



DoveLewis[®]

Veterinary Emergency & Specialty Hospital

May 2, 2024

Exotic Animal Triage and Stabilization

DoveLewis Technician

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Virtual Attendee FAQ's

Do I need to create my own Zoom account to attend?

No. You can access the webinar through the link in your confirmation email. Click the link that says, "Click Here to Join" at the time of the lecture.

Is there someone to help if I have trouble accessing the lecture?

Yes. Please reach us at contact@dovelewis.org if you're experiencing difficulties joining the meeting. During the lecture, you can use the "Raise Hand" function and someone will be able to help you.

Is attendance tracked?

Yes. As you register for the Zoom meeting, you will be asked to enter your information. Attendance is tracked for RACE records.

Is this lecture RACE approved?

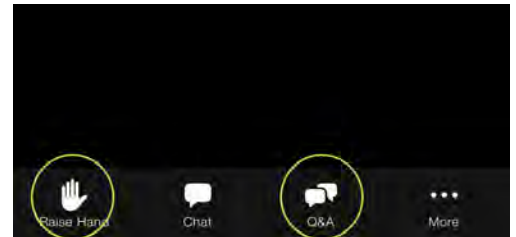
Yes. This lecture is RACE-Approved for one Interactive-Distance CE credit. You will receive an emailed certificate of attendance within one business day after the event.

Will I be able to ask questions?

Yes. If you have questions during the lecture, please use the Q&A function to submit your question. We will save questions for the end of the lecture.

Will I be able to talk?

No. All attendees will be in listen-only mode. If you have a question or need help, the Q&A or Raise Hand function.



Will the presenter or other attendees be able to see me?

No. All attendees will only have the capability to listen to the presenter.

How will I get my certificate?

You must register by using the Zoom link to prove attendance. You will receive an emailed certificate of attendance within one business day after the event.

Can I record the lecture?

No. The lecture will only be recorded by DoveLewis, and will likely be available on atdove.org at a later date.

For more support, please email contact@dovelewis.org





There are many different exotic animal species that can be seen through a veterinary clinic. The most common species that can be seen are:

- Reptiles
- Birds
- Small mammals
- Wildlife

Triaging all these different species can be difficult, however, we can categorize them into just 2 different types of triage guidelines: STAT and Urgent. We will discuss what qualifies for a STAT triage and what qualifies for an Urgent triage for each of the species listed above. Stabilization for each species will focus on in-hospital care, heat support, oxygen support and CPR directives.

Reptiles:

A variety of reptiles can present on an ER/Urgent Care basis. These species include (but are not limited to): lizards, snakes, chelonians, and amphibians. When they initially present to the front desk, they have the option of being called as either a STAT or an Urgent Triage.

A STAT triage can include the following:

- Unresponsive
- Traumatic injury that is bleeding and the bleeding won't stop
- Traumatic injury that penetrates the coelom

These are classified underneath STAT as these are life threatening concerns that if not treated/stabilized quickly could be detrimental to the patient.

An urgent triage can include the following:

- Respiratory Issues (hissing/clicking sound, bubbles)
- Burns or old injuries to scales
- Not eating for more than 2 weeks
- Bite wounds
- Skin/shedding concerns (changes in color)
- Eye concerns

After initial triage of the patient, vitals should be quickly obtained to assess stability of the patient. Vital ranges will vary based off species and neither a blood pressure or a CRT can be obtained on most of these species. A pain scoring scale is not available at this time for reptile species, but be cognizant of their injury/illness and advocate for pain control if you feel like the patient would benefit from it. Once vitals have been obtained, the patient should be placed in a warm and humid environment. A pre-warmed reptile cage or an exotic specific incubator works best for keeping these patients warm. Heat lamps can be used to provide heat as long as you have a thermometer to check the temperature at patient height, this is to ensure the patient does not overheat.

