

Critical Care of Pet Birds



Jeffrey Rowe Jenkins, BS, DVM, DABVP (Avian Practice)

KEYWORDS

• Avian • Critical care • Triage • Trauma • Shock • Fluid therapy

KEY POINTS

- Success with the critical bird patient is founded on preparation and planning.
- Triage begins with first client contact.
- Assessment of the critical patient must coincide with the initiation of care.
- The intensive care environment requires heat and oxygen in a manner that conserves the patient's energy.
- Fluids are best administered at body temperature via an intraosseous route.

Prepare: to put in proper condition or readiness (dictionary.com); to make ready beforehand for some purpose, or, to put in a proper state of mind (merriam-webster.com).

Plan: to arrange a method or scheme beforehand for any work, enterprise, or proceeding (dictionary.com); to devise or project the realization or achievement of (merriam-webster.com).

The successful treatment of the critical avian emergency is predicated on the preparation and planning of doctors, supportive staff, and the avian hospital as well as knowledge of the facility. Preparation leads to an ability to foresee those activities and routines that will be necessary to affect the desired results. Preparation requires a thorough education that includes understanding the basics of basics of avian anatomy, physiology, and pathophysiology of birds, the study of avian behavior, knowledge of avian species and their differences, pharmacology, and the mechanics of avian therapeutics. Last, knowledge of avian disease is needed/necessary. Likewise, the hospital or emergency facility requires preparation by the accumulation of obtaining necessary equipment, supplies, pharmaceuticals, and personnel.

Planning to a great extent involves a path or protocol that is expected to lead to a successful conclusion. These plans start from initial client contact, patient intake, the signing of informed consent and financial estimates, and protocols for the care of patients with specific signs or complaints.

The author has nothing to disclose.
Avian & Exotic Animal Hospital, Inc, San Diego, CA, USA
E-mail address: drexotic@aol.com

Vet Clin Exot Anim 19 (2016) 501–512
<http://dx.doi.org/10.1016/j.cvex.2016.01.014>

vetexotic.theclinics.com

1094-9194/16\$ – see front matter © 2016 Elsevier Inc. All rights reserved.

Planning assumes that one can control the various elements required to bring to pass their goals. Preparing, on the other hand, focuses on the ultimate goal. Planning is often less flexible, indicating a process and timeframe. Preparation allows flexibility to adapt to the changing situations. Having both in place will greatly aid in the successful treatment of the critical patient.

The purpose of this article is to aid in that preparation and planning with the goal of a smooth progression of events from initial contact, through patient stabilization and eventual release.

TRIAGE

Triage: sorting of and allocation of treatment to patients and especially battle and disaster victims according to a system of priorities designed to maximize the number of survivors; the sorting of patients (as in an emergency room) according to the urgency of their need for care (merriam-webster.com).

The triage of the critical avian patient begins long before the arrival of the patient. An understanding, and preparation, by both doctors and staff of the urgency associated with signs of disease and trauma is necessary. Some signs, such as bleeding or significant trauma, are obvious, whereas others, such as hypothermia, dehydration, and anemia, are not as apparent. It is therefore of great importance to assess the indicators of these parameters. The rapid metabolism of the avian patient acts as a multiplier and makes many situations that may not be immediately life threatening more critical. In some rare cases, the avian patient responds better than the more familiar mammal patient. Your triage preparation should include a plan or protocol of how the flow of information from client, to staff, to doctor, and back to the client, is executed and how patients are processed once presented at the hospital.¹

PHONE CONTACT

Effective initial contact improves communication and speeds response in critical cases. Information should be gathered that allows hospital staff and equipment to be ready at the time the patient arrives. Hospital staff that answer phones and make appointments must be trained and allowed to make judgments as to what is an emergency situation needing immediate attention and effectively communicate that information to the client and to doctors and staff. Information must be gathered including the nature of the emergency, and the client and patient information. If time permits, a brief history of events leading to the emergency and history of prior health problems may be helpful. This information should be made available to doctors and nursing staff immediately so that preparations for the patient's arrival can be made.

It should be made certain that the client knows the address of and the directions to the hospital. The client should call back or stay on the line for turn-by-turn directions if they are not familiar with where they are going or if the location is difficult to find.

PRESENTATION

The physical evaluation aspect of triage begins at presentation and is often the responsibility of reception and nursing staff and most often involves inspection of the patient as presented. If the bird is in a cage or transport carrier, visual inspection may be possible. If the bird is held or restrained by the client, it should be transferred to a clear container where it may be observed. Alert, eupneic, perching birds may be placed in an examination room awaiting further evaluation by a veterinarian. Birds with more significant signs of distress, including fluffed feathers and hunched posture (sick bird

Download English Version:

<https://daneshyari.com/en/article/2412899>

Download Persian Version:

<https://daneshyari.com/article/2412899>

[Daneshyari.com](https://daneshyari.com)