

practice needs to be specific to the veterinary field, incorporating expertise, experience, as well as clinical judgement. The veterinary nursing evidence base is currently relatively limited and much information has been transferred from medical research. This is rap

Veterinary nursing has progressed immensely over the last half century (Pullen, 2006), gaining increased recognition. In 1991 amendments were made to Schedule 3 of the Veterinary Surgeons Act 1966 which enabled veterinary nurses (VNs) to be recognized by law (Pullen, 2006). The movement away from the previous 'hand-maiden' image is undisputable and VNs of today fulfil a respected role, and veterinary surgeons depend on them for their practical and knowledgeable support in the successful care of animals.

The profession continues to progress forward and follows closely in the footsteps of its human nursing counterparts. It is no longer acceptable to practice along the lines of tradition and justify protocol by 'we have always done it this way' (McSherry et al, 2002: 2). Medical nurses have acknowledged the importance of their role in maintaining an up-to-date evidence base in their profession (Smimof et al, 2007). Similarly, VNs are beginning to recognize that best

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typically adopted in nursing. So why, since the mid 1970s, has there been increasing discussion regarding the value of nursing models (Wimpenny, 2002)?

In the past NCPs have been viewed negatively by some human nurses, which has subsequently led to their minimal use in practice and little appreciation of their true worth and potential contribution to everyday nursing (Mason, 1999). Recent publications by Lock (2011) and Wager (2011) discussed the benefits that NCPs can bring to the veterinary environment if they are appropriately selected and tailored to suit the practice needs. Therefore, choosing and potentially modifying a care plan could be the key to successful implementation.

(2011) was also considered when selecting the NCP.

The Ability Model was modified and the feature of the dependence–independence continuum addition, from the Roper-Logan-Tierny's Model (RLT) was incorporated. It was thought that highlighting a patient's status oht

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Choosing and designing a care plan

The Ability Model by Orpet and Jeffrey (2007) is the only veterinary NCP framework to date (Lock, 2011). This model was chosen to form the basis of the care plan created for 'Ludo', an 11-month-old cat hospitalized following a road traf c accident (Figure 1). Using Orpet and Jeffrey's 'ten abilities' helped to encourage a less medical approach considered by the author to be a more appropriate way to address Ludo's specif c nursing issues. The research published by Lock (2011) and Wager

	Unable to E self	Maintain good coat/skin condition and avoid frustration /depression caused by b/collar	Remove b/collar at least 6 x daily when fed and whenever possible to spend time with Ludo and he can be supervised not to chew cysto tubing/IVFT tubing. Allow additional time after feeding for him to groom himself. Also groom with brush/comb avoiding hind end where painful	Remove b/collar for feeding. and allow extra time for grooming self. Evaluate daily	W/experience students spent additional time to meal times with Ludo fussing and grooming him. Ludo is used to his b/collar, but enjoys having time without it when he grooms his whole body. Purr+++
	Unable to	Limited movement to allow for #sites to heal and avoid pain.	Strict cage rest. Ensure Ludo's bedding is clean and very soft. Only very gentle movements to avoid him trying to move himself which is painful. Examinations to be carried out in kennel when possible and at least 2 people to lift/move him and uid bags to ensure fully supported	Check for visible swelling/ inflammation at femoral and pelvic fracture sites Vet to examine Ludo including assessment of #sites	No sign of in ammation at #sites. Vet exam of #s included gentle palpation — concern if pin too long and causing pain. Plan to GA radiograph #femur and pelvis (enema at same time)

for Ludo, it becomes more difficult to ascertain what the normal nursing should be. Therefore to avoid unnecessary stress caused by a lack of information, the nursing assessment is best achieved at the time of admission, with the aid of a nursing questionnaire to guide an interview of the owner (Orpet, 2011). In the absence of knowledge regarding Ludo's typical hab-

its, generalized 'good health' inevitably became the underlying theme for the long-term goals.

Analysis of implementing a care plan

In summary, the NCP allowed for Ludo's care to be individualized and summarized in one document and

received positive feedback from the veterinary nursing team involved in Ludo's care. However, thematic analysis of the opinions of all veterinary nursing team members following the incorporation of the NCP has highlighted four dominant topics of discussion.

Length of time taken to complete paper work

Ludo's NCP was a lengthy and detailed document, which was beneficial when considering the importance of it being a document accessible and understandable to the veterinary nursing team of all levels of qualification and experience (Lock, 2011). However, a lengthy document is not only time consuming to produce, but it is also time consuming to read and could be seen as quite an intimidating document to unfamiliar readers. A patient with a clinical status as complex as Ludo's will inevitably require greater documentation, but there is potential for this to be minimized.

The length of time taken to complete NCP documents is a frequent criticism, and one that most typically appears to be disproportionate to the added value the NCP actually provides (Wager, 2011). Wager (2011) explains that the excessive documentation could be due to a lack of adaptation made to the care plan to enable it to complement the existing paper work in the practice, and merely limited time spent actually nursing the patient. In the case of Ludo's NCP, it was thought that time taken was extended due to unfamiliarity of the NCP process. This is a factor that could certainly be improved with experience.

The length of time taken to complete the NCP links closely with the next theme: 'appropriate terminology'. There is potential for a precise language and even appropriate abbreviations to be employed within the NCP. This would have the desired effect of reducing the quantity of documentation, as well as decreasing actual time spent writing information onto the NCP.

Appropriate terminology

It was felt that a significant amount of time was spent detailing Ludo's NCP in order to convey an accurate interpretation for all colleagues involved with Ludo's care. On reflection, this time could have been reduced if standardized terminology was familiar to all VNs involved with NCPs. The use and understanding of such terminologies is imperative in achieving gold standard care for patients (Frauenfelder et al, 2011). The North American Nursing Association-International (NANDA-I) produced nursing diagnosis classifications in human nursing in the early 1970s and provides an example of precise and standardized nursing termino

ing ideas, particularly when the nursing interventions are not having the desired effect and the care given needs to be adjusted (Main, 2011a). Ludo's condition was not rapidly changing, however a lack of input regarding the nursing interventions could have proved problematic should this have been a severely ill patient with fluctuating nursing needs (Main, 2011a).

Increased recognition of patient needs

Ludo's NCP enabled thorough consideration to be taken of all of his nursing needs and the required interventions to be documented. This became particularly valuable at handover and Ludo's daily progress could be easily summarized and discussed. Orpet (2011) suggests the nursing process document

