

# equine emergencies

A GUIDE FOR HORSE OWNERS

# \*Please Note\*

- The following are slides from our First Aid presentations
- They are not meant to constitute a comprehensive First Aid Fact Sheet
- They have been posted on the website for those clients that attended the First Aid evenings as points for reminders.
- If you would be interested in attending a future information evening then please check our website or Facebook for details.

# emergency presentations

- Wounds
- Colic
- Lameness
- Choke

# Consider wound site

## Fore and hind leg sheaths/joints



## CONSIDERATIONS

- Even small wounds in any of these sites need exploration.
- The horse may also be acutely lame with tendon sheath/joint infection.
- These are true emergencies and require **vet asap**

# First aid aims

Reduce  
contamination

Preserve tissue

Control bleeding

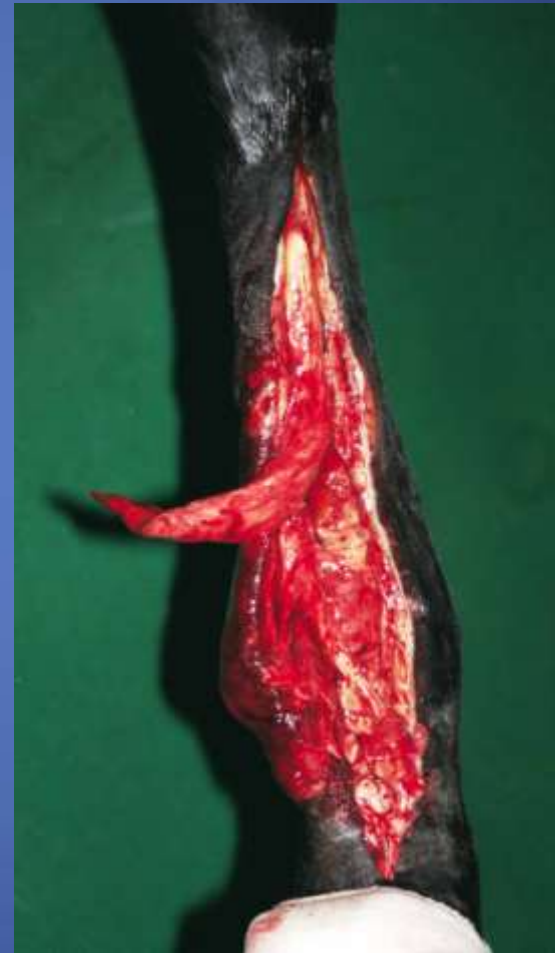
# Wound cleaning

- Old belly wound - infected.
- Clip
- Aggressive clean with strong Hibiscrub
- Not possible to stitch



# Wound cleaning

- If they are fresh i.e. <6 hours
- Relatively little gross contamination
- Minimal lost tissue
- Then suturing is likely



# Wound cleaning

- Remove any gross contamination like straw/mud with **hosing**
- Do NOT clip
- Second clean with very **DILUTE** hibiscrub
- Apply sterile non adherent dressing
- Bandage if a limb





# Control bleeding

- 500kg horse has **40 litres blood**
- Can lose 6-10 litres with little side effects
- Pressure bandage or manual swabs
- Arterial bleeds will need several layers or continuous manual pressure with swabs



# Bleeding

- Wear gloves if possible
- Sterile/ clean swabs for upper limb or body
- Swabs and bandage for lower limb
- Do not apply sprays or powders



# Preserve Tissue

- Do not use strong disinfectants
- Dilution is the Solution!
- Do not cold hose for too long, 5 min is max
- Saline is better
- Fold skin flaps back over before bandaging
- Wear latex gloves if possible



# Small wounds

- Away from joints or tendons
- Partial thickness
- Older and already dry scabbing
- Generally less than 10p size.
- Lower limb wounds often get infected > cellulitis > need abs's



# bandaging

- Short term i.e. to control arterial bleeding... any will do.
- Long term; care is required
- Poor bandages can damage tendons
- Can act as tourniquet



# Wounds Summary

- Stay CALM and take time to make a good assessment
- The volume of blood is not proportional to the volume of **panic** required!
- Clean/ assess location/ stitchable?
- Call vet
- Under treated= poor cosmetic /functional result





# General Anaesthetics

- May be required when;
- Difficult to get clean enough in standing horse
- Difficult to fully assess standing i.e. Joints
- Unable to get good anatomical reconstruction



# Wounds

## take home message!

- Think of **SITE** first rather than size.
- Control bleeding
- Reduce contamination
- Preserve tissue/ do no harm
- Is it stichable?
- Is there lameness associated?
- Gloves/ appropriate dressing and bandage.