Food and water are usually not offered in hospital due to the ill nature of the patient. Water can be offered to patients who will be staying longer than 2 hours, and amphibians always need to be misted/sprayed with distilled



water OR owner's water only. Food options are limited and most reptiles will not eat while in clinic, so food is usually not offered during ER/Urgent care visits. Reptiles also have a wide variety of what they should be eating and most clinics do not stock them readily in hospital. Critical Care diets are readily available and can be used based off of the DVMs discretion.

Oxygen supplementation is not needed in the majority of the cases that are seen. The two main times that oxygen supplementation is needed are:

- House fire (smoke/soot inhalation)
- Tracheal Tear or obstruction

For any traumatic injury that has perforated the coelom, we need to create a seal around the injury to help the reptile breathe easier (Tegaderm is a good product that can help create a seal around the injury).

CPR options for reptile patients includes DNR and BLS options. When performing CPR on a BLS patient, we can intubate the patient with a red rubber catheter and start manual ventilation with oxygen supplementation. ECG clips can then be used to get an ECG rhythm (needles can be helpful if the alligator clips are having a hard time getting good skin-clip contact). A doppler also works great for audible confirmation of the heart rate/rhythm. Compressions are very difficult to do in most reptile patients as their heart is located so high up in the coelomic cavity. Chelonians are one species that we can attempt to do compressions on by moving both front legs in and out at the same time (keeping a rhythm of about 70-80 bpm).

Avians:

A large variety of avian patients can present on an ER/Urgent Care basis. The most common species include (but are not limited to): Budgies, Cockatiels, Conures, Cockatoos, Chickens, Ducks, and Macaws. When they initially present to the front desk, they have the option of being called as either a STAT or an Urgent Triage.

A STAT triage can include:

- Unresponsive
- Respiratory Distress
 - Open Mouth/labored breathing
- Traumatic injury that is bleeding at the bleeding won't stop

These are classified underneath STAT as these are life threatening concerns that if not treated/stabilized quickly could be detrimental to the patient.

An Urgent triage can include:

- Not eating
- Fluffed/strange behaviors
- Lameness/Wing abnormalities
- Egg bound/reproductive concerns
- Making weird sounds/Not talking
- Over preening/Plucking feathers
- Skin/Ear/Eye concerns



After initial triage of the patient, vitals should be quickly obtained to assess stability of the patient. Vital ranges vary greatly based off the size of the bird (smaller birds have higher heart rates and larger birds tend to have lower heart rates). A CRT is usually not obtained as most birds do not have any external mucous membranes that we can use to obtain it (poultry birds are the most common exception as they have wattles and combs that can be used). Temperature can be obtained if really necessary, but you just need to be very careful when inserting the thermometer to not damage the cloaca). Pain scoring in birds is very helpful to ascertain how that patient is doing. The IVAPM has a very helpful pain scoring system that can be found at: <https://ivapm.org/professionals/pain-scale-for-birds/>.

Once vitals have been obtained, it is best to house the bird in a quiet room away from dogs and cats. An exotics specific ward works best if possible. To keep these patients as calm as possible, we can cover their cage with a towel, placing them in an area that is away from loud noises, and playing bird noises or soft music on a tablet/radio.

Food and water can be provided to the patients as long as they are able to stand and/or hold their head in a normal position. Water should be provided in shallow dishes to ensure the bird can not harm itself. The best food diets to have in hospital are Nutri-berries or millet, but there is a wide variety of seed and pellet diets readily available online and in pet stores. The best option would be to have the owner bring their own diet, to ensure that the bird gets what they are used to having at home.

Oxygen support can be provided in two ways: flow-by or by placing the patient in a Snyder. If flow-by oxygen is needed, then placing the patient in an exotics specific incubator works great, or an induction box can also be used (but make sure to cover it on 2-3 sides to help keep the patient calm). If higher oxygen support is needed, a Snyder is ideal to ensure accurate oxygenation is provided.

