

Coping with an Emergency

Equine emergencies incorporate a variety of conditions and often occur when least expected.

Examples of true equine emergencies are:

- Colic
- Difficult foaling
- Fractures
- Wounds/burns
- Septic (infected) joints
- Foot injuries particularly nail penetrations

In all cases the three essentials are:

- 1) **Don't panic!** Easier said than done but a calm environment will reduce stress for the horse significantly and can therefore limit further damage
- 2) **Human life comes before animal life.** Do not put anyone in unnecessary danger
- 3) Be prepared
 - a) Have a list of contacts (vet, farrier, yard owner/ horse owner, doctor) with phone numbers readily available
 - b) A **first aid kit** with basic items should be kept on the yard and in transport
 - c) **Transportation.** Organise transport to be available as quickly as possible if you do not have your own to hand.

It is essential to ring the vet immediately. They not only organise a visit, but also can give you advice as necessary. More specific advice regarding the actions owners can take in three of the common emergency conditions is discussed below.

Wounds

Extensive wounds are an obvious emergency to all owners. However, wounds near critical structures such as joints and tendon sheaths can also be life-threatening injuries if not assessed quickly. First steps for owners before the vet arrives:

- 1) If safe to do so and horse able to walk, get the horse somewhere clean and dry
- 2) Clean the wound easily done with a cold water hose
- Removes dirt and contamination
- Reduces swelling
- Provides pain relief
- 3) If there is excessive bleeding apply pressure to the wound with a dressing (ideally) or something like a clean towel. IF THE BLEEDING COMES THROUGH THE DRESSING APPLY AN EXTRA LAYER DO NOT REMOVE IT!

On arrival the vet will clip, clean and assess the extent of the wound. Treatment going forward will depend on location, size and how old the wound is. Please be award that wound healing can be a long frustrating process but careful thorough management and early intervention can make all the difference.



Figure 1: Horse with multiple wounds to leg. It can be the smaller lacerations near synovial structures that are the most life threatening (arrow).

Colic

EVERY horse with colic requires veterinary attention. A full examination is required to assess the severity of the colic and whether (less commonly) it requires surgery. Until the vet arrives:

- Ensure the horse is in as safe an environment as possible and there is no risk to human life.
- Remove all food.

It used to be recommended to walk the horse around until the vet arrived but actually it has not been proven to improve the outcome and can put the horse and handlers in unnecessary danger.

There are some colic conditions that do benefit from exercise but wait for the vet's advice before carrying this out.

There are so many different colic conditions. Treatment includes injection of non-steroidal anti-inflammatories, buscopan (a gut relaxant) and sometimes the administration of oral fluids via a naso-gastric tube.

Colics may require multiple visits and unfortunately a minority of colic conditions will not resolve without surgery.



Figure 2 The signs of colic are flank watching, pawing the ground, repetitively lying down and rolling.

Nail penetrations to the foot

Where and how deep are the crucial questions in determining how severe the problem is.

Ideally all nail penetrations require x-rays taken either with the nail still present or using a probe up the tract as its direction is never clear from simply looking at the sole of the foot. Deciding whether to remove the foreign body before the vet arrives can be difficult but if there is risk of further penetration into the foot on weight bearing then removal is the safest option.

Otherwise the vet will benefit from seeing the original penetration in position.



Figure 3: Nail penetration injuries should always be x-rayed by a vet to see how deep and in which direction they go

The treatment for nail penetrations can range from conservative (keeping penetration hole clean with eg iodine tubbing and poulticing) to surgical debridement. Sadly in very unlucky cases there is so much damage to the flexor tendons and navicular bursa that euthanasia is the only option.

A note on tetanus...

WE RECOMMEND THAT ALL HORSES ARE VACCINATED AGAINST TETANUS as the bacteria lives in the ground so all horses are susceptible. After the primary course it is a biannual injection that could save your horse's life. In the case of all nail penetrations or wounds unvaccinated horses must be given tetanus antitoxin quickly as well as starting the primary course.





Tel: 01584 841 080 www.sevg.co.uk/equine













