Big difference.

ADAPTING VOCABULARY

CLIENT	PROFESSIONAL
I don't want to make the decision	Together, we will make a decision for your companion
I wish he would fall asleep and not wake up	That's what euthanasia does
I would like him to have a natural death.	Natural is neither fast nor painless. His current state is not natural.

Ref: Dr. Dani McVety, 2019



Together we will make a decision for many because what they say is I don't want to make the decision.

And they will say, I wish you would fall asleep and not wake up. Yeah, they all do that. But this is what euthanasia does.

They fall asleep, and they don't wake up. Wonderful. And then we know it.

They're going to depart with dignity. We have some control. It's not going to happen in the night, having nosebleed and seizures, respiratory distress.

I would like him to have a natural death. Yeah, yeah, yeah, natural is neither fast or painless. His current state is not normal.

He will be gone a long time ago if he would be in the nature.

PRIOR TO THE APPOINTMENT

Pre-euthanasia appointment

At home services

80% of had a positive experience
at home vs 43% in hospital*

Visit the crematorium website



Ref: Ref: Cooney KA, Kogan L, CAETA online survey on 1578 women pet owners, 2022



Prior to the appointment, we-- so some simple things you can do to make it easier on them. I think the future is pre-euthanasia appointments because there are so much things to talk about. Just stuffing that in one last appointment is just unrealistic.

I don't know why we're doing that. I think, in 10 years, we'll do pre-euthanasia appointment. Actually, a study in the UK showed that 60% of the clients that had gone through euthanasia with their pet in the previous weeks, would have liked to have a pre-euthanasia appointment.

I know your days are already busy. So that's the challenge now. But appointment is a good idea.

At-home services actually, some at-home services could do the pre-euthanasia appointment for you. There are so many of them now.

They're just growing like mushrooms. That's really amazing. And the study done by a Dr Cooney, last year survey on 1,500 pet owners, showed that 80% of them had a positive experience when it was done at home versus 45% in a hospital.

So just saying that people cannot know that this is out there, and telling them that it's

available in your area, you're just helping them. And they'll be grateful for that. And your days are busy enough, I think.

You can also offer them to visit the crematorium website before. We know what's going to happen in the next couple of months. Why not start thinking about it?

That's also what that study showed. They need some time to make their choices. And for so many years, I had clients make their decision on the reception desk with people behind grabbing a bag of dog food.

And it was just so awkward. And I was like, Oh, would you like a golden plate or a silver plate? I don't do that anymore. But I did not know.

“ Failing to plan is planning to fail! ”

So failing to plan is planning to fail. It's just so simple. We just need to plan this a little more ahead, a little better, to make everybody feel better.

MATERIAL



- Signed authorization
- Extra dose
- Needles
- Stethoscope
- Alcohol / Gauze
- Tissues
- Clippers
- Turn off phones



Short note, when I started doing at-home euthanasia, at one point, I just made a little list because it's really simple. You don't need a lot of material. And you can-- it's predictable.

Who never forgot a sign authorization? I did at least two or three times. Who did not forget his stethoscope?

So when you don't have a list, and you're busy, you got the hit-by-car dog on the way, you've got another dog, another appointment waiting, you're late, you've got-- so it's easy to forget. And if you have just a list before you get into that room, you can just center yourself and that you have everything. You have your stethoscope.

And you turned off your phone. And you ask them to turn off their phone. It's just one way to prevent things from being tough.

One time I had to go, I think, three or four times in the back, go get more euthanasia solution. Why? Now I just grabbed the whole bottle. I am like, OK, who knows?

It happened to me once. But I don't want this to happen anymore. And I now know what happened.

That dog had eaten cheap food all of his life that was probably made with farm animals that would euthanize with pento. And that's why he had a hepatic induction and a resistance to pentobarbital. Anyways, I found that out just about two years ago in the study. I couldn't believe it.

For so many years I've been wondering what happened with this black dog.

CHECKLIST

- ✓ Have you already experienced a euthanasia?
- ✓ Special request?

- ✓ Sedation (reaction, onset of action, effect)

- ✓ Do you want to stay with the whole time?

- ✓ Injection into the vein

- ✓ Injection of anesthetic (not a poison)

- ✓ After the death (eyes open)

- ✓ Intense emotional release



OK, checklist as well for what to talk about, because our teams are getting bigger, and bigger and we just need something to help us, make sure that everybody is on the same page, again, to mark the experience. Did you already experience a euthanasia? Yes or no?

You both need to know if-- it's interesting to know both. I meant, excuse my English. Do you have any special requests?

People won't go on. Don't worry. That sedation, what's going to be the-- if they can have a possible reaction to the injection.

And if you say so, they won't. If you don't say, they will. The onset of action and the effect, do you want to stay the whole time with your pet?

I find there's a lot of pressure for pet owners to stay the whole time like they're captive. Otherwise, they're heartless. I open the door.

I'm like, if you want to be here just during the first part, then go out, come back. It's your experience. It's your time. And you do what you can because it's not for everybody to stay the whole time. Everybody is different.

And then, there will be an injection in the vein that is an anesthetic. It's not a poison. Some of them still think it's strychnine. And they'll have spasm, they'll scream, they might bite, and I jump out. They have no idea.

And after that, the eyes will stay open. I know. I've done that 4,000 times.

And I did forget to mention it a couple of times. And then the clients are like, Oh, the eyes stay open.

Yeah, they do. The eyes stay open. You need to remove [INAUDIBLE].

And then, you'll have an intense emotional release. Again, it's normalizing. It's normal. You'll feel that.

And it's going to come out. It's normal. You love your pet. You need to-- it's fine.

THE APPOINTMENT

Remember
when you did *not* know
what you *now* know!

*80% of owners don't want
to be separated from their pet



I have been there, Today is not easy



You only have to sign here



Don't weigh the animal *



Map the experience



Explain the duration and physical effects

Ref: Cooney KA, Kogan L, CAETA online survey on 1578 women pet owners, 2022



The day of the appointment saying something like, we're really stressed out, uncomfortable. Hello, hey, hey. I've been here.

Today is not easy. --because they might think that you've saved all of your pets. You're such a hero that you don't lose any of them. They're all healthy and young.

Instead of saying, just fill up this form. Filling up a form. You only have to sign here.

Don't weigh the animal. I see it happen a lot of times. You don't need to weigh him.

Again, that study has shown that 80% of owners don't want to be separated from their pet around euthanasia. It's their moment. They're glued together.

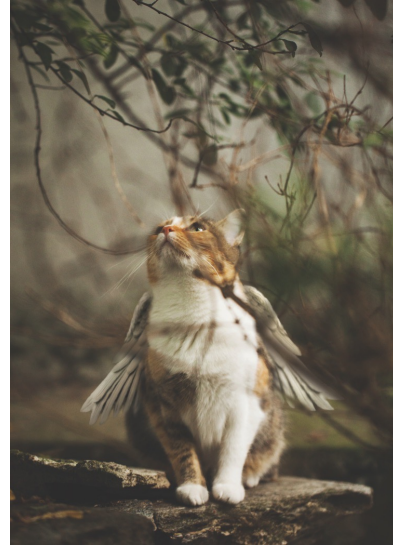
You can guess. That's the beauty of euthanasia. You have a wide range. [INAUDIBLE] experience, sedation, injection in the vein, after, possible reaction. Explain the duration and physical effect of all the different steps.

Try to remember when you did not know what you now know. So it's not normal to know what a cat looks like after a kitten injection. Just remember that.

THEY HAVE NO IDEA

Special request ?

They can talk, touch, kiss and cry



They have no idea that they can talk, touch, kiss, cry. It's normal to cry, not to worry. I think it's important to tell them that. It will help them, help decrease their level of stress.

SEDATIVE

- Protection reaction to the injection
- Onset of action
- What it will look like
- It will take away the pain
- Asleep



When you give the sedative, make sure you tell them that they might have a protection reaction to the injection. It's not because it hurts. He's just not taking any chance. He's on guard. He wants to let us know that.

