### Critical Care Guidelines FOR CRITICAL CARE USE ONLY

#### Pet Visitation – Patient's Own Pet in Critical Care.



Visits from a patient's own pet may be appropriate for long stay patients or patients at the end of life. The definition of long stay patient is left to the discretion of the treating team.

Animals not suitable for visitation include:

Exotic animals eg reptiles

Caged birds and rodents

Ruminants such as ponies or llamas

For long stay ICU patients, consideration should be given to combining a trip outside the hospital with a visit from their pet.

Pets may be alarmed by the change in appearance/smell of their owner and this may cause the patient considerable distress; it is worth discussing this possibility with patient and/or family.

In order to visit safely, clinical staff must check the pet:

Is registered with a licenced vet and is up to date with immunisations, de worming and flea prevention treatment

Is healthy, clean and of suitable temperament

Is toilet trained and unlikely to foul indoors

Has appropriate collar/harness and physical identification tag as well as microchip if appropriate.

### Critical Care staff responsibilities for pet visiting

#### 1. Preparation for visit

Patients should have all invasive lines checked and dressed prior to the visit It should be decided at what time during the patients' day that the pet should visit (this can purposefully be during quiet time, for example, or making sure to avoid any Physiotherapy or Occupational Therapy sessions) Clinical staff must check that staff have no allergies/phobias to the animal. Verbal consent should be obtained from the patient and/or family. Clinical staff must ensure there are no infection control issues/notifiable diseases with the patient, that the patient has no open wounds in their hands, and there is no unsealed food in the bedspace.

#### 2. Visiting patient

The pet must not be allowed to lick anyone during the visit. If the pet has its paws on any part of the patient's bedding, a single use protective barrier (eg incopad) should be placed under their paws and discarded after the visit. In the case of end of life visits the pet should not be discouraged from licking their owner, as the infection control harms are negligible but psychological benefits for patient and pet may be considerable

The patient must have their hands decontaminated before and after interaction with the pet..

Once the visit has concluded, all areas where the animal has been should be appropriately cleaned with detergent.

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#### 3. Documentation of visit

A record of which patients the Therapet has visited must be kept securely and confidentially, including the date and time of visit, and name of Therapet and handler.

The visit should also be recorded in the patient's clinical notes.

An "Own Pet Visit Plan" document should be completed by the nurse looking after the patient for that day.

# NB: Therapets including Theraponies and Therapy dogs are not permitted in NHS Lothian Critical Care areas

Title: Animal visiting in Critical Care	
ID:	Authors: S Edwardson, R Baruah
Category:	Document Version: 1
Status Draft/Final: Final	Review Date: Oct 2025
Authoriser: WGHQIT	Date Authorisation: Oct 2023
Date added to Intranet:	
Key words: Pet Visitation	