Heat support can be provided in the same fashion as oxygen supplementation. An exotic specific incubator is great for warming patients that are cold (or even wet) because they usually function with a fan that circulates warm air throughout the enclosure. A Snyder can also be used for heat support if needed in conjunction with oxygen support. It is NOT recommended to use any heat discs or warm fluid bags ("warmies") as they can easily burn the smaller patients and can also be easily punctured by their feet/beaks.

CPR options for avian patients include BLS or DNR options. When performing BLS CPR, the patient can be intubated using avian specific endotracheal tubes, red rubber catheters, or IV catheters (use as a last resort as the inside bore is quite small). ECG clips can be used to obtain a visual ECG rhythm by placing the clips on the patagium and inguinal folds. An ETCO₂ can also be obtained by placing the sensor on the end of the endotracheal tube. Respirations are best given with a small/exotic ambu bag with oxygen support but can also be given using a non-rebreathing anesthetic circuit and a 0.5L reservoir bag.

Small Mammals

There is such a wide variety of small mammals that can present through the ER/Urgent Care departments. The most commonly seen small mammal patients are: rabbits, guinea pigs, chinchillas, ferrets and rodents. When they initially present to the front desk, they have the option of being called as either a STAT or an Urgent Triage.

A STAT triage can include:

- Unresponsive



- Respiratory Distress
- Traumatic Injury

An Urgent triage can include:

- Has not eaten in 48 hours or less
- Lethargy for 24 hours
- Injuries that have occurred more than 24 hours ago
- Skin/Ear/Eye concerns

After initial triage of the patient, vitals should be quickly obtained to assess stability of the patient. Vitals will range depending on the species, so it is always handy to have a chart that goes over normal ranges in these species. A temperature should ALWAYS be obtained on any small mammal that presents for GI concerns. It is ok to not take a temperature on rodents/sugar gliders/etc. because they are just so small. Ferrets are one species that a temperature can always be taken and if they are struggling too much for a rectal temperature, then an axillary temperature can be obtained instead. Mucous membranes and a CRT can be obtained in the small mammals by looking at the gingiva around their upper/lower incisors. A blood pressure can be obtained on the larger small mammal species (anything over 1kg) by using either a doppler or oscillometric (rabbits should be oscillometric as they do not have any paw pads). A grimace scoring scale is readily available for rabbits, rats, and ferrets and are a good guide for assessing pain score in these species.

Once vitals have been obtained, small mammals should be placed in a quiet space away from dogs/cats. All hind-gut fermenters (rabbits, guinea pigs, chinchillas) should have access to hay at all times (as they need to be constantly eating). Providing a place for the patient to hide can also help ease stress/anxiety of being in clinic. One species that always needs a place to hide is rodents, since they are usually more active in the evening/dark hours. Rodents can be offered food/water if they will be in clinic for longer than 1 hour (unless otherwise specified by the DVM). Ferrets can usually always have food and water while in clinic as they have a high GI transit time (If a procedure/ultrasound will be performed, then removal of food 1 hour prior should be sufficient).

Oxygen and heat support can be provided individually or simultaneously, depending on the patient's need while in hospital. Incubators (i.e. Thermocare) are good for helping to monitor patients who need slight heat support and that you also want to monitor on the ER floor (it is best to cover $\frac{3}{4}$ of the incubator to make the patient feel comfortable). If you are using a water-circulating incubator, then it is recommended to use a thin towel on the bottom to ensure that the heat support reaches the patient. Exotic specific incubators are good for patients who need heat support and flow-by oxygen support. And Snyders are the preferred method if the patient is in respiratory distress as it provides both oxygen support and heat support.

CPR options include DNR and BLS options. IV catheters can be readily placed on small mammals over 750 grams (IO catheters can be placed for the smaller patients where IV access is just not an option). Intubation is usually a "blind technique" (except for ferrets) but can be performed with a video otoscopy or a scope for visual assistance. Respirations can be provided by using a small/exotic ambu bag, or by using a non-rebreathing anesthesia circuit with a 0.5L reservoir bag. ECG clips can be easily applied to patients and work well on most all small mammal species.