Onset of action, so for dogs usually, depending what you're using, 15-20 minutes, 10 minutes, maybe, five if you're doing IV, 3 seconds. I don't know. But just tell them what to expect. They're not a vet tech. --what it's going to look like.

And tell them it's going to take the pain away. Oh, really? And that they will fall asleep.

They'll be really relaxed. Oh, OK, feels better already. --calms them at the same time.

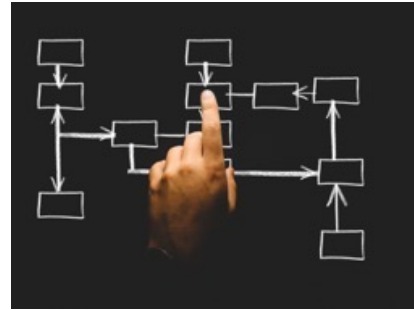
CHANGING THE FOCUS AND TAKE YOUR TIME

Where did you get him?

I guess she made you laugh a lot

He sure has personality

How did you come up with her name?



It might look awkward, but it's working for me. Whenever we're getting close to that climax, where we're going to inject the euthanasia solution-- of course, I ask them, I'm ready now, can I go ahead?

And then, this is where, I'm with the vet tech in the back, and then I go, so where did you get him? Or I guess she made you laugh so much. And then they go on.

And it's taking them out of this and just back to their souvenirs and beautiful memories. He sure has a personality. He's one that you'd like to put a muzzle on. And how did you come up with this name?

And that really is just interesting on top of that. That's beautiful.

DON'T LET THEM RUN AWAY

- Debrief after
- Invite them to touch their pet
- I felt she was ready, It was peaceful
- Do you feel the same?
- It is all worth it, it's normal it hurts, share stories
- This is when the magic happens



So and then, that's something of, with a lot of value for me as well.

Like at first, I didn't know what to do with them when they're crying. After they had their emotional release, they felt so bad crying in front of me that they would just wanted to run away to their car and cry in their car. But now I keep them captive. I debrief.

And this is, for me, the most beautiful moment. It's my victory, too, when they're crying so hard, and then they smile at the same time, and they show me pictures of when he was singing with the parrot and when they were doing 4-wheeler. So debrief.

I invite them to touch their pet because I saw the effect when I had to put down my godmother's dog, cat. And that I stayed with her. And she was just touching her pet. And I could feel that it was getting a lot of stress out of her.

And then I tell them I felt he went peaceful. Did you feel the same? How did you-- what's your perception?

And they cry so much. Just telling them it's all worth it. It's normal. It hurts because you had so much love that you shared, so many stories and beautiful moments.

And, yeah, I just love it. Try that.

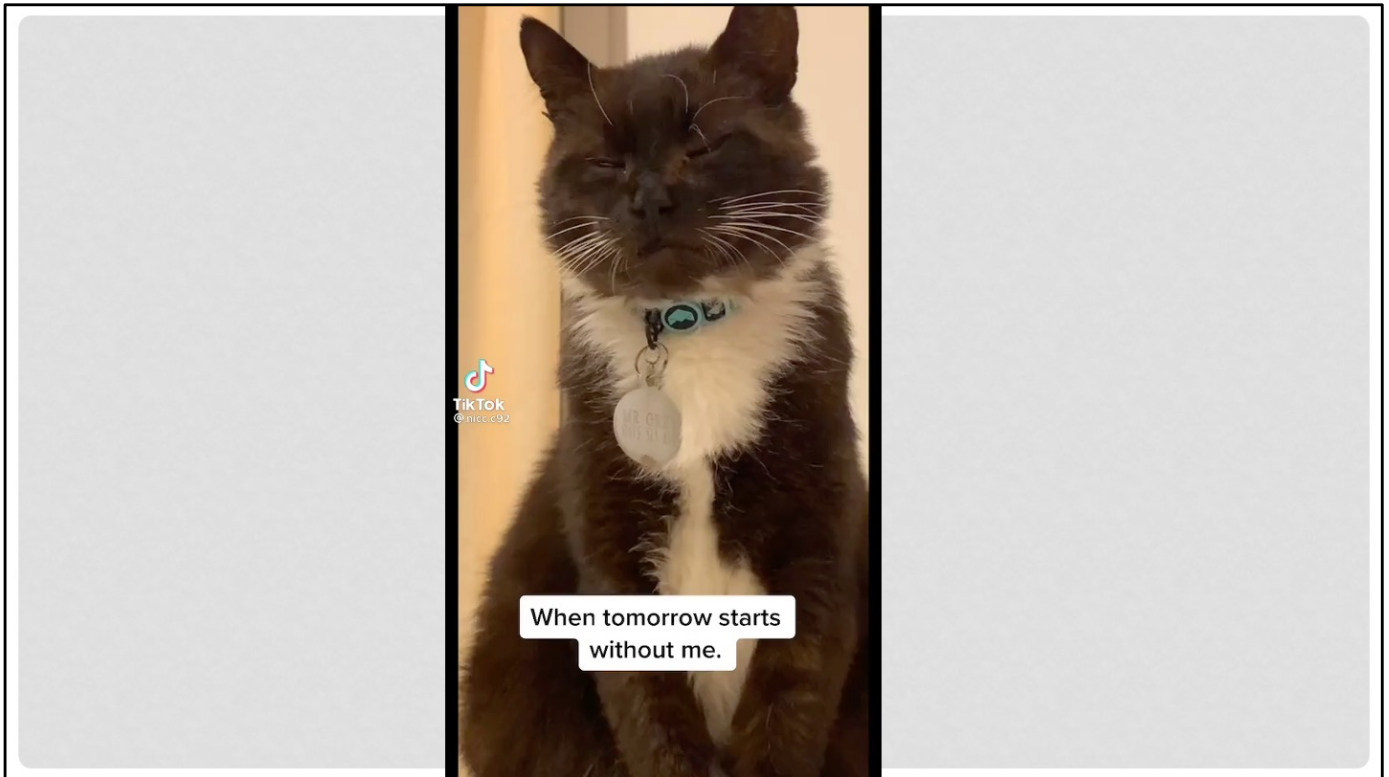
OFFER GRIEF SUPPORT/RESOURCES

- Support groups
 - Online
 - In person
 - euthabag.com shows a list
- Pet loss counselors



Offer some grief support and resource.

Again, they don't know what's out there. Some people do online visits and one or two max of pet loss consultant appointments and that's all. It's about \$100 each consult. So just because if you don't tell them, who's going to tell them?



I won't show it to you because it's so beautiful. But you need to know it's out there. It's on TikTok.

So there's a template when you lose a pet or a person dear to you can just put those pictures. And the result is just incredible. It's so beautiful.

[PLAYBACK]

When tomorrow starts without me, and I'm not there to see, if the sun should rise and find your eyes all filled with--

[END PLAYBACK]

OK, I won't show it all because we're going to start crying. But it's just so beautiful. This is why we're here. This is so precious. And it's out there.

TWO-INJECTION METHOD

My game changer!

Unconscious animal

Facilitates **acceptance** for the family

Facilitates OUR JOB!!!

Alternative injection routes possible



Well, that was kind of our break before we do the second part. Let me know in the feedback at the end if I should show it all or not show it at all. I don't know. So I just showed a couple of seconds. It's just so beautiful.

OK, my biggest game changer was the two-injection method to provide a deep sedation to the pet. The euthanasia is done on an unconscious animal, surgical plain, not feeling anything, not reactive. For 15 years, I thought it was a great idea to have these dogs kind of groggy and interact with their owner.

And then, three seconds later, they were dead. And that was great. That was a good idea.

Well, again, some study showed that-- that showed that over 60% of the pet owners would like their pet to pass in their sleep. I understand that. So facilitates the acceptance for the family, because this is something we hear a lot, that pet loss counselors tell us is people say that worked so fast. Three seconds they told me it was gone.

Well, they'll wonder. We're formatted to just go so fast and hit that plunger. But take it easy. Take your time because it can take up to a minute.

