NOVEMBER 2026 CASE

Ragnar's Story: Critical Care, Close Observation, and Teamwork

Ragnar's hospital stay began with a bite wound. The seven-year-old neutered male Labradoodle developed an abscess over his back, which was treated by draining, thoroughly lavaging, and cleaning the area, then placing a Penrose drain. He went home with oral antibiotics and a nonsteroidal anti-inflammatory drug (NSAID) and initially seemed to be recovering well. Less than a week later, he returned with signs that would lead to emergency surgery and several days of intensive care.

Ragnar presented with anorexia, hypersalivation, and lethargy. He was febrile at 104.6°F, although his other vital signs and blood pressure were normal. Initial bloodwork showed moderate elevations in ALT and ALP and a mild neutrophilic leukocytosis. His venous blood gas and packed cell volume/total solids were within normal limits.

Ragnar was admitted, and a certified veterinary technician (CVT) placed an IV catheter and began IV fluids. He also received antibiotics, anti-nausea medications, and pain management. Throughout the day, he remained clinically stable without further gastrointestinal signs.

Overnight, Ragnar became significantly tachycardic. Our ICU nurse immediately recognized the change and notified the emergency clinician. A point-of-care ultrasound (POCUS) revealed a moderate amount of abdominal effusion. Analysis showed glucose too low to register, a lactate of 8 mmol/L, and intracellular bacteria on cytology, findings indicative of a septic process within his abdomen.

The team responded immediately. Ragnar received a 10 mL/kg bolus of isotonic crystalloids while a CVT placed a multilumen peripherally inserted central catheter (PICC). This allowed simultaneous administration of medications and blood products, along with frequent blood sampling. A fresh frozen plasma (FFP) transfusion was started for additional colloidal support, and the on-call surgeon and anesthetist were called in for emergency surgery.

Surgery revealed a perforated duodenal ulcer leaking gastrointestinal contents into Ragnar's abdomen, suspected to be associated with his recent NSAID administration. A splenic thrombus was also discovered, requiring a splenectomy. During surgery, Ragnar received an additional unit of FFP to support his blood pressure.

He returned to the ICU early the following morning. Postoperative bloodwork revealed significant hypoalbuminemia, requiring a transfusion of lyophilized canine albumin. From a nursing perspective, this added another layer of complexity: supporting his circulation while closely watching for fluid shifts and fluid overload. Ragnar also received a transversus abdominis plane block as part of his multimodal pain management plan.

Over the next several days, our CVTs and veterinary technician specialists in emergency and critical care closely monitored his recovery. Assessments included heart rate and rhythm, pulse quality, blood pressure, and pain scores every four to six hours, alongside frequent laboratory evaluations. Each reassessment helped guide his care and identify potential complications.

Alongside that clinical work was the everyday nursing care that helped Ragnar tolerate hospitalization. He was a good-natured patient who generally handled his stay well, although he had anxious moments and occasionally disrupted his transfusion line. Helping him settle and keeping him comfortable were part of supporting his recovery.

By day three, Ragnar was eating and keeping food down. As his condition improved, he transitioned to oral medications and was able to go home after several days in the hospital.

His case reinforced the importance of medication education and close observation. Adverse reactions can occur even at a prescribed dose, and changes in appetite or behavior deserve attention. His overnight deterioration also underscored the value of repeated nursing assessments and prompt communication when a patient's condition changes.

Because Ragnar belonged to a colleague, his hospitalization felt especially close to home for our hospital community. Everyone wanted to see him recover. His care brought together the clinical skill, attentive nursing, and collaboration our teams bring to every patient - from the first assessment through the day they go home.