GP – 8: Guideline on Use of Elizabethan (E-) collar Checklist

Protocol: _______________  PI: _______________________ Date: ____________
Person evaluating: _______________  Veterinarian consulted: ______________________
Date approved: _______________

What are the circumstances for which an e-collar is needed?
___wound or suture licking/biting
___self-mutilation due to neuropathy
___other: (describe)

Have underlying and treatable problems been eliminated?

Has the initial use of the collar and the duration been addressed?

Will the collar interfere with body function?

Has pain management and proper analgesic been addressed?

Is there a need to control irritation and/or itch?

Is the use and duration of an E-collar appropriately justified? Is there a description on alternatives to E-collar and why they are not appropriate? Cite references or include relevant data, especially if a pilot study has been performed comparing animals with E-collar vs those without.

Is there a description of research personnel training regarding the application and maintenance of the E-collar?
Is there a description of how research personnel will be monitoring animal health while the animal wears an E-collar? This should include what to monitor for, frequency of monitoring, and how to address issues when identified (e.g., removal of E-collar)?

Has an RAR faculty veterinarian reviewed the request?

Notations:

I acknowledge that I have read and understand the JHU Animal Care and Use Program document “Guideline on Use of E-collar checklist” and I will follow this procedure. I agree to bring any deviations in this procedure to the attention of my supervisor/GPS Working Group.

_____________________________________    ___________________
Name (Print)                                 Date

_____________________________________
Signature