No problem. They don't know it could be three seconds, but just it gives them time. And

it's easier on us, just less stress of having that done in 3 seconds.

Also, it allows you to use alternate injection route if you can't find a vein. That's another topic for another webinar.

TWO-INJECTION METHOD

My game changer!

Calms the animal

Calms the family

Facilitates physical contact with the animal

Allows a transition



It calms the animal, the family. It facilitates a physical contact with the animal.

That client, her son, who was 30 years old. He had a cat. He had to be interned in a psychiatric unit. And she was stuck with the cat.

And the cat-- she couldn't touch that cat. She tried everything to tame the cat. She couldn't do anything. She had to put him down.

After sedation, she was finally able to cuddle with the cat. And I'll remember forever the look in her face when she was able. She looked at me, and she was just so satisfied of having this little minute with him, allows a transition.

TWO-INJECTION METHOD

Pass in their **sleep***

Without **stress**

With their **loved ones**



•92 % of pet owners wanted their pet to be fully asleep before the procedure

Ref: Cooney KA, Kogan L, CAETA online survey on
1578 while college-educated, women pet owners, 2022



Pass in their sleep without stress with their loved one. This is what I want. Myself, I don't know if I'll have access to this.

I can't go into details around sedation cocktails. But I found mine. Thank you to Mary Gardner again, I call it blessed sleep. It's a mix of ace, ketamine, xylazine, and butorphanol.

SEDATION CANINE

Blessed sleep

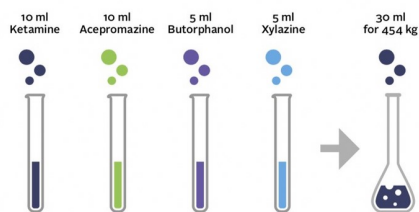
20 minutes onset
SQ or IM
Affordable
Analgesic

PREMIX

Ingredients	Concentration	Dosage	ML
Acepromazine	10 mg/ml	0,22 mg/kg	10
Ketamine	100 mg/ml	2,2 mg/kg	10
Xylazine	100 mg/ml	1 mg/kg	5
Butorphanol	10 mg/ml	0,1 mg/kg	5

PREMIX DOSAGE

Weight	BLESSED SLEEP premix
KG	ML
2	0.1
3	0.2
4	0.3
5	0.35
6	0.4
7	0.5
8	0.55
9	0.6
10-13	0.9
13-15	1
15-20	1.4
20-25	1.5
25-30	2
30-33	2.2
33-37	2.5
37-45	3
45-50	3.3
50-55	3.7
55-60	4



Dosage: 0.3 ml/4.5 kg

Ref: Mary Gardner, Cofounder of Lap of Love, 2019



Using four of them together reduces each of the molecules' dosage in a half. So also, the side effects. I love it.

It does take 15 to 20 minutes. Again, we're not in a rush. The priority here is stress-free, pain-free experience.

And it's affordable. It's a great painkiller. And it's a premix.

So you do have 0.3cc per 10 pounds. It's just easy to make sure you're not getting this wrong.

PRE-EUTHANASIA **ORAL** SEDATION IN 2023!

Trazodone+ Gabapentin
Plus DEXMETEDOMIDINE, DETOMIDINE OR PENTOBARBITAL
OTM OR ORAL

STRESS

- For the animal
- For the family
- For the team



RISKS

- For the vet teams
- For the owners



So I'll let you know how to access this information and More details later.

Pre-euthanasia oral sedation, so again, I just want to give you hints. I'm so passionate about it all, but I don't have enough time. Why aren't we using oral sedation in 2023?

In Canada, we're not using it, hardly at all. In the US, it's moving. So yes, trazodone and gabapentin.


But you know that, for some of those dogs, it's not doing anything. And you're putting yourself at risk. It's super tough for the animal, poor little dog, his family, us the team, dhi, dhi, dhi. Why do we do that? It's super risky.

Who has not had a client that got bitten by his cat or his dog? Oh, my God, on liability.

PROTECT OUR PRECIOUS TEAMS

Tia Griffin
Hier à 13 h 13

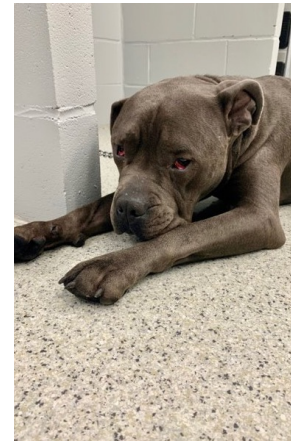
In 2017 I finally decided to go back to school and get my second degree. I decided on Veterinary Technology even though it's a highly underappreciated and underpaid career. I did it for my undeniable love of animals. I successfully graduated in 2019 and passed my VTNE (Veterinary Technician National Exam) with flying colors! I could officially add "LVT" to the end of my name. Through my time as a vet tech I've had my fair share of bites and scratches, but nothing like what happened on June 29th, 2020. I was bit in the face by a large dog after simply petting her on the head gently. Apparently that was a no-no for her. She immediately jumped up and attached herself to my top lip and began to shake her muzzle as if I was one of her dog toys. I eventually was able to pry the pup's teeth out of my lip and cheek but ended up losing 1/3 of my top lip. I was rushed to the ER and waited almost 2 hours for a plastic surgeon to finally reattach what was left of my lip. Thank god I patiently waited those 2 hours. The ER I went to took it into their own hands to call the best plastic surgeon in town (Dr. Amanda Dawson) to do my surgery because of the severity of the injury, and THANK GOD they did. It was plenty worth the wait. Although I will never regain feeling in my lip or under my nose because of the nerve damage, I will forever be grateful for the amazing work she did on my face. I cried for weeks just thinking about how hideous I was and how I will never look the same.. but I finally see the magic. I've always believed that everything happens for a reason. This is just another example. This has taught me to truly love myself for me. Looks can only get you so far, it's about what's on the inside. It was an extremely unfortunate event that happened, but I've gotten to the realization that I've gained so much more than I've lost. #LVTforlifebaby



OK, I won't show that picture very long.

CLINICAL CASE

Did not like the
bitterness of the
pentobarbital



2 cc of dexmedetomidine
On cream cheese
0.5mg/ml 22mcg/kg
45 min



But because I saw that picture, and I see someone on occasion every month of a nasty bite, because I saw that and because I had the information on oral sedation, when at the end of my work shift I saw that guy at the end of the treatment room, that, of course, was safe for me for the last case when I was done with my appointments, I needed to put down this dog. That all I knew is that he was confiscated there by the police because it was too dangerous. He had no muzzle, no history, nothing, just a chain and tied up.

So I'm like, Oh, yeah, I did that before with the chocolate lab. I put some pento in some cat canned food. And it worked beautifully.

He gobbled it down. And it was out 20 minutes. This guy, I'm like, Oh, yeah, let's put it in some pizza.

And then we're like having fun injecting pento into the pizza. Pento is super bitter. But it's cheaper. So that's why I took that because I didn't have some affordable, the [INAUDIBLE] gel at hand at that clinic.

And that pit bull didn't want to know anything about pizza. It was just looking at me. So I tried cat food and peanut butter. Everything didn't work.

So finally, to keep my team safe and myself safe, I used dexmedetomidine that I put on cream cheese at a very low dosage because it's so expensive in Canada. It's about 15cc at \$15 per cc. So I already had like \$30 in sedation and stomach clinic.

But after 45 minutes, he looked like that. And I was able to put a muzzle on safely. And when I gave him his second shot of sedation, you should have seen the reaction.

I don't know what it would have looked like.

MORE ON AND SEDATION

- Practical Classes in Veterinary euthanasia
- 7 hours of **FREE** RACE approved CE

veterinaryeuthanasiaeducation.com

euthabag.com



Stop that. Let's stop that. Let's just have a more relaxed time using oral sedation.

So more on sedation, you can find here. You can scan the QR code to this free RACE-approved platform just on euthanasia, just to make it easier on use, safer.