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Lecture Notes

Exotic Animal Triage and Stabilization

Wildlife Triage

When a wild animal presents for a triage, it is required that the Good Samaritan bringing in the animal fill out a form with their information, where the animal was found, and a brief description of why they are bringing the animal to the clinic. This form is required by most rehabilitation facilities to be able to know where the animal came from, so if possible, it can be released in the same area.

For Oregon state, it is recommended that Raptors, Gulls, Crows, and Ravens be triaged with an isolation protocol. After a DVM performs an initial exam they can determine if the animal needs to be set-up as quarantine, or if they can be housed in the general avian housing area. This is due to them being carriers of avian influenza.

All Waterfowl (ducks, geese, etc.) are unfortunately unable to be triaged inside the building at this time. Because they are carriers and are affected by avian influenza, it is Oregon state law that all waterfowl be euthanized outside of the building and then processed as if they are an isolation patient. This regulation varies by state, so be sure to contact your state department of agriculture for rules/regulations that you need to follow.

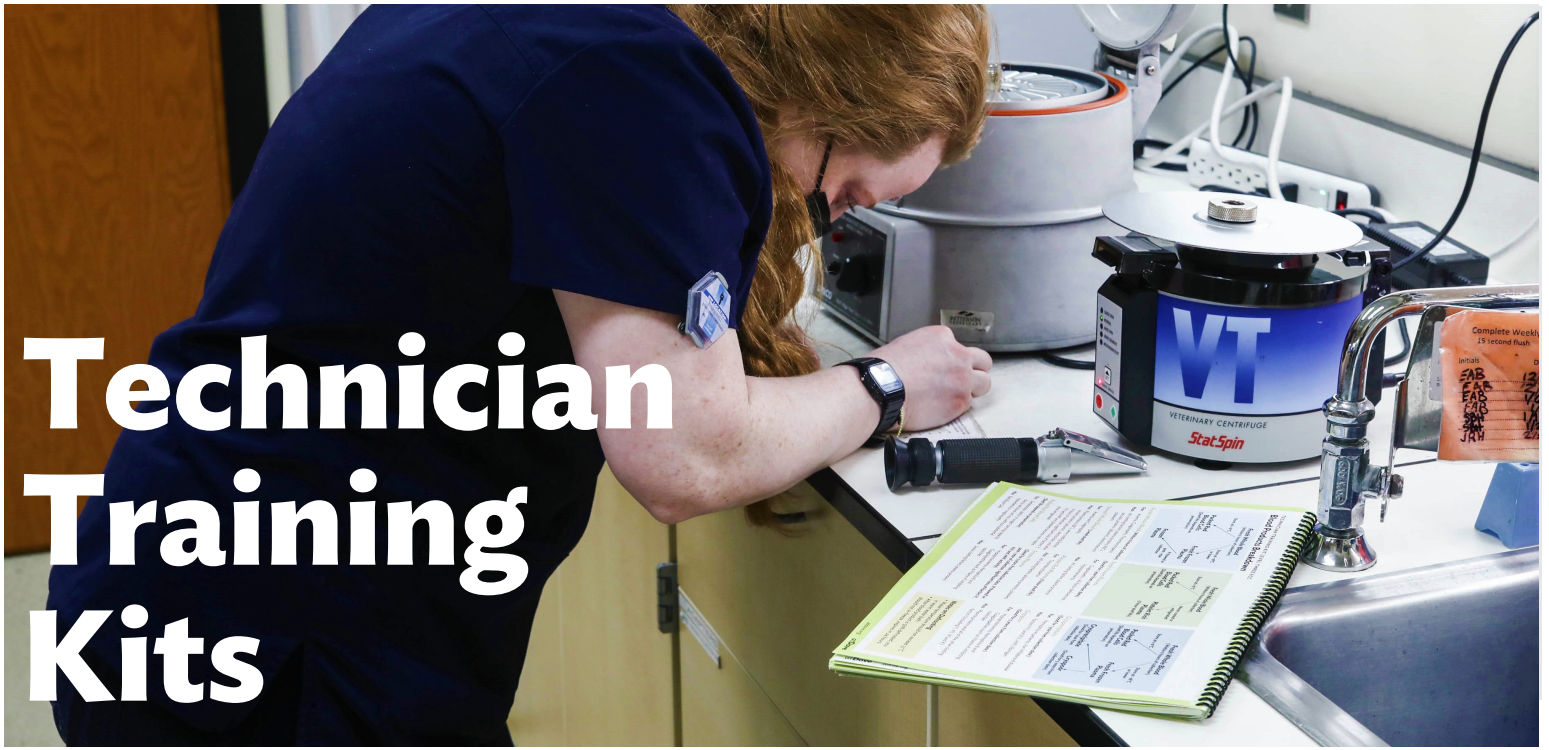
Songbirds, Hummingbirds, and all other avian wildlife can be triaged inside the building with no restrictions.

