

**SKILLS LIST  
NEUROLOGY CANDIDATES**

All qualified candidates will have demonstrated basic veterinary technician skills such as but not limited to:

- a. Proper animal restraint
- b. Peripheral catheter placement
- c. Venipuncture
- d. Basic bandage application
- e. Administration of oral and parenteral medications
- f. Calculation of IV fluid drip rates
- g. Calculation of basic drug administration
- h. Knowledge of various routes of drug administration,
- i. Aseptic surgical area preparation
- j. Surgical supply sterilization preparation
- k. Recording vital signs (Temp, Pulse, Resp, and Pain Asses.)
- l. Perform basic laboratory tests (PCV, TP, UA, cytology staining, fecal analysis)
- m. Maintain proper medical records and computer skills
- n. Surgical scrubbing and gowning

These skills do not need to be verified individually and are only examples of the base skills expected of all candidates.

AIMVT Neurology candidates must demonstrate mastery of **80%** of the following skills for the application packet. Therefore **25 skills must be verified** by acknowledgement by a doctor or VTS. All skills must be cross reference to your case logs by noting the case log number.

Mastery is defined as “consistently being able to perform with great skill and/or knowledge without being coached or directed”.

Each skill should be verified and signed by the DVM or VTS who is the most qualified to verify the skill. In order of preference - Diplomate or VTS in ANY specialty of ACVIM or AIMVT, Diplomate or VTS in Anesthesia or Emergency & Critical Care, or a Diplomate in Practice or Surgery. If none of these Diplomates or VTS is available the Academy will accept verification by a licensed DVM with a letter from them stating that no Diplomate or VTS is easily available for the candidate to utilize.

	Initials	Task	Case log #
1.		Ability to take an accurate neurological history	
2.		Ability to recognize commonly seen neurotoxins and the basic treatment involved in evacuation of such neurotoxins	
3.		Ability to recognize primary medical reasons for secondary neurological changes (i.e. endocrine disorders, vitamin deficiencies, congenital diseases)	
4.		Ability to assist & perform a neurological examination	
5.		Ability to recognize the difference between spinal and brain disorders	
6.		Ability to recognize pain and treat appropriately	
7.		Ability to recognize slight mentation changes in a critical neurological patient	
8.		Ability to perform emergency triage & care of a neurologic patients	
9.		Ability to administer anticonvulsant medications	
10.		Ability to understand basic seizure control principles	
11.		Be able to calculate loading doses and maintenance doses for the following anticonvulsants, Phenobarbital, potassium bromide and leviteracetam	
12.		Ability to calculate and administer proper analgesics pre & post operative, including epidural injections, and nerve blocks	
13.		Ability to calculate and effectively monitor the neurologic patient on a constant rate infusion or C.R.I. of appropriate pain medication	
14.		Ability to implement anesthetic and monitoring protocol for IVDD (neck & back), vertebral fractures, craniotomies and atlantoaxial subluxations	
15.		Patient positioning in and out of O.R.	
16.		Assist with CSF taps, joint taps, muscle / nerve biopsies & appropriate handling of samples	
17.		Ability to position patients properly to obtain diagnostic quality spinal radiographs, myelograms/CT & MRI scans	
18.		Basic ability to read spinal radiographs, myelograms/ CT & MRI scans	
19.		Ability to perform electro diagnostics (EMG, motor nerve conduction velocity, BAER)	
20.		Be familiar with & able to communicate to clients, the important factors involved in post operative care & management of patients w/ spinal or intracranial surgery	
21.		Ability to explain and demonstrate basic rehabilitative techniques and principles utilized in caring for the neurologically impaired patient	

22.		Ability to assist & perform gait & movement assessment	
23.		Proper handling & restraint of neurological patients	
24.		Ability to calculate dosages of contrast materials (conray, omnipaque, gadolinium)	
25.		Ability to manage a non ambulatory patient (bladder management, circulation, nutrition)	
26.		Ability to place and maintain closed urinary collections systems	
27.		Ability to maintain a CRI for seizure cases as needed	
28.		Ability to assist with assisted ventilation for anesthetized / paralyzed patients (i.e. Myasthenia Gravis patients)	
29.		Ability to place central lines, jugular, and arterial catheters	
30.		Ability to recognize and discuss with clients common post-operative complications (i.e. wound infection, wound dehiscence, seroma formation)	
31.		Ability to recognize and treat common side effects of opioid pain management.	
32.		Nutritional support for the neurological patient. Calculation of daily caloric needs for the post-surgical patient. Special considerations for myasthenia-gravis patient issues.	