FELINE PRE-EUTHANASIA SEDATION PROTOCOLS

CALM PATIENT (INJECTABLE SEDATION)

Weight	ACEPROMAZINE 10 mg/ml Dose: 0.2 mg/kg	+ KETAMINE 100 mg/ml Dose: 10 mg/kg	Optional		
			+/- MIDAZOLAM 5 mg/ml Dose: 0.2 mg/kg	+/- HYDRMORPHONE 2 mg/ml Dose: 0.005 mg/kg	+/- ALFAXALONE 10 mg/ml Dose: 2 mg/kg
KG	ML	ML	ML	ML	ML
1	0.02	0.10			0.20
2	0.04	0.20			0.40
3	0.06	0.30	0.01	0.01	0.60
4	0.08	0.40	0.15	0.01	0.80
5	0.1	0.50	0.2	0.01	1.00
6	0.12	0.60	0.25	0.01	1.20
7	0.14	0.70	0.25	0.01	1.40
8	0.16	0.80	0.3	0.01	1.60

Note: When done drawing the medication, add 0.1 cc of lidocaine for a smooth, painless injection.

REACTIVE PATIENT

Preappointment ORAL sedation*

TRAZODONE	GABAPENTIN	BUPRENORPHINE
50-100 mg/cat	50-100 mg/cat	0.1 mg/cat

*Given orally the night before, in the morning and 2 hours before the appointment.

In-clinic ORAL sedation

Weight	Tasteless	Optional - Bitter	
	DEXMEDETOMIDINE 500 mcg/ml Dose: 50 mcg/kg	+/- KETAMINE** 100 mg/ml Dose: 5 mg/kg	OR +/- KETAMINE** 100 mg/ml Dose: 10 mg/kg
KG	ML	ML	ML
2	0.20	0.10	0.20
3	0.30	0.15	0.30
4	0.40	0.20	0.40
5	0.50	0.25	0.50
6	0.60	0.30	0.60
7	0.70	0.35	0.70
8	0.80	0.40	0.80
9	0.90	0.45	0.90

**Add 0.1 cc of maple syrup to Ketamine to reduce bitterness.

dosage charts in cc/kg



And then, after an hour, you can access those dosage charts in cc per kit, for cats, for dogs, for different options depending what you have on hand at the clinic, just to help you because it took me so long to get them. Hope you do.

REACTIVE DOG

Desensitization to a basket muzzle
3:13min on Youtube



Desensitization to a basket-muzzle

726 views · Aug 31, 2015

7

0

SHARE

SAVE

...



Sherwood Park Animal Hospital
25 subscribers

SUBSCRIBE



OK, just want to show that for these reactive dogs, a clinic in Montreal did this video on desensitization to basket muzzle. Three minutes, send your clients to watch this because some of them will use it. There's more and more reactive dogs.

SEDATION TIPS



Give more if needed

SC or IM in dogs = same onset

Tension before the injection

Needle 25G - 22G

Oral sedation for reactive pets



And it's going to go on for a while. We have a whole generation of anxious dogs.

Some sedation tips, sometimes you're like, yeah, he's not quite to sedate. And now should I give more or not? I say just give more because people are not in a rush to just want to stress-free experience.

[INAUDIBLE] same onset. It's just pick the one that you have less chances to have a reaction from the dog. I found out that after I'd used that if you apply tension on the skin, especially on these wide little dogs gently, spread out the nociceptors, they have a tendency to react less. And use the smallest needle gauge you can.

Use oral sedation for reactive pets. Don't fight with them or put yourself at risk.

PAIN FREE FELINE IM INJECTION



Change to a **fresh** needle
25 G
Inject **SLOWLY**
Lumbar muscles
Add 0.1cc **Lidocaine** (for dogs too!)

Less is more!



For pain-free feeling intramuscular injection, I'll find a way.

I hardly, the sedation is-- the contention is very light. I just put my hand on their shoulder, super vet techs by my side just in case he jumps out and she's catching him. But what I do is I draw the sedation. And then I change to a fresh needle, the smallest gauge that I can.

And I inject slowly. Sometimes you see as if they're just about to run away I will go faster. And then I used a lumbrical muscle. So they're just leaning on my forearm. They hardly move.

When they're reactive, and I suspect they're going to react, I add lidocaine, just 0.1, 0.2. It doesn't matter. And also I use it for dogs. And I look like a superhero when I give the cerenia injections.

So just think about it because you hate to hear these dogs scream.

FELINE FEMORAL VEIN



Again, maybe you figured it out, but it took me 15 years to think about the femoral vein. So I'm in the back with my super tech, we're together. And we know each other and we'd our business.

Family is on the front. They kiss. They talk. They cry. Beautiful.

We're both in our own departments. It's a super easy.

CANINE LATERAL SAPHENOUS VEIN



For dogs, the lateral saphenous vein. Beautiful.

Instead of being that there's [INAUDIBLE]. And they look at you. And then you tremble. And, Oh, that's over. I'm done with that.

CANINE

Accessory cephalic vein



Photo credit: Susan Rodgers Veterinarian Palliative Medicine group

Dorsal pedal vein



Photo credit: Lisa Burnett Veterinarian Palliative Medicine group



Alternatives, just in case you can't find these two, the accessory cephalic vein and also the dorsal pedal. So both pictures, one is from Susan Rogers and from Lizzie Burnett. They are members of the Veterinarian Palliative Medicine Group, a closed Facebook group.

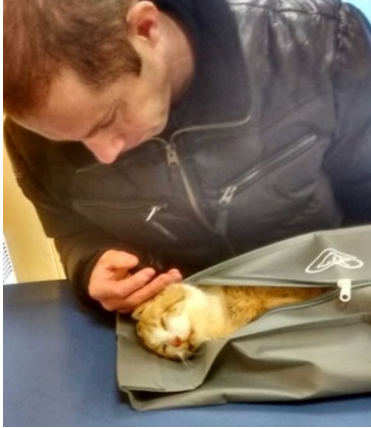
If you have an interest in euthanasia end of life, a really interesting group to be in, a lot of good conversations. So just more options. You never know how it's going to turn.

CREATING BEAUTY



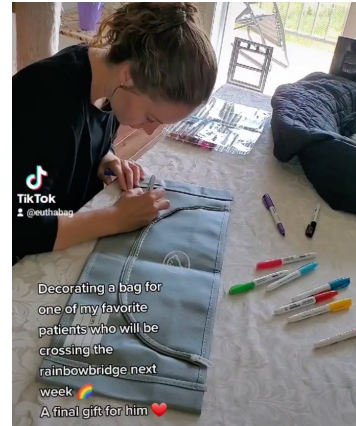
So the last part of the presentation is about creating beauty. Yes, it can be hard to perform euthanasia. Yes, it can also fill up your tank.

--feeling that you're doing everything you can for these families. And you go through a privileged moment. But you need to do some little things that use your creativity. Show your empathy.



INVOLVE THE FAMILY

- QOL questionnaires
- Books
- Closure
- Letter
- Personal item



That makes us feel good. I have it working for me anyways. Try to involve the family. Have this quality of life questionnaires. Let them know there are hundreds of books around pitfalls.

Again, they might not think about it. We have a whole list on our website. When I have clients, I'll tell them, at the end, I will use a designated body bag for your pet. You're welcome to stay if you'd like to be present when I will be inserting your pet in that bag. If you're not, I'll be treating him as if he was my pet.

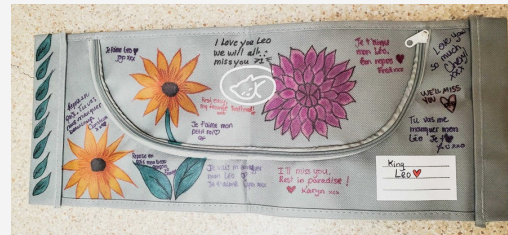
But most of them will stay, I would say 75%. And then, they just naturally go and say their goodbyes right there. This is where they kiss, and they say goodbye, and then they close the bag.

