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A New Intensive Care Facility

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A New Intensive Care Facility

Adjacent to the C. Mahlon Kline Center at the New Bolton Center campus of the University of Pennsylvania School of Veterinary Medicine, a new building is nearing completion.

The 11,000 square-foot structure, the Connelly Intensive Care Unit and the Gratham French Neonatal Section, is the first free-standing building specifically designed for the intensive care of large animals.

The building, more than five years in the planning stages, is a state-of-the-art facility designed solely for the care of critically ill large animals. "For many years we have provided intensive care for critically ill patients," said Dr. William Donawick, Mark Whittier and Lila Griswold Allam, Professor of Surgery. "But it had to be given in our regular hospital wards, making it difficult for the nursing staff and the clinicians, because these animals were housed in different buildings. Recognizing the special needs of equine neonates, we recently installed a small, temporary neonatal unit in one of the barns. This new building will greatly enhance and expand our ability to care for the critically ill adults and foals in one central location."

More than 1000 critically ill patients were seen at the George D. Widener Hospital for Large Animals last year. Most were horses, reflecting that close to 80-90 percent of the patients here are equine; however, among the animals requiring intensive care there were a number of bovines. Some patients, such as horses with colic, require only a short intensive care period, 24 to 72 hours, while others, animals with fractures, botulism, laminitis, and other severe medical conditions, may require stays ranging from a few days to months in length.

"Intensive care of large animals has become feasible with the development of trained nursing staff," said Dr. Donawick. "Round-the-clock nursing care and new methods of treatment have increased the chances of survival." Nowhere is this more evident than in equine pediatrics, a relatively new field. "We now can save many of the critically ill neonates," said Dr. Wendy Vaala, lecturer in medicine. "We have used a high frequency ventilator for premature animals to support foals that cannot breathe on their own, such as premature foals and foals with botulism, With the development of total parenteral nutrition, critically ill neonates can be fed intravenously for as long as necessary." Dr. Vaala explained that the current small neonatal unit cared for 42 foals in 1987; six of these were premature, seven had botulism, eight had septicemia, and four were "dunmny" (neonatal maladjustment syndrome) foals. "Our ability to care for critically ill neonates will be improved in the Graham French Neonatal Section; the facility will be larger and we will be able to operate more efficiently."

"Connected to the C. Mahlon Kline Orthopedic and Rehabilitation Center, this new building will greatly aid in the care the School can provide for critically ill animals," said Dr. Donawick. "We will be able to move such an animal by monorail from the operating theater directly to the door of its stall in the new building. Animals that require recovery from anesthesia in the pool can also be moved by monorail to their stalls, and the reverse trip can be made by animals requiring water therapy in the pool."

The facility is divided into two units, Surgical/Medical Intensive Care for adults (SMICU) and Neonatal Intensive Care for foals and other young animals (NICU). SMICU has six stalls and NICU has five stalls, two of which are specially designed to be..."
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divided to house two foals each. Three are large enough
to hold a mare and foal in separate side-by-side units.
After the foal season, these three stalls can be converted
into extra large stalls for "down" horses. In foal season
there will be space for a total of seven foals and three
mares. After foal season NICU provides space for five
adults.

"All the floors in the stalls are padded with rubber for
disease prevention and patient comfort," said Dr. Dona­
wick. "Floors in the NICU are heated to provide extra
warmth for the neonates." At the hub of the building is
the central nurses' station, which permits continuous
supervision of patients in both units. Stalls are equipped
with piped-in oxygen, compressed air, and vacuum lines
for treatment. This is also available in each of the two
large treatment areas of SMICU and NICU. The stalls
feature watering devices with meters to monitor water
consumption by patients. The building has a special air-handling
system for heating and air-conditioning, providing 10 air changes
per hour.

"At a hospital we are always concerned about infec­
tions," said Dr. Donawick. "This can be particularly
critical for the severely ill patient. To minimize the
danger of infection, we have the special high-pressure air-handling
system. In addition, there is a high-pressure water-
cleaning system and a manure removal system whereby
manure from each unit will be dropped to the floor
below for containerized removal. Also, at the entrance
to the facility, there is a washing area where horses can
be cleaned prior to entering the building, minimizing
the danger of introducing bacteria. In addition to these
precautions, access to the building will be limited, and
clinicians and nurses will wear special protective
clothing before entering the unit through an air lock.