When triaging an invasive species, it is recommended to check your state regulations on how to handle/treat them. Oregon state is unable to treat invasive species, so they are given a DVM assessment on triage and then the euthanasia process started.

When getting an animal set-up for treatment/overnight stay it is best to keep all wildlife in a room separate from dogs and cats. This is to help prevent any animal from injury if they accidentally get loose in the room. All animals should have a light towel placed on the bottom of their enclosure and be properly labeled (this ensures that animals who look alike do not get their treatments/diagnosis mixed up). Appropriate food and water can also be provided as long as the animal is able to sit/stand in a somewhat normal position (best if offered in small shallow dishes).

Wildlife Stabilization is very similar to other animals, however, it is usually kept to a minimum to prevent undue stress/handling prior to transfer to the wildlife rehabilitation center. Both oxygen and heat support can be provided by placing the animal in a Snyder, if flow-by oxygen is needed, then you can also use an exotics specific incubator to provide heat and oxygen supplementation. Pain control and SQ fluid therapy are two common treatments given to stabilize the animal and then give it a night of rest/quiet prior to transfer to the rehabilitation facility.

The main goal of having the option of wildlife triage at your hospital is to give the animal a safe place when the rehabilitation facilities are closed. All wildlife should ideally go directly to the rehabilitation facility during their open hours. This gives the animal an even better chance at healing and possible release.

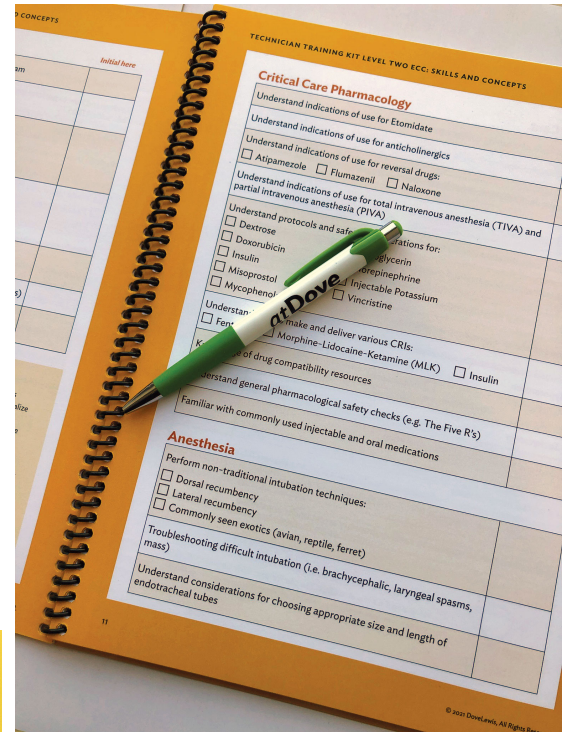


Technician Training Kits

Organize onboarding or supplement professional development with workbooks containing skills checklists, a comprehensive exam, and on-the-floor tools.