And for them, they have that feeling of protecting that pet as they've always been doing, protecting the baby. So it's really strong, symbolic for them. And they can put a personal item, a drawing, a letter.

And then, a lot of them now have started-- well, thanks to Joel, that is in picture there. She's a vet tech and a vet receptionist. And she brought us the idea of just writing decorating these body bags, just to feel that you're with the pet along the journey, the

next step

THERE ARE NO RITUALS, WE CAN HELP



Feel the love!

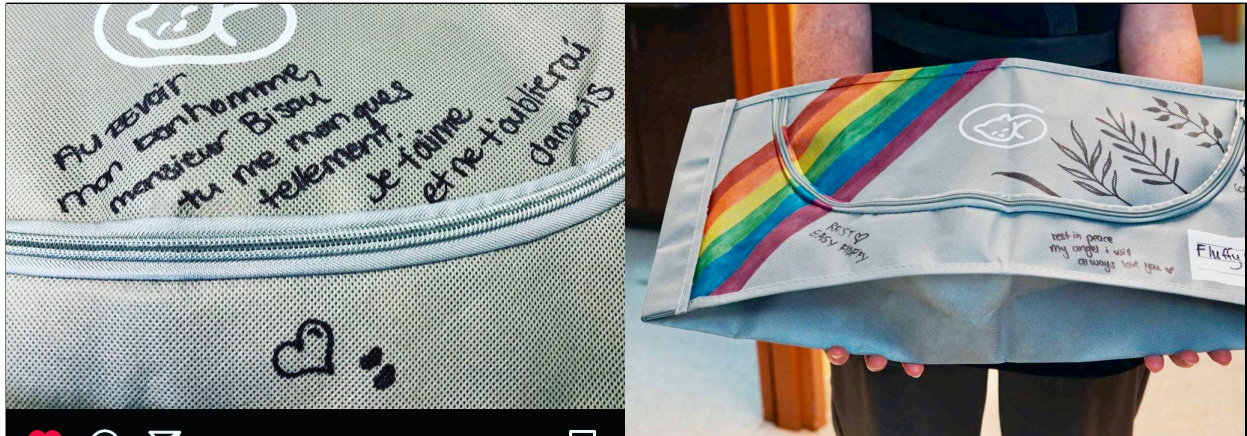


because there are no rituals for these pets.

And it's just hard to start your grief because there's not going to be any ceremony. You just go home and be sad and feel sad to be sad. So it's just helping.

And I've experienced it several times with my kids with our guinea pig, and cat, and dog. And it's just showing the love. And, again, that picture on the right, that's from-- it's a clinic cat, King Leo, that passed. And all of the vet team put a little note. It made them feel good to show Leo, think about him, and show him how special he was.

We're crazy. I know.

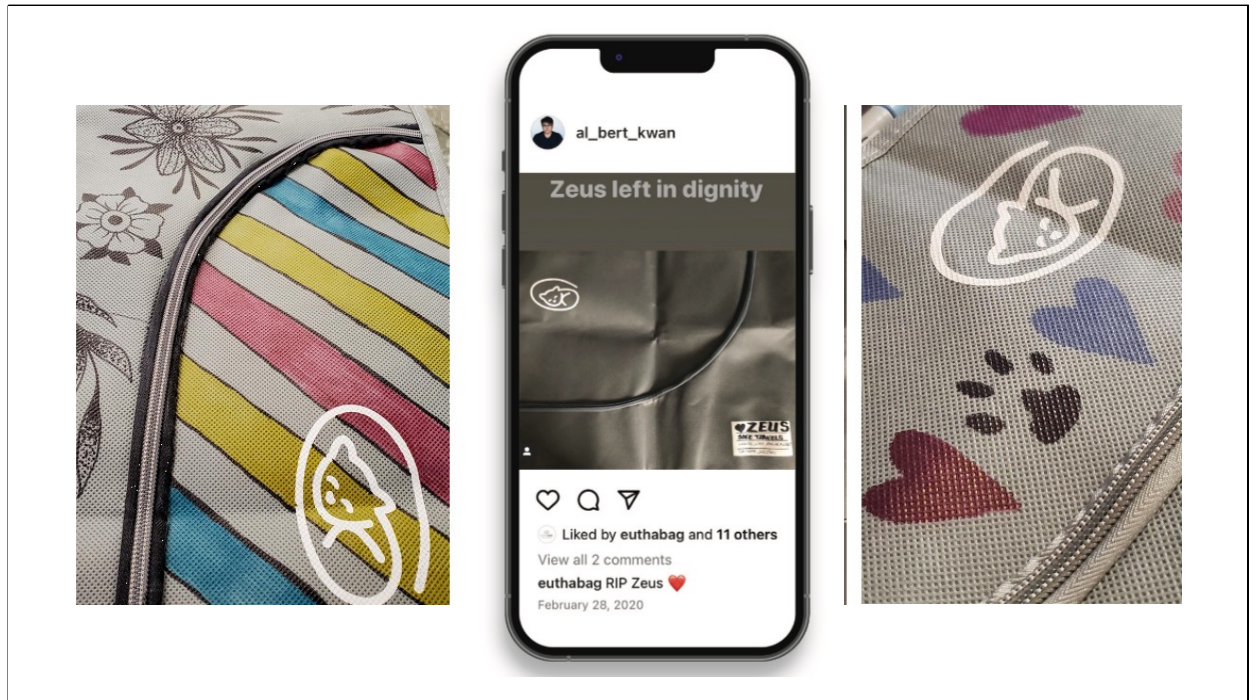


Be their hero!

Compassion satisfaction

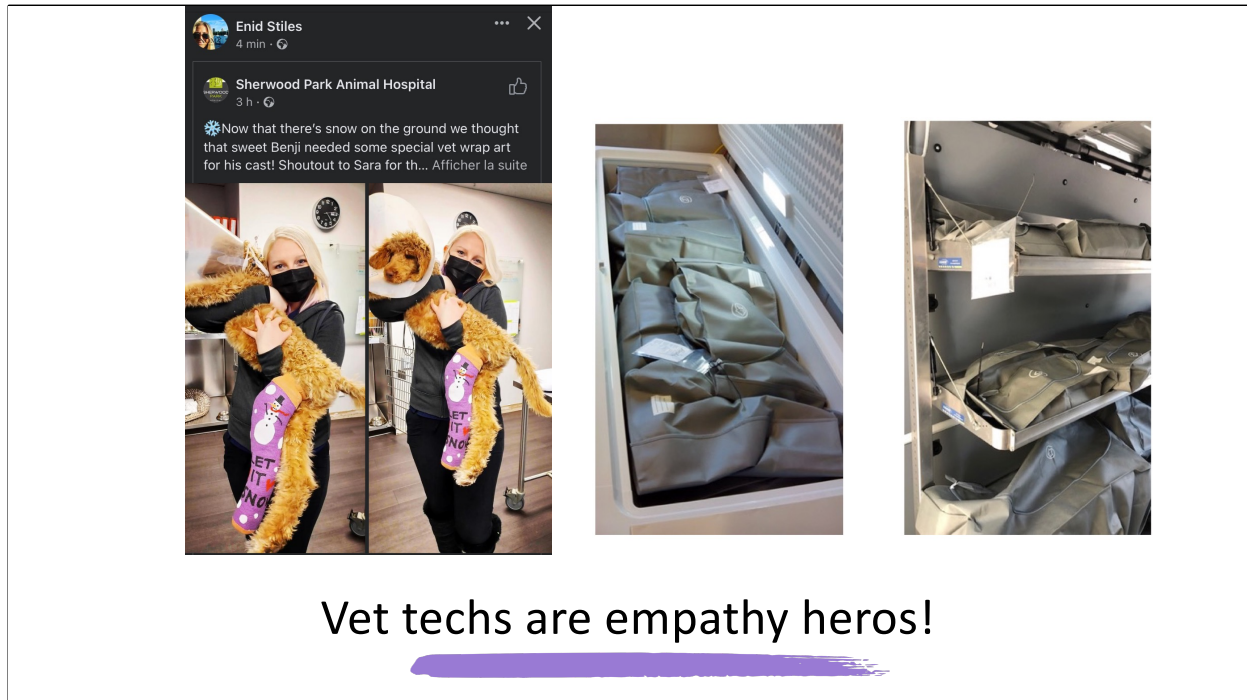
It doesn't have to be a fancy drama like on the left. I'm left-handed. --like the left.

