

JOINT TRAUMA SYSTEM K9 CLINICAL PRACTICE GUIDELINE



Healthcare Provider Responsibilities (K9 CPG: 1)

This CPG provides guidance on the role of human healthcare providers in the care of military working dogs (MWDs) in deployed and expeditionary areas of operations.

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SUMMARY OF CHANGES

1. Expanded on roles and responsibilities of Army Veterinary Services personnel and human healthcare providers.
2. Added care documentation requirements IAW Medical Documentation K9 CPG.
3. Updated formatting.

BACKGROUND

This clinical practice guideline (CPG) provides guidance for human healthcare providers (HCPs) in deployed or expeditionary areas of operations where wounded, ill, or injured military working dogs (MWDs) may require medical care. MWDs are Department of War (DoW) assets whose medical care is provided by United States Army Veterinary Services (AVS). AVS personnel are the primary and preferred providers for all preventive, routine, surgical, and definitive care of MWDs.

In deployed environments, access to veterinary personnel may be limited by operational constraints, geography, or mission requirements. In such circumstances, HCPs may be required to provide immediate, life-saving interventions (i.e., resuscitative care) to MWDs when delay in care would result in preventable loss of life, limb, or eyesight. In these situations, HCP care offers the best chance for MWD survivability.

When HCPs provide care to MWDs, it is intended to be temporary, limited in scope, and performed under AVS guidance whenever feasible. K9 CPGs provide the framework for care delivered by HCPs and are published on the Joint Trauma System website. Every effort should be made to establish communication with a supporting Army Veterinary Corps Officer prior to, during, and after care. HCPs should transfer care to veterinary personnel at the earliest opportunity.

If veterinary personnel cannot be reached within the area of operations, reach back consultation can be utilized through the Advanced Virtual Support for Operational Forces (ADVISOR) line by calling 1-833-238-7756 or DSN 312-429-9089. Select the option for veterinary and MWD consults to ensure your call is directed to the appropriate veterinary personnel.

Emergent surgical intervention by HCPs may be considered only under exceptional circumstances when:

- A veterinarian is not immediately available.
- The MWD has a survivable condition requiring immediate intervention.
- The provider has appropriate surgical training and experience.
- Adequate personnel, equipment, and post-operative support are available without compromising human patient care.

Whenever possible, direct consultation with a military veterinarian is required prior to initiating surgical intervention, and veterinary involvement should continue throughout the perioperative period.

HCPs will not provide routine, preventive, or elective medical, dental, or surgical care to MWDs.

GOALS

The primary goal of care is return to duty (RTD). When RTD is not feasible, consideration may be given to long-term quality of life and adoption potential. Resource utilization must remain balanced with mission requirements and human casualty care priorities. MWDs may be manifested on aeromedical evacuation missions as patients.

Information related to MWDs, including unit, location, and medical status, should be treated as operationally sensitive.

GENERAL HANDLING AND MANAGEMENT OF MWDs

MWDs are trained but may be unpredictable when injured, ill, or stressed.

- A trained handler should be present during all interactions. If the primary handler is injured, another member of the K9 unit may be able to assist with basic restraint and commands to handle the MWD.
- The handler decreases risk of injury to both medical personnel and the canine by controlling the MWD. Additionally, the handler provides critical medical history.

- MWDs must be muzzled during handling unless contraindicated (e.g., respiratory distress, vomiting, facial fractures).
- Safety of personnel is always the priority.

Additional considerations:

- Remove MWDs from areas where handlers are receiving care if safety is a concern.
- Ensure continuous supervision, especially when sedated or anesthetized.
- MWDs should always be transported with a handler when feasible.

KEY CONSIDERATIONS

HCPs providing care to MWDs should follow established K9 CPGs and apply principles of trauma care adapted to canine anatomy and physiology.

Utilize appropriate canine-specific or adaptable medical equipment when available. Each K9 CPG has a Class VIII Appendix to help guide what material will be needed to provide care. Coordinate with AVS personnel for guidance on supplies and treatment decisions.

For MWDs, it is important to liberally clip hair around wounds to fully evaluate injuries. Clip hair for catheter sites and other intervention sites to decrease contamination and risk for infection.

Prevent self-trauma and removal of medical interventions (e.g., bandages, catheters) using muzzles or improvised protective devices (see Figure 1 and 2). Muzzles should only be used for short-term use. MWDs will often lick, chew or ingest anything they can reach.

All care provided must be documented on DD Form 3073 and/or DD Form 3074 in accordance with the [Medical Records Documentation K9 CPG](#).

Figure 1. Shows the technique to make a bucket collar to prevent self-trauma by MWDs.



Figure 2. Shows the bucket-collar device applied to a Military Working Dog.



RESPONSIBILITIES

AVS personnel will:

- Serve as primary provider for MWD care.
- Provide direction, consultation, and oversight of MWD care across the operational environment.
- Maintain situational awareness of MWD medical events.
- Coordinate and receive transfer of MWDs requiring essential care.
- Conduct performance improvement review of care delivered by HCPs.

HCP will:

- Recognize AVS primary responsibility for MWD care and ensure care is veterinary-directed whenever feasible.
- Be prepared to provide care as operational environment constraints dictate.
- Limit care to emergent, life-saving stabilization.
- Notify AVS personnel at earliest feasible opportunity upon awareness or presentation of an MWD.
- Utilize applicable K9 CPGs.
- Ensure all care is documented on DD Form 3073 and/or DD Form 3074.
- Transfer care to veterinary personnel at the earliest feasible opportunity.

Commanders and medical leaders will:

- Facilitate communication between medical and veterinary elements.
- Ensure MWD care does not compromise human patient care or mission execution.

PERFORMANCE IMPROVEMENT (PI) MONITORING

POPULATION OF INTEREST

MWDs requiring resuscitative care in a deployed or expeditionary area of operations.

INTENT (EXPECTED OUTCOMES)

Safe and appropriate care of MWDs by HCPs in emergent situations. K9 CPGs define the framework for such care.

- Timely transfer to veterinary roles of care.
- Adherence to scope limitations.
- Complete and accurate documentation.

PERFORMANCE / ADHERENCE MEASURES

- Number and percentage of MWD trauma cases in deployed or expeditionary areas of operation that involved HCP care.
- Number and percentage of cases that had completed documentation (DD 3073 and/or 3074).
- Length of time from point of injury to veterinary notification and transfer.
- Number and percentage of MWDs that were able to return to duty.

- Number and percentage of MWDs that were able to be adopted.
- Number and percentages of MWDs that were killed in action or euthanized because of their injuries.

DATA SOURCE

- Patient Record
- DoW MWD Trauma Registry

SYSTEM REPORTING & FREQUENCY

The above constitutes the minimum criteria for PI monitoring of this K9 CPG. System reporting will be performed annually; additional PI monitoring and system reporting may be performed as needed.

The system review and data analysis will be performed by direction of the K9 Committee on Combat Casualty Care Chair.