

**BROWN UNIVERSITY**

**Institutional Animal Care and Use Committee**

**Appendix #2**

**Non-Surgical Procedures that have the Potential to Cause Pain and/or Distress**

|  |  |
| --- | --- |
| **Principal Investigator Name:** |  |
| **Project Title:** |  |
| **Emergency Contact Information:** | Name:       Telephone Number: |

Pain management is expected for all procedures that may cause more than momentary pain or distress (USDA pain category D or E). All procedures where anesthetics and/or analgesics are used to relieve pain are considered to be potentially painful. *Injection of Complete Freund’s Adjuvant (CFA), infliction of trauma and burns, bacterial infection, induction of disease states such as severe arthritis, and some behavioral tests are examples of procedures that are considered to have the potential to produce pain. Prolonged restraint, food or water deprivation, procedures which result in limited mobility, malaise, etc. are examples of procedures considered to be potentially distressful.*

**Duplicate this appendix for each potentially painful/distressful procedure.**

**You must also complete the Search for Alternatives in the main body of the animal use protocol.**

**1. Identification**

a. Procedure name (include sham if applicable):

b. Species:

c. Number of animals:

d. Survival:

No

Yes

**2. Procedure Details**

a. **Where will the procedure be performed**? (*Check all that apply*)

Central Animal Care Facility Procedure Room

Laboratory (Building and Room #):

b. **Procedure Description**.

Provide a complete narrative of the procedure. Provide all of the relevant details for this protocol without making reference to other protocols.

c. **Pain and/or Distress**

1. How is pain/distress assessed and monitored during the procedure?

2. Analgesia or anesthesia will be utilized to minimize pain or distress during the procedure.

Yes  No  *If Yes, Complete the table below.*

| **Agent** | **Dose/volume** | | Route (e.g. iv, ip, sc) | **Frequency of Administration**  **(e.g. once, continuous, other)** |
| --- | --- | --- | --- | --- |
| **mg/kg** | **mL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

3. Will any sedatives, analgesics, or anesthetics be withheld for scientific reasons? Yes  No

*If yes, explain and include supporting literature references*.

d. **Paralytics**

1. Are paralytics employed during potentially painful/distressful procedures? Yes  No

2. If yes, will anesthesia be used when paralytics are employed? Yes  No

3. If animals are under anesthesia and the influence of paralytics, how will animals be monitored for pain perception?

3. **Post-Procedure Care/Monitoring**

**a. Post-Procedure Analgesia.** *(Check all that apply)*.

Analgesics will be used to provide pain relief to the animals following the procedure

*Identify the analgesics that will be given.*

| **Agent** | **Dose /Volume** | | Route (e.g. iv, ip, sc) | **Frequency of Administration**  **(e.g. times/day)** | **Duration of Treatment**  **(e.g. days)** |
| --- | --- | --- | --- | --- | --- |
| **mg/kg** | **mL** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Post-procedure pain relief will be withheld

*Provide a justification for not using post-procedure analgesics. Include supporting literature references to justify the exclusion of post-procedure analgesia.*

Post-procedure pain relief is unnecessary – pain or discomfort is minimal and/or transient

Environmental comfort measures will be employed to minimize pain or distress

*Check all that apply.*

Paper bedding

Access to soft pellet feed

Gel packs

Housing Huts

Other:

**b. Post-procedure Monitoring**

1. What will be the duration of survival after the procedure?

1. What will be the frequency of monitoring from procedure to euthanasia?

(*Note: The* *typically accepted minimum monitoring might include frequent monitoring for the short-term following the procedure and then tapering to standard weekly observations thereafter. Consult the veterinarians for further guidance.)*

1. What parameters will be monitored? *Check all that apply.*

Behavior and activity level

Body weight

*Specify frequency of weighing*

Overall condition

Body temperature

*Specify frequency*

Food and water intake

Hydration status

Other:

1. Who will provide post-procedural support?
2. **How will post-procedural monitoring be documented?** Indicate which form(s) you will use.

ACF form

A procedure/project specific form will be used to document monitoring. Attach/upload the monitoring form to be used for this procedure.

Other

No additional monitoring is required