Just writing goodbye, my love. I'll miss your kisses. Bye-bye.



And then, for them, it's just like they can't believe how nice you are. You gave them that opportunity. You're their hero. It's like a milk fever in large animals.

And then people share that on social media. It means it's important. And that's what we have to do for them, be with them for important things.



Vet techs are empathy heros!

Vet techs are empathy hero. You know that. Look at that bandage with the snowman.

And then, they go on with the bag. And it's just crazy. And again, it makes us feel better. They're so committed, so professional, so on top of everything.

I think to deserve something in line with their level of commitment to put these beloved pets and patients in something that is respectful and dignified. It looks like that, instead of looking like a [INAUDIBLE] say.



PERSONALIZED EXPERIENCE

Like it was our pet

Stephanie and Prints

Locketts of fur in a bottle

Call the next day



Go the extra mile to show them how much you care. And then give them the strength to come back to you and continue the journey together being their vet team.

So at the clinic, at one point, I started doing the paw prints for free, putting it in the, excuse me, sympathy card. And then, sometimes, I was out of the practice, and that client brought their pets for euthanasia. And they were like, Oh, Bobby's gone. Did you do the paw prints?

No, we didn't. We were in a rush. There was a hit-by-car. Oh, yeah, I know.

So at one point, I just said, you know what? We have to do it for everybody because it's so precious. And then I got Stephanie on board because Stephanie, she's an extremely wonderful vet tech.

And she had lost her dog when she was young. And she never got a paw print. And she wished she would have one.

So she's like on it whenever there's a deceased patient. She gets the stuff. And she shaves. And she does that because she wants to make sure they get it because she didn't get it.

And then we started doing nose prints. And this is when we did-- this is one of our first one. We did an arm on that cat. Beautiful. --on those dogs.

So just something to think about, something different. Sometimes the pads are so damaged that the nose is easier. Some people like it so much. I've had clients tattoo that print on them.

Those old vaccine vials you don't know what to do of you could be putting a little bit of hair in it if you think that's going to make them feel better. Call the next day. OK, this is the least thing you want to do. After a hard euthanasia, very emotionally, you're like, Oh, yeah, I'm going to call the next day.

You know what, I've done it a couple of times. So rewarding. You would think they would keep you on the phone an hour and a half. No, they won't.

They're just like, Oh, I got-- the doctor is calling. Then, how are you doing? Oh, thank you so much. I'm fine.

Well, it's tough. But thank you so much for calling. Woop. Bye-bye. Incredible.

Try it. Sure. --well, if you can. It's worth trying it once.

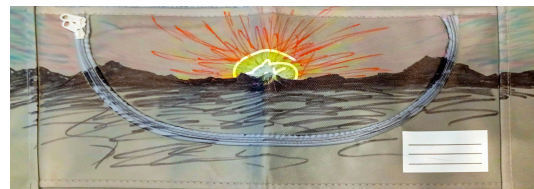
WAYS TO HONOR A PET

Donation in name of animal

Arbor tree foundation in the US for \$5

Cuddle Clones

Diamonds made from ashes



Ways to honor a pet, some clinics do a donation in the name of the animal. It's just included. They add \$5, \$2, \$1.

People really appreciate that because what they want is their pet not to be forgotten. So yeah, I would say, probably one out of 90 will not be happy. But it's new.

Harbor Tree Foundation will plant a tree for this pet for \$5. I find this amazing. Yeah, it'd be my pick.

Cuddle Clones, it's just interesting to know that, they can send a picture and get the stuff animal done. It's just funny. You can even get the diamonds made out of the ashes.

WAYS TO HONOR A PET



Ceremony and funerals

Planting a garden or creating a memorial

Write a letter

Decorate EUTHABAG



Yes, this is 2023, guys. Waste on their pet, just want to show how important ritual ceremonies are for kids. That right, the picture is-- no, I think I got it wrong.

Anyways, the picture with flowers it's when my dog killed two of our baby chicks that my kids love so much. And they were so sad. And they couldn't understand why our dog killed our chicks.

It was just so sadden. Over the funeral, that lasted an hour, transformed it into a celebration of how much they love their chickens and how chickens are fun and stuff, and how dogs can be like that sometimes. We still love them. So it was just beautiful experience.

WE ARE HERE TO HELP!



  Partagez vos dessins sur les médias sociaux en identifiant EUTHABAG ou avec le #EUTHABAG

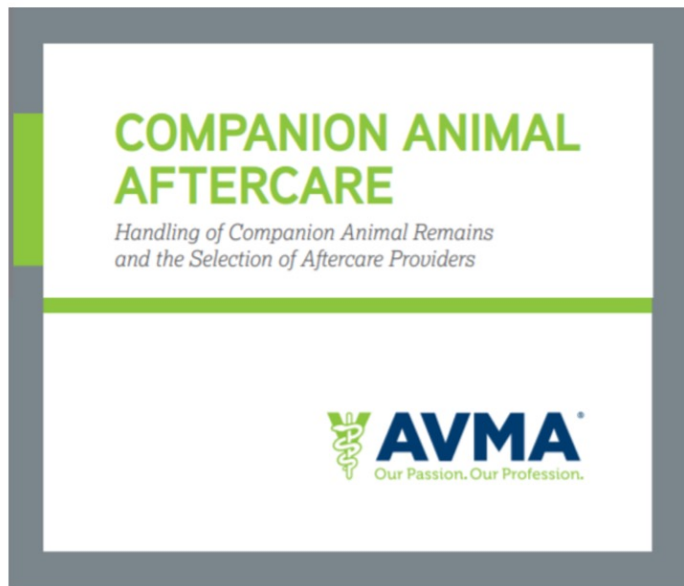
CHILDREN AND PET LOSS

TIPS TO DISCUSS THE LOSS OF A PET WITH YOUR CHILDREN
AND HELP THEM COPE WITH THEIR GRIEF



Again, we're here to help. So we did a handout for children and pet loss for the parents, how to deal with it when their kids face it. Actually, it's harder on their parents than on the kids, to be honest. But it's helping the parents.

And also some coloring pages

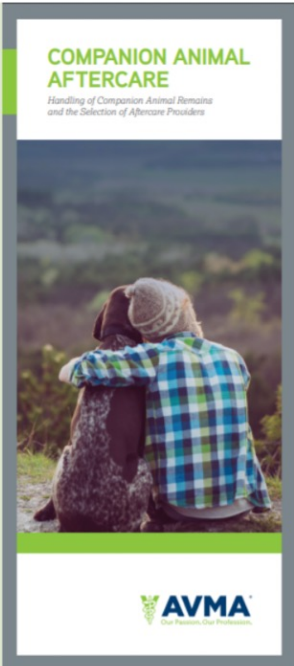


Body care
Crematorium choice
Preplanning



to give the kids something to do while the euthanasia is happening. You don't want them in the room. OK, AVMA came out with a companion animal aftercare policy on body care, crematorium choice, and pre-planning.

Great, because otherwise, it was a bit free for all. Everybody does what they think is good. We have guidelines for everything else.



**COMPANION ANIMAL
AFTERCARE**
*Handling of Companion Animal Remains
and the Selection of Aftercare Providers*

*"Deceased pets, whenever possible, should be maintained in a condition suitable for return to the owner or to the aftercare providers such that families may witness their pet's aftercare." **

AVMA
Advancing Veterinary Medicine

*Companion Animal Aftercare policy by the AVMA is subject to the CC BY-NC-ND licence. EUTHABAG products are in no way affiliated with or endorsed by the AVMA



It says there that deceased pets should be maintained in a condition suitable for return. This is what the AVMA says. And I agree because it's not, because they're not watching that it's not important.

