

VET NURSE FIRST AID TALK

1st November 2009

Temperatures/ Pulses/heart rate/ breathing

38.3-38.7°C (100.9-101.7°F)

60-120 BPM (Beats Per minute)

15-30 RRM (Respiration Rate per Minute)

Shock

Pale, Clammy mucous membranes

Slow capillary refill time (>2 seconds)

Tachypnoea Fast breathing respiration rate up

Tachycardia (Fast heart rate)

Rapid but feeble weak pulse (may not be able to feel a peripheral one)

Cold extremities (body temp down)

Hypothermia

Depression, lethargy, and collapse

ACTION; Correct or remove the cause.

Provide warmth

Observe constantly. They will be confused stressed and disorientated.

Handle gently, stroke and encourage them.

Heatstroke

Distressed, panting excessively and restless. As temperature increases they may collapse, salivating excessively, progress into coma then death.

Rectal temps of 41-43°C (105-110°F) Indicate hyperthermia

Action: Cool down with cold water (start with limbs and work up the body if necessary)

Cover body with wet towels

Apply ice packs or similar wrapped in thin cloth to prevent ice burns.

Check temperature every 3 minutes. Be aware that when temperature starts dropping it can turn into hypothermia.

Hypothermia

Shivering, Lethargy, muscle stiffness, lack of co-ordination.

Bradycardia (low heart rate)

Bradypnoea (low breathing)

Pale mucous membranes

Collapse

Coma, Death

Dehydration:

Clinical Signs	% dehydration
None seen	<5
Mild decrease in skin turgor Slight increase in CRT	5-6%
Dry mucous membranes	6-8%
Tenting of skin sunken eyes Increased CRT Tachycardia Cold extremities Early signs of shock	10-12%
Clinical signs of shock As above but also Weak pulse Pale MM Possible coma then death	12-15%

Nose bleed (epistaxis)

Bleeding, sneezing, open mouthed breathing, upper respiratory noise and dyspnoea. (laboured/ difficult breathing)

Action: Keep head lowered. Apply cold compress to nose, muzzle, constant observation, keep calm.

Concussion

Signs can vary, ranging from dazed and confused to unconscious. Other signs can be shock, bleeding from ears, nose, mouth, unequally dilated pupils, (nystagmus,) slow shallow respiration, vomiting and paralysis

Action: Maintain airway, Monitor eye reflexes and degree of depression and treat for shock.

Chest wall injury

Action: Do not remove any penetrating foreign bodies. Cover wounds with Clingfilm / polythene, Vaseline and dressings to prevent anymore Pneumothorax (air entering the chest.)

CPR (practical)

Stopped breathing.

Action: Check airways. Place dog on right side with a wedge/pad under ribcage to support. Extend head, neck and forelimbs. Place palm of hand flat on chest apply pressure 1-2 times a second, 15 compressions to 2 breathes. (close dogs mouth and blow into nose)

Fits

Muscle spasm, twitching, shaking, restlessness, salivation, pupil dilation, disorientation, Urination/defecation. When over may go straight for the food bowl and start eating.

Action: Ensure they are clear of any objects that they may get injured on. Move furniture. Keep room dark and noise to a minimum. DO NOT touch or interact as this can stimulate the fit. Monitor number of fits and time them. Take a video if possible for the vet. Phone vet for advice and get to the veterinary practice ASAP after fitting has stopped.

Vestibular syndrome

This is caused by damage to the inner ear, affecting mainly older dogs. Can be caused by infections, trauma, tumours or unknown causes. The dog will develop a head tilt, loss of balance and sometimes circling. Eyes may flick from side to side or up and down (nystagmus).

Action: Put into a quiet darkened room and monitor.

GDV (Gastric Dilation Volvulus) Torsion

Affects mainly deep chested dogs. May adopt praying posture, restlessness, gulping, salivating and attempts to vomit, abdominal swelling laboured respiration, collapse.

Action: Take to vet immediately

Ball stuck in throat

Action: Try pushing on the throat/neck from outside or try to get fingers behind the ball to lever out. (Do not get bitten. You can hold the mouth open using bandaging material.) Or a Heimlich type manoeuvre: - Lay dog on side push down suddenly and sharply on stomach just behind last rib. (Get vet checked in case of internal injury/ rupture)

Eye injury

Corneal damage: Surface damage may not be noticeable but there may be a blue/opaque patch on eye. Penetrating injuries may result in the surface looking wrinkled.

Action: Flush eye to remove toxins, etc, Confine in a dark room. Do not disturb or remove any foreign bodies. Apply an eye patch/ head bandage. Put moist dressing. (Something none fluffy or sticky.)
If the eye has **prolapsed**, keep moist using contact lens solution or ½ tsp salt: 1 litre cool, boiled water. Prevent scratching/rubbing. (Loose dressing)

Poison (ibuprofen) grapes Raisins

Action: If Non corrosives induce vomiting if within 2 hours with washing soda. (Can be corrosive.) **I would leave the washing soda to the veterinary staff** or household salt and water. (2 tsp in cup of warm water.) Mustard and water (2 tsp in cup of warm water.).

The ingested 'doses' involved in these fatal cases ranged from 10 to 57gm of fruit per kg body weight.

There are now several reports that confirm that ingestion of these fruits can cause renal failure in dogs. So the general consensus at present is that potentially any dose should be considered a problem. Certainly renal failure has occurred following ingestion of raisins at estimated doses as low as 2.8mg/kg (Eubig *et al.*, 2005) and one dog was euthanased after ingestion of 4.7g/kg (Mazzaferro *et al.*, 2004).

Where grapes are concerned 4-5 grapes caused renal failure in an 8.2 kg dachshund (Mazzaferro *et al.*, 2004) doses as low as 19.6g/kg caused similar effects.

Poison extracts from www.ukvet.co.uk/ukvet/articles/toxicology%20-%20raisins.pdf

Stings

Can cause excessive swelling, discomfort or allergic reaction.

ACTION: Scrape sting away or use forceps to remove. Don't squeeze the poison sac in the process.

Use Bicarbonate of soda (1 tsp 250mls water) to bathe and neutralise the area. BEE sting

Use 50:50 vinegar with water for wasp sting

First Aid Kit

Waterproof pouch

Cohesive bandage (vet wrap)

Latex gloves

Bandage padding (softban)

Conforming bandage

White open weave bandage

Sterile non adherent wound dressing

Sterile saline pods (tubes)

Tweezers

Wound cleansing wipes (alcohol free)

Scissors (round nosed/ curved)

Cotton wool

Paraphimosis

Constriction of prepuce around an engorged penis.

Action: Apply cold compress. Apply KY jelly or liquid paraffin. Try to reduce the paraphimosis if poss. If not, keep penis moist until surgical repair can be carried out.

Information taken from the Handbook of veterinary nursing. Orpet and Welsh;
Previous Veterinary Nurse College notes and own experiences.

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