



Sunshine Horses

Helping Horses, Helping People

Policies, Procedures, and Protocols

Title: EQUINE FIRST AID EMERGENCY POLICY AND PROCEDURE	Original Date: 3/1/2019
	Last Review Date:
	Last Revised Date: 3/3/2021

**Approved by: Sunshine Horses, Inc.
 Board of Directors**

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Purpose	ABILITY TO RECOGNIZE THE NEED FOR FIRST AID TREATMENT AND RECOGNIZING SERIOUS EQUINE HEALTH PROBLEMS
Content	<p>-BE ABLE TO RECOGNIZE PROBLEMS, RESPOND PROMPTLY, NOTIFY THE TEAM LEADER AND TAKE APPROPRIATE ACTION WHILE WAITING FOR THE VETERINARIAN TO ARRIVE.</p> <p>-VET'S NUMBER LOCATED IN SEVERAL LOCATIONS OF EACH BARN</p> <p>-ANY DOWNED HORSE SHOULD NOT BE MOVED WITHOUT CONSULTATION WITH LICENSED VET</p> <p>-EYE INJURY IS CONSIDERED SERIOUS AND VET SHOULD BE CALL IMMEDIATELY</p> <p>KNOW WHAT IS NORMAL FOR THE HORSE-THIS WILL MAKE IT EASIER TO RECOGNIZE A PROBLEM AND RELAY THE INFO TO VET</p> <p>-Vital Signs (should be on file in office)=Normal Rectal Temp=99.5-101.5 F Normal Resting Heart Rate=28-44 beats/min.; Normal Respirations=12-15 breaths/min.; Mucous Membrane & Capillary Refill Time=gums should be pink & moist to touch; cap. Refill time=less than 2 seconds</p> <p>-Gut Sounds-(using a stethoscope-listen to all 4 quadrants-should hear in all 4 Increased or decreased may indicate a problem)</p> <p>-Attitude</p> <p>-Appetite</p> <p>-Manure Production</p> <p>BASIC EXAM TO BE REPORTED IN VET CALL</p> <p>-Temperature</p> <p>-Heart Rate</p> <p>-Respiratory Rate</p> <p>-Mucous Membrane Color</p> <p>-Capillary Refill Time</p> <p>-Gut Sounds</p> <p>-Skin Tenting</p> <p>-Attitude and Appetite</p>



TYPES OF EMERGENCIES-

- Colic
- Choke
- Acute Lameness
- Eye Injuries
- Lacerations, Cuts, Puncture Wounds

RECOGNIZING SIGNS OF DISTRESS-

- Decrease appetite
- Lethargy
- Getting up and down numerous times or laying down longer than normal
- Single horse off by itself
- Sudden Lameness
- Purple or red gum color (should be pink & moist to touch)
- Squinting, tearing or holding the eye closed
- Fever (greater than 102 F)
- Pulse greater than 80 bpm
- severe difficulty breathing-rapid, labored, or noisy, flaring nostrils
- dehydrated if tenting occurs with pinch test

COLIC-Twist or Obstruction of Intestine

- Signs of Colic
 - horse ignores feed
 - horse looks uncomfortable
 - Swishes tail
 - Bites or Kicks back at Stomach
 - Looks at Stomach
 - Acts restless /Upset
 - Stretches out as if to urinate but no urine comes out
 - Lays down and gets up repeatedly
 - Breathing Heavily
 - Pawing at the ground
 - Rolls Violently

Action for Suspected Colic

- Remove hay
- Perform Brief Exam- (if safe) Vital Signs, Gut Sounds, Gum Color
- Call Vet as soon as you suspect Colic as it proceed quickly
- If horse insists on rolling, move horse to area where it can do so safely
And freely with least damage to self
- Walk horse to distract it from pain, but not to point of exhaustion
- DO NOT GIVE ANY MEDICATIONS UNLESS VET INSTRUCTS YOU
TO DO SO (can mask symptoms)**

CHOKE=ESOPHAGEAL OBSTRUCTION

Signs of Choke-



- Coughing and Retching
- Extending the Neck
- Large amounts of nasal discharge containing food and saliva
- May be able to feed obstruction
(Horses are obligate nasal breathers-they have to breathe through their nose, so
When they are choking they can breathe)
- CHOKES IS STILL AN EMERGENCY**
- What To Do-
- call Veterinarian immediately-(if left untreated can lead to Aspiration
Pneumonia or Rupture of the esophagus)
- Remove all food and water
- Keep the horse calm
- Try to keep head lowered
- Sometimes obstruction will pass on its own

WOUNDS AND BLEEDING-

Wounds that need immediate attention

- Excessive bleeding
- Puncture Wounds
- Deep Lacerations
- Wounds at or near joints or tendons
- Foreign body penetrations
- Severely contaminated wounds

BLEEDING-

- Blood squirting or flowing in a steady stream from a wound needs to be
Controlled.
- Hold a sterile pad or clean towel to the wound and apply steady, firm
Pressure
- Apply a pressure bandage

SIMPLE WOUNDS

- clean wound with warm antiseptic solution (diluted betadine scrub or
chlorhexidine as per instructions on bottle with gloved hand
- apply triple antibiotic ointment to wound with gloved hand and cover with
dressing
- F/U with daily treatment as ordered

PUNCTURE WOUNDS-WITH FOREIGN BODY PENETRATIONS

- If possible, **LEAVE** impaled objects in place-Removing the object may
Cause further damage or bleeding
- Try to stabilize the penetrating object

EYE INJURIES-

Sign of an eye problem



- excessive tear production
- eye looks cloudy
- mucous discharge
- holding eyes closed
- light sensitivity
- swelling around the eye or eyelids
- laceration of the eyelid

What To Do-

- call the vet **IMMEDIATELY**
- Do **NOT** attempt to treat an eye injury or instill any medication
- Wait for the Veterinarian
- Try to prevent the horse from rubbing the eye

SUDDEN LAMENESS-

Causes-

- hoof abscess
- fractures
- laminitis(founder)
- tendon injuries

Fractured Limb

- keep the horse calm, consulting with the vet before administrating
Any tranquilizers
- immobilize the limb with a splint-wrap the limb in two or more layers of padding (thick), Next use slats of PVC or wood (wide enough to hold the leg and padding) to form a brace. Place the braces in 2 places: one on the side and one on the front or back of leg to provide stability in all directions. Use plenty of Duct Tape to **FIRMLY** tape the braces into place over the padding.
- if the fracture is below the fetlock, splint from above the knee to the ground
- if the fracture is above the fetlock, splint the entire limb
- A “rule of thumb” is to splint the joint above and below the area of fracture
DO NOT MOVE THE HORSE MORE THAN NECESSARY

A BANDAGE THAT SLIDES DOWN OR IS TOO LOW PROVIDES MORE WEIGHT TO THE LEG AND MAKES THER INJURY WORSE. SO IF THE FRACTURE CANNOT BE PUT INTO A PROPER SPLINT, LEAVE THE FRACTURE ALONE UNTILL THE VET ARRIVES



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