In fact, 85% of pet owners throughout the world, we did several studies, it's important for them that their pet's dignity is preserved. I don't blame them.

BURIAL: INFORM FAMILIES

"Serious repercussions may occur when veterinary health professionals who **should be well informed** about the necessity for proper disposal of animal remains **fail to provide it or** fail to inform their clients how to provide it.

Animal remains containing pentobarbital are **potentially poisonous** for scavenging wildlife, including birds of prey, carnivorous mammals, and **domestic dogs**.



Photo credit CBS

[Ref: AVMA 2020 Euthanasia Guidelines](#)



For pet burial, I don't know what's happening in vet med.

We're just taking so many risks with that. We're letting pet owners leave with biohazard, with their guinea pig that they will bury themselves. You can improvise to be a funeral operator.

And then, most likely, they won't bury it properly. And then, the dog will dig him up, eat the guinea pig and pass. And whose fault is it going to be?

Well, it's the vet. They never told us. It's important.

You need to tell them these animal remains contain pento. And they're poisonous. And you've seen these cases. There's been a lot of--

Well, that's large animals, most likely for these bald eagles. But it has happened, also, with domestic animals, or it can be a skunk or a fox.

BURIAL: INFORM FAMILIES

- As tissues decompose, pentobarbital may **leach** into the soil and from there migrate to groundwater...
- The rate of degradation of pentobarbital in sand, topsoil, and potting soil was measured over a 17-week period.
- At the end of **week 17**, approximately **17%** of the pentobarbital remained in the sand, **19%** remained in the topsoil, and **10%** remained in the potting soil.



Ref: Stability of pentobarbital in soil, Journal of Environmental Science and Health 2018



Studies have been done.

And you will be surprised to see that the pento might leach into the soil and migrate to the groundwater. What? Yes.

And the rate of degradation was measured over a period of 17 weeks. And at the end, 17% of the pento remained in the sand 19, and the topsoil. 19%.

Do you want to grow tomatoes out thereafter? I don't think so. So I don't know where we've been, but it's time to start doing something about it.

COMPOSTING: INFORM FAMILIES

- ...data illustrate that sodium pentobarbital was detectable up to **367 days** in compost piles with no clear trend of concentration reduction.
- Emphasize the importance of proper carcass management of animals euthanized with a barbiturate to reduce **environmental impact and secondary toxicosis**.



Ref: Quantification of sodium pentobarbital residues from equine mortality compost piles, Journal of Animal Science 2015.

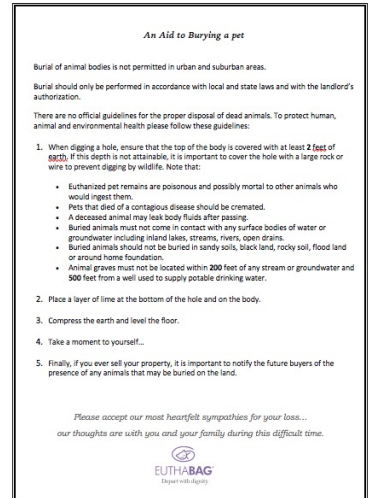


Another study composting equine carcasses showed that after a whole year, there was no clear trend of concentration reduction in the compost pile. And yeah, it's a risk to environmental impact and secondary toxicosis. I've seen so many horror stories, again, on veterinary closed Facebook group. You don't want to be there in that situation.

BURIAL: OUR RESPONSIBILITY TO INFORM FAMILIES

- Depth
- Municipal authorization
- Distance from a water source
- Type of soil
- Flood areas
- Obligation to declare

Download on euthabag.com



So it's our responsibility, again, to inform families. And what I do personally, I tell them. Look, you want to bury your pet. OK, how are you going to do this, and where, and how deep?

Yeah, I've got a story. I can't tell you too-- I don't have time anyway. But yeah, there's important concerns to share with them.

And my experience when I share that, then they go like, Oh, I had no idea. Thank you, doctor. I'll go for a private cremation. And it's better for everybody.

But if you don't tell them-- they've never made a hole. They don't have a shovel. It's a bit ridiculous.

So have a handout. You can download that and customize it to your area because the legislation varies. Let's just make sure they know that they have the obligation to declare.

Because in Quebec, there was a case where somebody sold their house there was a bunch of cats in the backyard. And they sued the seller. And they won because they needed to know that this was out there.

Is EUTHABAG
biodegradable?

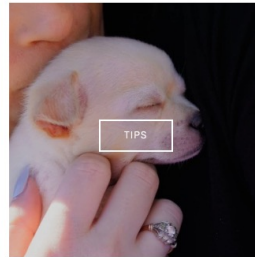
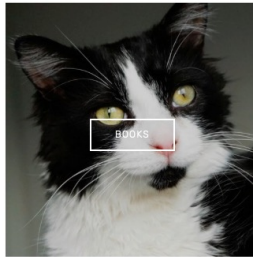
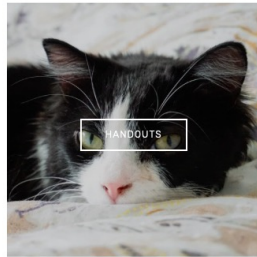
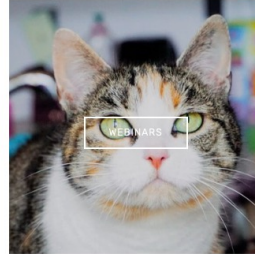
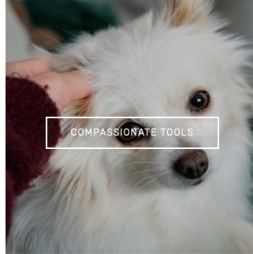
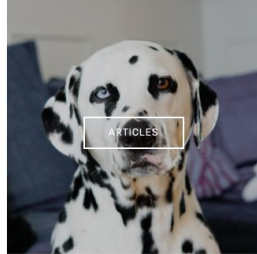


NOT CURRENTLY and for good reasons!

- Deceased animal can be a **health threat to scavenging and wild animals** and should be contained.
- Pentobarbital can contaminate the soil and water.
- Remains **accidentally dug up** by unsuspecting individuals, animal or humans, should be **contained**.
- More and more families **exhume** their pet's body when they move. It's **more practical** if contained.

So because of that, Euthabag is not biodegradable because we want to keep that pento in the animal. It will decompose in the bag, but then at least the pento won't leach, and less likely that a wild animal will get toxicosis from that body. New thing, people move from house and want to exhume their pet, they want to move the pet as well. So if it's not contained in something, what are they going to put it in? A Tupperware?

euthabag.com



I think it's better-- euthabag.com, you can find plenty of resources that you need, that you don't need-- you don't have the time to make. Well, we made them for you.

Some handouts, some articles, some books,

RESOURCES FOR THE FAMILY

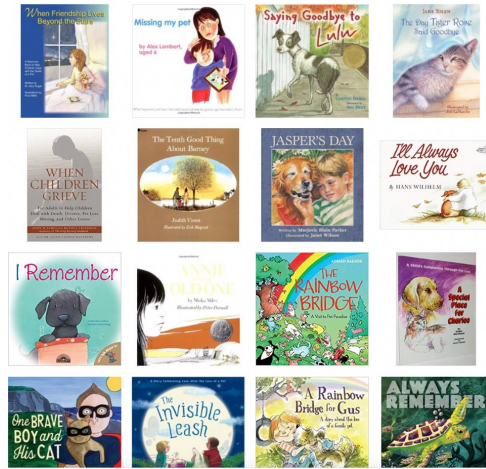
QOL questionnaire

FAQ on Aftercare

Children and grief

Coloring pages

Pet loss support



euthabag.com



lists of books for adults, for children that you can send your clients too. We have a lot of clients in Quebec that send their families to our website so they can learn about the grief stages, about the quality of life questionnaire, FAQ, and aftercare of children in grief, coloring pages, blah, blah, blah, vet love support. So just take advantage of that.



