

# Equine First Aid

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# Two Questions

- 1) When to call the vet
- 2) What to do until the veterinarian arrives

# What to do in an emergency

- Keep CALM and take a deep breath (or a couple)
- Use common sense, be prepared
- Calm and restrain the horse in a safe manner
- Check the entire horse for injury
- Check the vital signs
- Call your veterinarian and or proceed with emergency medical treatment.

# My Horse's Vital Signs

- Normal Heart Rate?
- Normal Respiratory Rate?
- Normal Temperature?
- Gut Sounds in all 5 quadrants?

# Normals

- Temperature = 99-100.5 F
- Pulse = 36-44 Beats/min
- Respiration = 16-24 Breaths/min

# First Aid Kit

- Should be portable
- Should earn it's place
- Should be ORGANIZED

# Medicine Chest Vs. First Aid Kit

- Medicine Chest- industrial sized box of every horse product you have ever used (and is probably expired by several years).
- First Aid Kit- view as an emergency war chest
  - It only needs to contain everything needed to stabilize an injured horse until a veterinarian arrives or you can get the animal home for further attention

# First Aid Kit Supplies

- Thermometer, Stethoscope,
- Hoofpick/Hoof knife
- Gauze/Telfa Pads/Diapers
- Gamgee wraps
- Brown Gauze
- Vetwrap
- Elasticon
- Gorilla Tape

# First Aid Kit Supplies

- Neosporin (without Hydrocortisone)
- Bandage Scissors
- Latex gloves
- Clean towel
- Wire cutters
- Flashlight
- Antiseptic Wound Cleaner

# First Aid Kit Supplies

- Fly repellent
- Sharp Knife
- Medications such as Bute or Banamine as prescribed by your veterinarian (make sure they are not expired).
- Antibiotics for the short term

# Hemorrhage

- Very unusual to bleed enough to go into shock from blood loss
- Most dangerous locations are: lower parts of the neck (jugular vein and carotid artery), and over the sides of the pastern (digital arteries)



# Hemorrhage Control

- If squirting vessels of large size (half the diameter of a pencil or more) or is bleeding copiously from a number of damaged vessels, apply a pressure bandage
- Very snug pressure bandage on the legs- clean cloth or Gamgee or diapers followed by brown gauze and vetwrap
- If bleeding through bandage, apply more layers

# Hemorrhage Control

- Control of locations other than the legs can be applied by steady, firm constant pressure with your hand.
- Avoid Cotton or material with loose fibers- it tends to stick to the wound and can make cleansing a chore later.



# Hemorrhage Control

- If out on the trail or at home, all of the above apply.
- If cut on the leg at home and small amount of hemorrhage (not squirting)-cold hose for 20 mins.
- If on the trail and have the ability, stand the horse in a creek for 15-20 mins



# Fresh Wounds Vs. Old Wounds

- Fresh wounds (depending on their location) can usually be sutured)
- Old wounds are not usually sutured.



# Wound Care

- Keep clean by dressing and wrapping when appropriate
- The only thing to ever put into a fresh wound is a bland antibiotic (remember the Neosporin that should be in your kit?)
- Rule of thumb when deciding whether or not to put a given material in a wound is to place nothing in a wound that you would not place into your own eye!

# The correct way to wrap the equine leg

- Start from the midline and wrap bandage laterally. This will help to prevent bandaging injuries such as bowing a tendon.

# Tetanus

- Make sure your horse is current. If you are not sure or have any doubts, vaccinate anyway. Tetanus needs to be boosted every year.

# Being 3-legged lame

- A horse will not bear weight on a leg for 2 reasons:
- 1) Hoof abscess
- 2) Fracture

# Abscesses

- Happen with bruising, injury, metabolic problems and changing seasons.
- Hoof is usually warm to the touch
- Digital pulse is palpated on both the medial and lateral sides of the pastern.
- May see or smell a putrid discharge/odor when picking out the foot or along the coronary band.