What's Inside?

- Available in General Practice or Emergency & Critical Care
- 10+ pages of skill checklists
- Technician tips for equipment and procedures
- Comprehension exams
- Manager support and feedback guides
- On-the-floor resources for quick reference and study
- Certificates of completion



Critical Care Management of the Exotic Patient: Reference Table

SPECIES	NORMAL VALUES SPECIAL SPECIES						
	HEART RATE (PER MINUTE)	RESPIRATORY RATE	BODY TEMP (°F)	AVG. WEIGHT (GRAMS)	GESTATION/ INCUBATION (DAYS)	LITTER/ CLUTCH SIZE	LIFESPAN (YEARS)
Antelope Squirrel	350-600	15-45	100.1	300-650	14-19	3-4	40-60
Chinchilla	140-350	15-30	100-105.4	1500-2000	30-31	10-15	7-10
Chinchilla	200-340	40-80	94-102	450-800	109-130	1-4	10-20
Ferret	180-400	32-40	100-104	600-3000	43-44	4-10	5-10
Guinea Pig	230-380	43-104	99-103.1	50-150	29-30	3-7	2-4
Hamster	350-500	35-135	98.6-102	200-1200	59-72	2-5	4-5
Hedgehog	180-300	66-88	96.8-98.6	370-704	24-32	1-10	1-3
Mink	300-500	60-80	100.1	20-35	18	4-6	7-14
Parakeet	>250	60-75	100.1	1000-6000	29-35	6-10	5-10
Rabbit	120-225	30-60	101.3-104	1000-6000	29-35	6-14	5-10
Rat	350-450	70-115	98.6-103	300-500	17-21	4-12	1-3
Sugar Glider	200-300	18-40	99.6-103.3	80-140	15-17	2	8