# colic

## Abdominal pain

- Rolling
- Pawing
- Flank watching
- Lip curling
- Sham drinking
- Tail swishing
- Circling

**Avoid Potential disaster**



# Severity of signs

## Mild - moderate

- Flank watching
- occasional pawing
- Lying in sternal
- Lack of droppings
  
- Duration?
- Heart rate?
- Gut sounds?
- Upset routine?
- Walking

## Moderate to severe

- Rolling
- Lying flat out
- Straining
- Sweating
- Panting
- **Call vet immediately**

# colic

- What to do if your horse is rolling?



# Safety first !!

## considerations

- Rolling rarely makes a colic worse.... Natural?
- Move to area where safe for all i.e. arena is ideal or outside paddock.
- Lunge line on halter is better
- Walking continuously.

## Why do they roll?



# Aims of first aid

## Is a mild dietary cause likely?

- Change in food or routine?
- Recent worming?
- Altered droppings?
- If signs are mild and duration is known then can safely walk horse in hand or lunge for an hour
- Starve but allow water
- Monitor temp/HR/resp/gut

## Call vet immediately if ;

- Signs are moderate to severe
- History /duration is unknown
- Mild colic is not resolving, can give Nsaids under advice from vet, particularly in recurrent cases.

# Surgical outcomes

- High correlation with duration
- Good decision making is paramount
- Horses become toxic as bowel becomes compromised.
- Good to let vet know if surgery is an option.
- Over 100 different causes of colic only two are mild and self resolving.
- Spasmodic and tympanitic. The post curry colic!!!

# choke

## What is choke?



## How does it happen?

- Signs
- Gagging
- Coughing
- Flexing neck
- Fluid/food coming down nostril
- distress

# choke

## causes

- Single obstructions i.e. potato are rare
- Mix or nut impactions are much more common
- Why?
- Bolting food (greed/competition)
- Dry oesophagus/feed too dry.
- Post exercise

## FIRST AID

- REMOVE ALL FEED
- ON SHAVINGS/MATS
- ALLOW WATER ACCESS
- GIVE 20 MNUTES TO CLEAR
- MASSAGING NECK UNLIKELY TO HELP
- DON'T PANIC, NOT LIFE THREATENING,
- CALL VET IF PERSISTS AFTER 20MINS.



# Choke treatment

- Sedation
- Stomach tube
- Lavage
- Antispasmodics
- Starvation
- Complications?

# lameness

Obvious trauma incidents

## Acute

- Fractures
- Tendon injuries
- Haematomas
- Soft tissue bruising
- Joint sprains
- Punctures/ micro wounds



# fractures

## Treatable

- Lower limb
- Closed
- Minimal displacement
- Single fractures



# fractures

## Poorer prognosis

- Open long bone fractures
- Involving joint
- Upper limb i.e. above elbow or hock
- Multiple fractures

## Femur fracture



# fractures

## First aid

- Do not attempt to move the horse at if possible if you suspect a fracture
- If you have to due to danger etc allow it to hop, they often will themselves
- Stand with a feed to keep calm, often surprising they will happily eat
- 2 units of bute paste orally while wait for vet.

## Distal radius fracture



# tendons





# tendons

## First aid

- Cold hosing for up to 15 minutes then rest and repeat
- Soft non elastic bandage on gamgee for pressure support, it is not “supporting” the limb
- Bute 2 sachets while wait for vet.

## Ultrasound examination

- Is essential to assess
- may be delayed to control swelling
- Large number of types of injury all with differing severity and prognosis

# Lameness assessment

## Mild

- If there is obvious soft tissue swelling , may decide to:
- Dress leg
- Box rest
- Give 2 sachets of bute
- Reassess after 24 hours

## Moderate to severe





# Moderate- severe lameness

- Always better to call vet asap to assess.
- Particularly if there is any evidence of a puncture site.
- Can poultice foot overnight if unable to get vet same day or if there is heat/ pulse foot.
- Key is **careful assessment**
- Compare one limb with another.
- Lameness is directly correlated to **PAIN**
- “he’s not putting any weight on it but he doesn’t look like he’s in pain!”

# Its just a foot abscess!

- Increased heat in foot
- Increased digital pulse
- Pain on hoof testers
- Was normal when went into stable last evening
- Hind foot, (kicked wall)



# Golden rules of first aid

- Be prepared
- Do no harm
- Stay calm
- 2 minutes thinking is far better than 2 minutes spent making a situation worse
- Call for advice if in doubt.