# Fractures

- A horse should not be moved until the leg is splinted
- If the fracture can be identified by angulation, swelling or crepitation-
  - Immobilize a joint above and a joint below the fracture

# Fractures

- Long and short pastern can be splinted by applying a pressure bandage consisting of several snug layers.
  - If you're not breaking brown gauze and vetwrap while applying them, its not snug enough!

# Fractures

- Cannon Bone, Radius or Tibia- a heavy splint should be applied.
- Satisfactory wraps a heavy cotton/ brown gauze, vetwrap bandage (Robert Jones)
- Heavy wrap with broom stick, 2X4
- Splinting above the hock and knee are next to impossible

# Trailering the horse with a fracture

- If a front leg is affected, trailer the horse facing backwards. This way when the breaks are applied, the horse can use its hind legs to brace itself.
- If a hind leg is affected trailer the horse as you normally would.

# Fractured leg and the horse is down

- If the horse is remaining calm (not thrashing from excitement or pain), try to keep him down until he can be splinted or the veterinarian arrives.
- You can do this by sitting on his neck just behind the head and pulling the nose (with the halter) up in the air. This works best when you have your back to the horse's head. This way you can use your weight!

# Colic

- Acute abdominal pain
- Intestinal Dysfunction (gas, impaction, atony)
- Twists
- Tumors

# Colic Signs

- Sweating
- Pawing
- Looking at Sides
- Rolling
- Up and down (restlessness)
- Kicking at Belly
- Stretching
- Thrashing violently
- Anorexia or slightly off feed

# Colic

- Banamine is the anti-inflammatory of choice. DO NOT INJECT INTRAMUSCULARLY!!
- Oral dose (with injectable drug) works just as well as an IV dose.
- Do not administer unless directed to do so by a veterinarian or you are out of cell phone range.

# Colic

- Do not allow the horse to eat.
- A small amount of walking is ok, don't tire the horse out.
- Often, horses will lay in a position that makes them feel better. If they will lay down quietly or lay down and roll, that is ok. If they are thrashing and hurting themselves, get them up and try to keep them moving.



# Tying Up

- Caused by an error in the metabolism of muscle cells.
- Hereditary plus lots of other factors (body condition, exercise levels, feed, temperment, etc.)



# Tying Up Symptoms

- Usually 15-30 mins after exercise begins
- Stiffness
- Stilted Gait
- Stretching out as if to urinate
- Excessive sweating
- High respiratory rate
- HARD muscles
- Unable to ambulate well, sometimes becoming locked in place
- Red to brown Urine

# Tying Up Treatment

- This condition requires immediate veterinary attention.
- Do not move the horse any further or attempt to ride it home.
- Leave the horse where it is, blanket it if possible and wait for the veterinarian.
- Treatment is usually extensive and requires hospitalization.

# Choke

- The name is a misnomer!!
- Choking horses CAN breathe
- Complete or partial blockage of the esophagus by feed (hay, grain, apples, woodchips).
- May be associated with: greedy eating, bad teeth or lack of water



# Choke Signs

- Restlessness
- Stretching the neck straight out or arching and attempting to repeatedly swallow
- Feed and saliva coming out of nostrils
- Anxiety

# Choke

- Do not allow the horse to eat or drink
- Veterinary attention should be sought ASAP as long term choke can cause esophageal problems.



# Eyes

- Any eye injury is an emergency!
- Remember that Neosporin (without hydrocortisone) in your first aid kit? It is perfect for putting in eyes that may have obtained blunt trauma, corneal ulceration or penetrating wounds!

# Eyes

- Blepharospasm (excessive tearing and squinting)
- Miosis (small pupil)-associated with pain
- Rubbing the eye on leg or other objects



# Euthanasia on the trail

- Gunshot (.22 or .38 Calibur): humane if done properly. Make an X drawn from the base of the ears to the inside of each eye. Notice this does not put the bullet site right between the eyes. The horse has a very large sinus that when hit can redirect the bullet. Make sure to point perpendicular to the surface of the skull.

# Properly placed gunshot