Technician Terminology

1001	Abandonment: The act of leaving a patient or animal under the care of another person without providing for the patient's or animal's needs.	1002	Abuse: The use of force or power to harm, intimidate, or control another person or animal.	1003	Accident: An unexpected and unintended event that results in injury or damage.	1004	Admission: The act of accepting a patient or animal into a facility for care.	1005	Admission record: A record of a patient's or animal's admission to a facility.	1006	Admission screening: The process of evaluating a patient's or animal's suitability for admission to a facility.	1007	Admission criteria: The standards used to determine if a patient or animal is eligible for admission to a facility.	1008	Admission process: The series of steps involved in admitting a patient or animal to a facility.	1009	Admission interview: A meeting with a patient or animal and their caregiver to discuss admission to a facility.	1010	Admission assessment: The evaluation of a patient's or animal's health and safety upon admission to a facility.	1011	Admission consent: The agreement by a patient or animal and their caregiver to admit the patient or animal to a facility.	1012	Admission forms: The documents used to collect information about a patient or animal upon admission to a facility.	1013	Admission checklist: A list of items to be checked off during the admission process.	1014	Admission protocol: A set of guidelines for the admission process.	1015	Admission policy: A document that outlines the facility's admission procedures.	1016	Admission manual: A book of rules and regulations for the admission process.	1017	Admission training: The education and instruction provided to staff members involved in the admission process.	1018	Admission audit: A review of the admission process to ensure compliance with standards.	1019	Admission report: A document that summarizes the admission process for a patient or animal.	1020	Admission record review: The process of reviewing admission records to identify trends and areas for improvement.	1021	Admission data analysis: The use of statistical methods to analyze admission data.	1022	Admission trends: The patterns and changes in admission data over time.	1023	Admission forecasting: The process of predicting future admission numbers.	1024	Admission capacity: The maximum number of patients or animals that a facility can accept.	1025	Admission waitlist: A list of patients or animals who are waiting for admission to a facility.	1026	Admission cancellation: The process of removing a patient or animal from the admission process.	1027	Admission denial: The refusal to admit a patient or animal to a facility.	1028	Admission appeal: A request for reconsideration of an admission denial.	1029	Admission grievance: A complaint about the admission process.	1030	Admission resolution: The process of resolving an admission grievance.	1031	Admission satisfaction: The level of happiness and contentment of a patient or animal and their caregiver with the admission process.	1032	Admission feedback: The information provided by patients or animals and their caregivers about their experience with the admission process.	1033	Admission improvement: The process of making changes to the admission process based on feedback.	1034	Admission excellence: The highest level of performance in the admission process.	1035	Admission innovation: The use of new ideas and technologies to improve the admission process.	1036	Admission leadership: The role of a person who guides and inspires others in the admission process.	1037	Admission vision: A clear picture of what the admission process should look like in the future.	1038	Admission mission: A statement of the purpose and goals of the admission process.	1039	Admission values: The principles and beliefs that guide the admission process.	1040	Admission culture: The shared attitudes, behaviors, and beliefs that shape the admission process.	1041	Admission climate: The 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the success of the admission process.	1053	Admission dashboard: A visual representation of admission data.	1054	Admission analytics: The use of data to gain insights into the admission process.	1055	Admission intelligence: The knowledge and understanding of the admission process.	1056	Admission strategy: A plan of action for the admission process.	1057	Admission tactics: The specific actions taken to implement the admission strategy.	1058	Admission execution: The process of carrying out the admission strategy.	1059	Admission monitoring: The process of tracking the progress of the admission process.	1060	Admission evaluation: The process of assessing the effectiveness of the admission process.	1061	Admission reporting: The process of providing information about the admission process to others.	1062	Admission communication: The exchange of information about the admission process.	1063	Admission collaboration: The process of working together to improve the admission 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loss.	1163	Admission ROI: The return on investment for the admission process.	1164	Admission KPI: A key performance indicator used to measure the success of the admission process.	1165	Admission dashboard: A visual representation of admission data.	1166	Admission analytics: The use of data to gain insights into the admission process.	1167	Admission intelligence: The knowledge and understanding of the admission process.	1168	Admission strategy: A plan of action for the admission process.	1169	Admission tactics: The specific actions taken to implement the admission strategy.	1170	Admission execution: The process of carrying out the admission strategy.	1171	Admission monitoring: The process of tracking the progress of the admission process.	1172	Admission evaluation: The process of assessing the effectiveness of the admission process.	1173	Admission reporting: The process of providing information about the admission process to others.	1174	Admission communication: The exchange of information about the admission process.	1175	Admission collaboration: The process of working together to improve the admission process.	1176	Admission partnership: A relationship between two or more parties involved in the admission process.	1177	Admission alliance: A formal agreement between two or more parties involved in the admission process.	1178	Admission coalition: A group of parties that work together to achieve a common goal in the admission process.	1179	Admission network: A system of interconnected parties involved in the admission process.	1180	Admission ecosystem: The entire system of parties and processes involved in the admission process.	1181	Admission environment: The external factors that influence the admission process.	1182	Admission context: The background and circumstances surrounding the admission process.	1183	Admission scope: The range of activities covered by the admission process.	1184	Admission focus: The primary area of concern for the admission process.	1185	Admission priority: The level of importance assigned to the admission process.	1186	Admission urgency: The need for immediate action in the admission process.	1187	Admission flexibility: The ability to adapt to changes in the admission process.	1188	Admission agility: The ability to respond quickly to changes in the admission process.	1189	Admission resilience: The ability to recover from setbacks in the admission process.	1190	Admission robustness: The ability to withstand stress and pressure in the admission process.	1191	Admission reliability: The ability to consistently deliver the same results in the admission process.	1192	Admission accountability: The responsibility for the outcomes of the admission process.	1193	Admission transparency: The openness and honesty in the admission process.	1194	Admission integrity: The adherence to ethical principles in the admission process.	1195	Admission trust: The confidence in the admission process.	1196	Admission credibility: 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