IACUC POLICIES, PROCEDURES and GUIDELINES

RESEARCH MEDICAL RECORDS

Purpose:

This document establishes guidelines for Researchers to keep surgical and non-surgical procedural records at University of Kentucky. The objective is to ensure timely and effective medical assessment, diagnosis and treatment of animals used in research. These records are not research results but are records which facilitate communication between research personnel and animal care personnel regarding the experimental manipulation of an animal.

Responsibilities:

It is the responsibility of the Attending Veterinarian to ensure the provision of adequate veterinary care including the use of appropriate methods to prevent, control, diagnose and treat diseases and injuries, including the establishment of an appropriate medical record system\(^1\).\(^2\). The IACUC has oversight and evaluation responsibilities for all aspects of the animal care and use program, including the adequacy of animal records.

General Guidelines:

The maintenance of medical records is an integral component of adequate animal care. The *Guide for the Care and Use of Laboratory Animals*\(^3\) states that individual animal identification records should include the “source of the animal, the strain or stock, names and locations of the responsible investigators, pertinent dates, and protocol number.” Clinical records should include “pertinent clinical and diagnostic information, date of inoculations, history or surgical procedures and postoperative care, and information on experimental use.” These records “should be readily accessible to investigators, veterinary staff, and animal-care staff.”

Policy #3 of the Animal Care Resource Guide Policy Manual\(^4\) states;

“Health records are needed to convey necessary information to all people involved in an animal’s care. Every facility should have a system of health records sufficiently comprehensive to demonstrate the delivery of adequate health care.”

Information regarding experimentally induced disease, experimental surgery, and procedural manipulations are important components of the clinical record and must be readily available for veterinary staff, animal-care personnel, as well as for internal (IACUC) and external review (USDA and AAALAC).
Surgery Records:

Records of surgical procedures and postsurgical care are essential components of the animal medical record. The records should provide sufficient information to inform the veterinary and animal-care personnel of issues that might impact the animal's health. The amount and type of information recorded in a surgical record may vary dramatically depending upon the species involved, the procedures performed, and the overall research design.

The minimum information expected in an animal's medical record for a surgical procedure includes:

- the name of the surgeon performing the procedure
- the date and time of the procedure
- a brief description of the procedure
- anesthesia used
- postoperative medications and observations

Where individual animal records are maintained, the notation and description of research-related surgical procedures should be entered into the individual record. Detailed surgery and anesthesia records, when available, should be recorded in the animal record. Postoperative observations, evaluations, tests, and treatments should be administered as specified in the approved animal use protocol and documented in the animal health record.

In cases where individual animal records are not maintained, such as with rodents and herd animals, the maintenance of records is more complicated. Surgical procedures administered to entire groups of animals may be recorded in a central herd or animal room record\textsuperscript{2,5}. Individual animal surgical procedures may also be maintained in the central record but the individual animal must be identified. For rodents, cage level records of animal observations and postoperative analgesic administration as specified by the approved protocol are required. DLAR provides a card (pink Surgery Cards) for recording surgery procedures and postoperative care which can be used for this purpose. If alternative cage level records are used, these records must be placed in the cage card holder as taping or clipping records to the cage or rack unit is not permitted.

In all cases, the records must be readily available for veterinary use in clinical situations and for inspection to confirm that the required postoperative observations and treatments have been administered.

Non-surgical Procedure Records:

As with surgery records, the information needed to adequately inform the veterinary and husbandry staff of potential complications varies greatly with the species involved and the specific procedure. Involved procedures with extensive anesthesia and monitoring (such as MRI procedures under anesthesia) may have extensive entries requiring
pages of notations or the completion of procedure documentation sheets specific to the project. In contrast, entries for simple or routine procedures might be as simple as:

“5/1/02 10:00 am- Acepromazine, 5 mg SC with collection of 10 ml of blood from L central auricular artery” for a rabbit blood collection procedure

or

“4/1/02 9:00 am- LPS, 1 mg (0.1 ml) IP - House singly and observe closely for next 24 hours. Inform laboratory (7-0000) if complications are noted” for a mouse injection procedure

The minimum information expected includes:

1. Date, time, and animal identification (if needed)
2. Brief description of non-surgical procedure
3. Drugs or experimental substances administered
   • Route (IP, SQ, IM, IV, gavage, etc)
   • Location on animal of procedure (right ear, left leg, abdomen, etc)
   • Dosage
4. Notation on animal’s health, procedural complications or unexpected adverse events, recovery from anesthesia, if applicable.
5. Post-procedural care, if applicable.
6. Researcher’s or contact person’s name

As with surgical records, when individual records are maintained the information should be recorded in the animal’s individual animal record.

References:


Approved and Adopted by the Institutional Animal Care and Use Committee August 18, 2010
Approved and Adopted by the Institutional Animal Care and Use Committee
November 12, 2014

Approved and Adopted by the Institutional Animal Care and Use Committee
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