Euthanasia

Selection of the method of euthanasia is dependent upon the animal species involved, objective of the procedure and skill of personnel. It is essential that proper physical control over the animal be maintained prior to euthanasia and that fear and apprehension be minimized. Noxious stimuli induce various responses including vocalization, struggling, escape, aggression, salivation, urination, defecation, pupillary dilation, tachycardia, sweating, shivering, tremors and spasms. Not only are these responses undesirable from an aesthetic and humane point of view, they are usually undesirable complications of research where variation in baseline levels of cellular or extracellular biological values must be minimized.

Euthanizing agents terminate life by one of three basic methods: direct or indirect hypoxia, depression of vital neurons, or physical damage of brain tissue. Regardless of the method, it is essential to induce unconsciousness as rapidly as possible if euthanasia is to be aesthetically and scientifically successful.

When using these or any other method of euthanasia, it is important to take adequate measures to insure animals are dead and have no chance to revive or regain consciousness at any later time, especially when using anesthetics.

All methods must be recommended by the AVMA Guidelines on Euthanasia: 2013 Edition.

You may use decapitation or cervical dislocation of rodents without prior sedation/analgesia, but must provide a scientific justification for doing so. For example, you can provide a statement that analgesia/sedation will affect the end point measurements you make. You should also provide a reference supporting your justification. In addition, you must provide a statement that the persons performing the euthanasia technique are appropriately trained and are using proper equipment. You should specifically indicate who will be performing euthanasia in the Associates section of the protocol.

Procedures such as CO2 euthanasia or anesthetic overdose on rodents, where death may not be immediately evident, must include a secondary physical method for ensuring death. These include decapitation, pneumothorax by opening the thoracic cavity, cervical dislocation of rodents under 200 g, complete severance of the spine just below the base of the skull using a dorsal approach, or perfusion of a histological fixative via the major blood vessels.

There are special considerations for euthanizing rodent embryos, fetuses and neonates. Please see the UCAR policy on Euthanasia for Rodent Embryos, Fetuses and Neonates on the UCAR website.

Approved Euthanasia Dosage and Techniques for Rodents

1. Carbon Dioxide Inhalation Chamber followed by secondary physical method (i.e. pneumothorax, cervical dislocation for rodents under 200 grams, decapitation, perfusion of a histological fixative via the major blood vessels or complete severing of the spine just below the base of the skull using a dorsal approach)
2. Surgical plane of anesthesia followed by a physical method. This includes perfusion with a fixative or exsanguination. Any anesthesia approved for surgery may be used, but the depth of anesthesia must be verified before the secondary method is applied.
3. Anesthetic overdose followed by a physical method. Any AVMA (AVMA Guidelines on Euthanasia: 2013 Edition) approved anesthetic overdose is acceptable (e.g. barbiturate or euthanasia solution 100 mg/kg IV or IP or a combination of Ketamine 300-360 mg/kg + xylazine 30-40 mg/kg IP.
4. Cervical dislocation for rats weighing less than 200 grams and all mice after sedation (unless otherwise scientifically justified to U.C.A.R.)
5. Decapitation with guillotine only after the animal has been sedated (unless otherwise justified to U.C.A.R.)

Reference

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