We also have a euthanasia support community on Facebook, only veterinary professionals. And there is about 500 of us. So any question, I got to euthanize a rat. That dog has seizures. What can I do?

MORE ON EUTHANASIA

euthabag.com

veterinaryeuthanasiaeducation.com



FEATURED TOPICS:

Pre-euthanasia sedation protocols for calm and reactive patients – Oral and Injectable options –
Positive communication around end-of-life – Euthanasia during times of crisis – Handling Euthanasia as a new grad –
Facing compassion fatigue Head on – 10 do's and don'ts on Euthanasia

FREE RACE approved Practical classes at:
veterinaryeuthanasiaeducation.com



It's just beneficial to share our knowledge. More on euthanasia on our website euthabag.com. We talk about everything we talked, but then more details.

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You can request a free sample at euthabag.com. You can scan that code and we'll send you a free sample within the United States of America.

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Thank you to all the wonderful people that helped me put that presentation together.



MERCI!

Feedback is welcome!

celine@euthabag.ca



EUTHABAG[®]

Depart with dignity.



It's challenging to do these webinars because we don't see your face. So if you have some feedback, it's really welcome, so I can improve the presentation and be more relevant.

So you've got my email here, celine@euthabag.ca.

TO ORDER

XS (< 3 lb.)		UNIT PRICE \$5.40	BOX OF 5 \$27.00	CODE J1482
S (3-20 lb.)		UNIT PRICE \$6.40	BOX OF 20 \$128.00	CODE J1482A
M (20-40 lb.)		UNIT PRICE \$11.50	BOX OF 8 \$92.00	CODE J1482B
L (40-85 lb.)		UNIT PRICE \$14.50	BOX OF 8 \$116.00	CODE J1482C
XL (85-190 lb.)		UNIT PRICE \$19.60	BOX OF 5 \$98.00	CODE J1482D

The product is available through all the veterinary distributors in the US. The price ranges from \$5 to \$19, so easy to pass on within the cost of euthanasia.

And so the average price is \$8. So increase in dollars. That's it.

Guarantee



COMPASSION SATISFACTION GUARANTEED

Our mission is to support your team and the families that you help to feel better.

As our team is composed of veterinary professionals, we experience the challenges the veterinary industry faces. We're here to help and develop the best product on the market, standing by your side.

We are proud of and stand by our product 100%
Satisfaction guaranteed or your money back. Simple as that.

And we have a guarantee, compassion satisfaction guaranteed. Plus, any defect on the product, we'll just refund you through your distributor.

DONATION PROMO

Until January 31st, 2023

Donation of **1% of the sales** + **\$25** for every \$1000 order to the charity of your choice



Get a **\$100 gift card** when your practice commits to using ETHBG for all deceased patients*.

*For practices with at least 3 veterinarians full time

We have a donation promo until January 31.

We give 1% of our sales plus \$25 for every \$1,000 order to the charity of your choice. [INAUDIBLE], Freedom Service Dog, or Susan Komen. Plus, if you'd like to use Euthabag for all of your deceased patient and just have that as a practice standard 2023, we give you a \$100 gift card to spoil your team. Excuse my English. And that's it.

I'm done. And I'm ready to answer your questions if you have some. I see there is a couple of them.

Yes, there's a couple of them. Awesome job, Celine. You guys are doing great work.

Thank you.

Great information.

I hope--

Appreciate that. So we have, let's see. The first one, do you recommend sedating every patient for euthanasia or do you leave it up to the owner to decide if they want them

sedated or not?

No, no, no, this is your job. It's your job to decide what your standards will be. Plus, they don't know.

Making that decision, it's like so many other things. They don't have the knowledge to take that decision in the good way. Plus, now that study just has shown that most of them, about 68 or 70%, would like their pet to be very relaxed, sedated, or asleep.

So I would go for it. It's safer for you guys. It's better for the family. I don't see why--

And now the AVMA, AHA, Human-Animal Bond, Fear Free, Canadian Veterinary Association, AVMA, everybody agrees that sedation is needed when the pet owners are present. So totally, unless they're so sick they don't need it. But other than that, yes. I would say it allows a transition, keeps your team safer.

Merci. Another one we have, what study reference pentobarbital and dog food?

Yes, I'm sorry. I don't have it from the top of my head. It's somewhere in my office, but I don't have it. But I ran into it in like [INAUDIBLE] or something.

So if you write me an email, I'll look it up and share that with you because, I guess, you had a similar experience. It was just mind-blowing that this was happening. It's not anymore. But we're old enough that we experienced that, the beauty of it.

Do you mix the lidocaine in with the cerenia for sedation?

Yes. Do you mix the lidocaine with the cerenia? Actually, I don't use the cerenia.

Some people use cerenia for pre-euthanasia sedation. I don't. I just use cerenia for these sick dogs that have, that are vomiting.

So I do draw my cerenia first and then draw some lidocaine in the syringe.

Can we see the other QR code, again, about 20 slides back?

Yes, we can do that. Do you see my screen now, Julie? No, not yet.

No, not yet.

Yes, it's coming. 20th slides, OK.

20th slides.

Excuse me. I'll try to do something better here. So that would bring us to 15.

Yeah, the QR code was about the sedation webinar. Yes, it's just coming. Yeah, so it's the same, actually, that I just shared at the end. And also, easy euthabag.com it's their CE platform.

OK.

And it's not in competition with the [INAUDIBLE] because you don't have much, I think, webinars on euthanasia yet. So more questions, I think.

Yes, what are your thoughts about crying yourself during euthanasia? Do you feel it is inappropriate at all?

Excuse me. I'm trying to find and read at the same time. Can you, excuse me, can you repeat it, Julie?

What are your thoughts about crying yourself in euthanasia? Do you think that is inappropriate?

I don't have any problems. It did happen to me and sometimes it didn't. I think that we shouldn't withhold it.

I don't think that the perception of the family is going to be negative. I think it's going to be positive. So if you feel like crying, I think you should cry.

Yeah, if you're crying is because you care. And this is just beautiful. There's a good reason, or you're tired.

But yeah, I think if you feel like it, I don't think you should hold it.

You need--

It's personal.

Yeah, exactly. Are all animals put in these Euthabags only, or do you use plastic also?

Personally, I'm the designer of Euthabags. For me, it's just a question of respect and practice standard. And I find that everything we do is so on top, is so just top notch.

I don't see why, and for that matter, we would pick a lesser option because they're not watching because everything else we do, even if they're not watching, we do the best. We wipe up their mouth. We put that little blankie under their head. We warm them up.

We do everything. And we don't know what people beliefs are. So we need, for everything else, pick the best option or talk about it. And around body care, we do the opposite.

We are going to do the least option unless they talk about it. [INAUDIBLE]. And that's really that frustration that brought me to dedicate myself to do that.

Other than that, I was into end of life very much. But it's just that honoring the bond, honoring the vet med. The amazing job we do, why would we still use these bags now that this is available? Before that, yeah, there was nothing else.

Awesome. Well, I know that we're past the time. And there is a trickle of some questions, Celine. So why don't I go ahead and send you those, and you can get back to individuals so that we can relay those messages as well?

We have a lot of thank yous.

Yeah, thank you, guys.

--thanking you about all the information. And thank you for letting them know about Euthabag. They're happy about that.

I want to thank you on behalf of Vetcetera for your presentation but also for giving us the opportunity from Euthabag to hear your great information. So I will let you go. I got a couple of cleanup items here for our attendees about CE certificates. So I won't keep you any longer because I know you're in a lot later time zone than here.

But I'm full adrenaline now. But yeah, thank you. It's so nice to get a couple of thank yous. Thank you very much, guys. That means a lot to me.

OK, well, hopefully, we can have you back, and appreciate everything that you've done. And great information. Thank you so much.

Thank you. And thank you, guys. For all of you that are in practice, you're doing an amazing job days after days, patients after patients. And thank you very much, Julie, for making this possible.

All right. Thank you.

Goodnight.

Good night.

[NON-ENGLISH SPEECH]

OK.