

Presents:

HYPERBARIC OXYGEN THERAPY

Examples of Enhancing Treatment & Care with HBOT

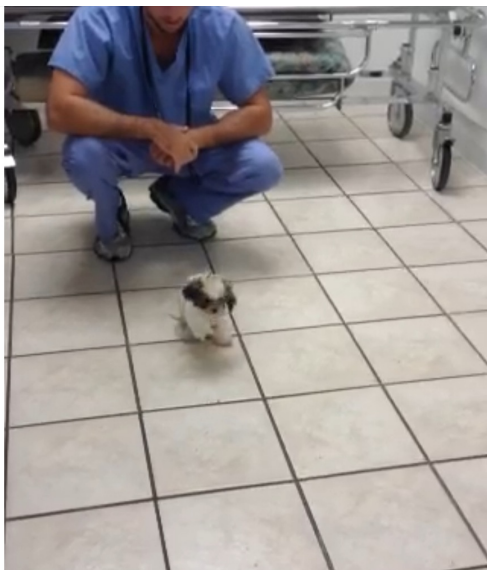
Cardiopulmonary Arrest Associated With Extreme Anemia

A 6 week old, 2lb puppy was presented emergently in lateral recumbency with agonal breathing. The puppy's mucous membranes were white, there was bloody diarrhea, and a heavy flea infestation. There was no doll's eye response. A jugular catheter was placed just as the puppy's heartbeat palpably stopped. Blood obtained from the catheter appeared like pink lemonade, however there was not enough sample obtained to measure PCV. External cardiac massage was given as 20 cc's of fresh whole blood was transfused over two minutes. The puppy's spontaneous heartbeat resumed soon after the transfusion, and respirations became deep and regular.



Pre HBOT (at Admission)

The doll's eye response and PLR's remained absent, and the puppy was non responsive. 1 cc of 50% dextrose diluted with 5 cc's of saline was given IV, and the puppy was placed in the hyperbaric oxygen chamber at 2.0 ATA for 45 minutes.



The puppy was able to sit up in the chamber by the end of the session, and able to walk several steps immediately after the session.

The puppy was treated for fleas and given one more transfusion the following morning (PVC was 6% at that time). 5cc's of liquid barium suspension was given orally. Fenbendazole, Clavamox, and Famotidine were given for 5 days, and HBOT session were continued BID at 1.5 ATA. Neurologic status improved very rapidly, and the puppy was discharged on day 5 with normal physical and neurologic examinations.

Immediately After First 45 Minute Session of Hyperbaric Oxygen Therapy at 2.0 ATA