Patients in SMICU and NICU will be treated by
groups of veterinarians from different disciplines such as
surgery, medicine, and anesthesia. Depending on the
problem, input may also be sought from other staff
specialists in nutrition, reproduction, etc. "This new
facility will enable us to provide comprehensive care for the
critically ill patients," said Dr. Donawick. "By
housing these animals in one building, treatment can be
delivered more efficiently. The close proximity to the C.
Mahlon Kline Orthopedic and Rehabilitation Center and
the monorail will enhance our ability to utilize the pool
for water therapy and ease the cast removal procedures
for orthopedic patients."

The Connelly Intensive Care Unit and the Graham
French Neonatal Section may enable clinicians at Penn's
School of Veterinary Medicine to push the boundaries
of treatment further out, helping animals previously
thought of as "hopeless." "We are continually trying to
advance the level of sophisticated care," said Dr. Vaala.
"This new building will allow us to consolidate the
efforts of the various specialties here at New Bolton
Center campus. These are exciting times in veterinary
medicine: things are changing. Ten years ago, who
would have thought of using a high-frequency ventilator
or a computerized pump to deliver parenteral nutrition
to a newborn foal? Now, we use such equipment
routinely, and as this building is utilized, we will be
employing more monitoring and diagnostic equipment,
similar to that utilized in human ICUs."
The new $2.25 million building was funded by many
people. The Connelly Foundation provided a large grant
for the Connelly Intensive Care Unit, and Mrs. Anne
French Thorington provided funds for the construction
of the Graham French Neonatal Section, in memory of
her father. Other contributors who helped to make the
building a reality are Mr. and Mrs. Allen H. Carruth,
Mrs. Roland T. de Hellebranth, Mr. and Mrs. Henry E.
I. du Pont, the Estate of Mary Compton Carrington, Mr.
Peter G. Gerry, Mrs. Gwynne Garibisch McDevitt, Mrs.
Henry D. Paxson, Stewart R. Rockwell, D.V.M., Mr.
and Mrs. Bayard Sharp, Mr. and Mrs. Oakleigh B.
Thorne, Mrs. E. Miles Valentine, Alexandra Wetherill, V.M.D.,
and the Bergen County Horseman's Association.

Did You Know...?

Despite rumors to the contrary, recent changes
in the tax laws have not eliminated all incentives
for charitable giving. In fact, the IRS still permits
donors of long-term appreciated securities to
 deduct the full, fair market value of an asset on
the date it is given. The appreciated component is
fully deductible under the 1986 Tax Reform Act,
and there is no capital gains tax on the donated
property (although appreciation is considered in
 calculating the Alternative Minimum Tax).
The benefit to philanthropists: donating appre­
ciated assets may increase your giving ability to a
considerably higher level. In particular, you may
want to consider gifts of highly appreciated but
low-yielding securities. This would allow you to
take maximum advantage of the growth realized
from the investment without surrendering signifi­
cant income.
The following simplified calculations show the
relative "cost" of an outright cash gift versus a
gift of appreciated stock. (Assume the donor's
cost basis in the stock is $4,000.)

<table>
<thead>
<tr>
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<th>Cash</th>
<th>Stock</th>
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<tr>
<td>Gift to Veterinary School</td>
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<tr>
<td>Donor's Basis</td>
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<td>Tax Savings from Charitable Deduction (@38.5%)</td>
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<tr>
<td>Net Cost of Gift</td>
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These last months of 1987 offer a special oppor­
tunity for those making charitable gifts. A
deduction against today's relatively high income
rates—38.5% maximum—will save you more than
the same gift made after January 1, 1988 when
the rate is due to drop to 28%.
The charitable deduction for a gift of appreci­
ated securities is limited to 30% of a donor's
adjusted gross income in the year the gift is made.
However, you may carry over any unused portion
of the deduction for up to five additional years.
For further information on the advantages
of giving appreciated securities to the School of
Veterinary Medicine, contact:
Mr. Jeffrey Roberts
Assistant Dean for Development and Planning
University of Pennsylvania
School of Veterinary Medicine
3800 Spruce Street
Philadelphia, PA 19104-6008
TEL: (215) 898-1882

Ground was broken for the Evan L. Stubbs Laboratory at
New Bolton Center campus. Shown are Dr. Robert
Eckroade, Dr. Richard McFeely, Dr. Evan L. Stubbs, Dr.
Max van Buskirk, and Dr. Robert Marshak.
Dedication of New Intensive Care Facility

The new building, housing the Connelly Intensive Care Unit and the Graham French Neonatal Section, was dedicated on October 15 at New Bolton Center campus.