### IN AN EMERGENCY:

FIRST AND FOREMOST, REMAIN CALM

### Before you call your veterinarian...

Assess your horse's condition to the best of your abilities. This information will help the veterinarian determine the severity of the condition and be better prepared to provide prompt and efficient treatment upon arrival. When given accurate, detailed information, the veterinarian can often suggest a course of action for you, prior to arrival at the horse's location. Remember to provide detailed directions and a phone number where you can be reached.

### NORMAL PHYSICAL EXAM PARAMETERS

• Temperature: 99-100.8°F

• Heart rate: 30-44 beats/minute

• Respiratory rate: 8-16 breaths/minute at rest

Gums: Pink, moist, capillary refill time
 2 seconds

• Skin tent at shoulder: < 2 seconds

- Gut sounds: Present in all quadrants, not gassy or fluidy
- Manure quality: Know normal for your horse

### TYPICAL MED. DOSES: 1.000-LB. HORSE

ADMINISTER ONLY AFTER TALKING WITH VETERINARIAN OR IN AN EMERGENCY IF WITHOUT PHONE SERVICE

- **Bute:** 1 to 2 grams by mouth every 12 hours for orthopedic pain/lameness
- Banamine®: 500 milligrams orally every 12 hours for muscle pain, fever, colic
- Acepromazine: 10 to 20 milligrams in muscle or by mouth once as a mild sedative or to relieve anxiety
- Electrolytes: Per label directions

### HOSPITALS AND OUTPATIENT CLINICS:

SALINAS and MENLO PARK

#### **MOBILE SERVICE:**

From SAN FRANCISCO to MONTEREY

24/7: 365 DAYS/YEAR



## STEINBECK COUNTRY

EQUINE CLINIC

steinbeckequine.com

15881 Toro Hills Drive, Salinas, CA 93908

Monterey Bay & Salinas Area: **(831) 455-1808** 

San Francisco Bay Area: (650) 851-1214



### Peninsula Equine Medical Center

peneq.com

100 Ansel Lane, Menlo Park, CA 94028

AT the Portola Valley Training Center

(650) 854-3162

## INTERNAL MEDICINE | ADVANCED IMAGING SPORTS MEDICINE | SURGERY

Primary, Preventive, Rehab and Emergency Care

We respectfully partner with referring DVMs.

### Equine

# EMERGENCY FIRST AID on the Trail





### TYING UP

- SIGNS: Reluctant to move, sweating, trembling, muscle cramping, stiff gait, dark red urine
- What to do: CALL THE VET!
  - Do physical exam
  - Stop moving the horse, remove tack, place cooler sheet if available, or hose off/scrape
  - Offer electrolytes and plain water
  - Give Banamine® or bute, and acepromazine (only if advised by vet)
  - After 30-60 minutes, SLOWLY walk (resting every few minutes, if needed) to where trailer can access horse or where you can set up camp
- What NOT to do: Do NOT force the horse to walk

### **HEAT EXHAUSTION**

- **SIGNS:** High fever, severe dehydration, lethargy, inappetence, thumps, tying up signs
- What to do: CALL THE VET!
  - Same as for tying up
- What NOT to do:
  - Do NOT offer feed (might colic)
  - Do NOT ice the horse

### ALLERGIC REACTIONS, BITES, STINGS

- SIGNS: Hives, hyperventilating, snoring sound, swelling (if swelling of the head, take it seriously!)
- What to do (depends on severity):
  - Give Banamine® or dexamethasone (only if advised by vet)
  - Keep horse calm
  - Give horse a cool bath if hives or swollen limbs
- What to do if severe: CALL THE VET!
  - Snake bites are always an emergency!

### **WOUND CARE**

- If BLEEDING a LOT (squirting or flowing in a steady stream): Apply clean gauze and pressure bandage
- If DIRTY and have water: Clean with water and antiseptic soap, then apply antibiotic ointment and bandage
- PUNCTURES: Don't underestimate! CALL THE VET!
- Especially bad spots: Over joints, tendon, sheaths because possible life-threatening infection
- FOREIGN BODY in the wound: CALL THE VET!
- If vet can come: Leave object in place, keep horse calm, keep bandage in place til vet arrives
- If not near vet: Gather supplies, take a picture to show vet, remove and save object, follow instructions above

### **BANDAGE LAYERS** in order from inside out:

- Nonstick pad (Telfa®)
- Thin white gauze
- Cotton or leg wrap
- Brown gauze
- Vet Wrap<sup>®</sup>
- Elastikon® at top and bottom

### COLIC

- SIGNS (variable): Agitation/anxiety, pawing, looking at belly, curling upper lip, stretching out as if to urinate, sweating and/or hard, fast breathing, diarrhea or no manure, laying down, rolling, laying down and getting up repeatedly, not eating, may become violent
- What to do: CALL THE VET!
  - Remove feed
  - Keep horse walking (in soft open area in case horse wants to lie down)
  - Give Banamine® (only if advised by vet)
  - Stay safe
- What NOT to do: Do NOT offer feed

### **ACUTE LAMENESS**

- SIGNS: Lameness, swelling
- Possible causes: Stone bruise, lost shoe, wound, fracture, tendon/ligament injury, hoof abscess
- What to do:
  - Stop riding
  - Check hoof/shoe for rocks or irritants
  - Palpate to localize source
  - Cold-hose, bandage any swelling, place support wrap on other leg
- Give bute (only if advised by vet)
- If lost shoe: Check for nails, place hoof boot, check boot frequently for rubs
- If severe: CALL THE VET! Determine if access to vet/trailer, need splint, etc.
- What NOT to do:
- DO NOT force horse to move
- Do NOT continue riding if bute slightly helps (could make injury worse)

### **EYE INJURIES**

- SIGNS: Squinting, excess tears, cloudiness
- Possible causes: Scratch/trauma (corneal ulcer), dirt/dust, uveitis
- What to do: CALL THE VET!
  - Gently rinse eye with saline solution 1/4 teaspoon table salt to 1 cup lukewarm water (only if advised by vet)
  - Remove foreign bodies carefully (only if advised by vet)
  - Apply triple antibiotic eye ointment withOUT steroid (only if advised by vet)
- What NOT to do:
  - Do NOT pry the eye open if horse won't let you
  - Do NOT ignore a cloudy eye

ALWAYS CARRY A FIRST AID KIT ON THE TRAIL!