

	Type of SOP	SOP Number
	Department name or general use	Effective date: Click here to enter a date. Review date: Click here to enter a date. Supersedes: Click here to enter text.

Fecal floatation

1. SCOPE

To ensure a consistent way of doing a fecal floatation

2. RESPONSIBILITY

Staff members are responsible to guide trained volunteers on how to do a proper fecal procedure, identify the correct ova and make a treatment plan using the references provided.

3. PERSONAL PROTECTIVE EQUIPMENT

Mammalian fecals: mandatory use of disposable gloves

Avian fecals: optional use of disposable gloves

4. MATERIALS

- Fecalyzer
- Cover glass
- Microscope slides
- Fecasol solution
- Microscope
- Fresh fecal sample
- Timer

5. REFERENCES AND DEFINITIONS

Veterinary parasitology, Reference Manual 5th edition – William J. Foreyt

Parasite diagram

Wildlife Rescue Association of BC - Protocol manual, Chapter 7 under Parasites

Meniscus: is the curve in the upper surface of a liquid close to the top of the container, caused by surface tension

6. PROCEDURE

6.1 Gather all the materials needed for preparing your sample, and place them next to the microscope.

6.2 If doing more than one fecal at the time, take a piece of masking tape and write down the animal's case number so the samples don't get mixed up

6.3 Put on your PPE

6.4 Check to see if there are fresh feces in the animal's enclosure

6.5 If there's more than one animal in the same enclosure, isolate the animal in a box, or a laundry basket and offer food and water

6.6 Take a fecalyzer container and collect the sample using the narrow green part of the container.

6.7 If possible, scrape feces from multiple sites and avoid any food or greenery

6.8 Bring the container into the exam room, and fill it half with the fecasol solution, twist the narrow green insert a few times to break the feces up

6.9 Fill the fecalyzer container all the way to the top, ensure you have a meniscus, place a cover glass on top of your sample

6.10 Start the timer for 10 minutes and wait

6.11 Once 10 minutes is up, remove the cover glass carefully and place it in a 45 degree angle with the microscope glass and let it fall gently

6.12 Remove the microscope cover and turn it on focusing your sample, using 10 magnifying lens

6.13 Find one of the corners of the cover glass to start looking at your sample. Scan it entirely.

6.14 If the fecal is clear, write down the results down on the patient case sheet (example: FECAL: Clear) highlight it in green and initial your entry

6.15 If parasites are found, identify the type, and start ~~counting to get an idea of the load~~ count each ova to quantify the load.

Low load < 10 ova, medium load: 10-50 ova, high load > 50 ova

If more than fifty ova are present you can stop counting. Write the results down on the patient case sheet (example: FECAL - load and type of parasite) highlight in green, and initial your entry. More than one type can be found in the same sample so always scan the entire sample

6.16 Volunteers need to inform a staff member about the findings (type and load) even if the fecal is clear.

Staff members refer to Chapter 7, Parasite section of the protocol manual to confirm treatment plan. Write down the appropriate treatment plan on the patient's case sheet and highlight it in pink. [Add the treatment to the meds white board.](#) Administer medication if needed.

6.17 If a post treatment fecal floatation is required for that patient, make a note on the task board in the exam room. [Write the patient case #, species, fecal and the date it needs to be repeated on the white board.](#)

6.18 Clean your working area with peroxigard, discard the cover glass in the sharp container, rinse the microscope slide and the fecalyzer container under running water. [Clean it in soapy water](#), making sure no fecal material is left in the container, and soak it in [a the-quatsyl container on top of the autoclave solution for at least 5 minutes.](#)

7. REVIEW AND RETENTION

This SOP is reviewed annually or whenever deemed necessary by the responsible departmental representative.

DOCUMENT APPROVAL SIGNATURES

Authored by _____

Date _____

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Date _____

Team Leader

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Date _____

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