

First aid for injured native birds

Introduction

Birds commonly present with trauma, predation wounds or wasting from chronic disease. They are often dehydrated and anorexic. **The initial examination/distance exam** helps determine if first aid or euthanasia is required. Look at the type of bird, type of injury (e.g. dropped wing, unable to stand) and identify likely hazards and danger to staff (beak, talons, etc).

Handling

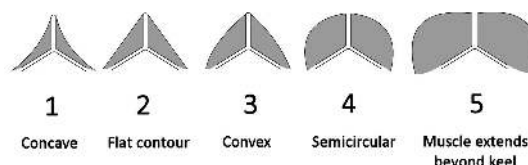
Have items for stabilisation **prepared** before handling the bird. Restrain using towels or facecloths. Hold the chin of the bird with index finger and thumb while the towel is draped like a shawl around the wings and feet. Do not squeeze the chest of the bird—it relies on intercostal muscles to breathe.



Examination

Remember as a prey species, birds have a strong preservation reflex and may look normal but in fact be quite ill.

Allow the bird to walk or attempt to fly in a secure room if there are no obvious severe injuries. Obtain a body weight and note body condition by palpating muscles next to the keel. A prominent keel indicates poor body condition and little muscle.



Body Condition Scores

Representation of transverse section of the sternum and pectoral musculature

Under anaesthesia feel along the length of both sides of the wings and legs checking for symmetry.

SKIN: Check for wounds and explore for involvement of feathers, pellets or pus. Check the feathers for pinched quills, or feather loss on the rump.

MOUTH: Look for blood, plaques and parasites. Check nostrils for discharge and eyes for blood or discharge.

DROPPINGS: White to cream urates are normal. Yellow urates may suggest starvation. Yellow/green urates suggest liver disease or large amount of blood breakdown products following trauma. Large amounts of urine is common with stress but may also indicate kidney disease.

Anaesthesia

Use a well fitting mask and induce with **up to 5%** isoflurane (use less if possible for staff and patient safety) with 1L O₂. Anaesthesia permits a quicker and safer examination, and facilitates giving fluids, pain relief, bandaging, blood sampling and radiography. Keep the bird warm with heat pad. An induction box may be helpful, but beware a struggling bird worsening its injuries. Masks can be improvised from materials such as a syringe case and latex glove.



Radiographs

Radiographs are taken under anaesthesia. Spread the bird's wings and legs out away from the body. Tape with Micropore® (as above). A lateral can be taken with the bird on its side with wings away from the body.

First Aid — Provide Warmth

Sick and injured birds should be placed in a room away from dogs and cats. Provide heat by using a heat pad, room heater, intensive care unit (incubator, humidicrib), or a reptile enclosure with light for warmth.

First Aid — Correct Dehydration

Sick and injured birds can be given 1% of bodyweight as an intravenous bolus while anaesthetised. The right jugular vein can be used for parrots and songbirds, the medial metatarsal vein for waterbirds and brachial vein for others. These veins are also used for administration of euthanasia solution. A subcutaneous bolus of Hartmann's/0.9% saline can be given at a rate of 2.5% of bodyweight in between the shoulder blades or in the inguinal skin fold.

First Aid — Provide Pain Relief and Antibiotics

Pain relief is indicated for fractures, head trauma and predation wounds. Antibiotics are required to treat predation wounds, any open wound and for birds with suspected sepsis (thin or diarrhoea).

First Aid — Provide a Source of Energy

Small birds can die from a lack of energy if starved for a short time. Offer oral electrolytes such as Lectade, Vytrate or Polyaid (Vetfarm). If the bird is to stay overnight in the clinic, offer food and water. Give 3ml Hills a/d to Magpie, Tawny Frogmouth or Kookaburra. Honeyeaters and lorikeets are offered 20ml of Wombaroo Honeyeater/Lorikeet mix, and parrots are offered budgie seed. Lorikeet & Honeyeater mix can be given to any bird short term that is low on energy.

First Aid — Fractures and Bandaging

Bandages stabilise fractures, reduce pain, and help maintain vascular and nervous supply to damaged tissue.

Wing Fracture: Distal to elbow, use figure of 8 bandage; proximal to elbow or unsure, use figure of 8 plus body bandage. Do not obstruct breathing.

Leg Fracture: Distal to stifle, use modified Robert-Jones bandage; proximal to stifle, do not bandage as will act as pendulum.

Drugs

Drug	Dose mg/kg	Route	Frequency	Indication
Butorphanol	1–2	IM	Q 4–6h	Pain relief
Meloxicam	0.4–1	IM, PO	Q 12h	Pain relief
Carprofen	2–4	IM, PO	Q 12h	Pain relief
Amoxicillin/clavulanic acid	125mg/kg	IM, PO	Q 12h	Infection, predation, sepsis
Enrofloxacin	10mg/kg	IM, PO	Q 12h	Respiratory infection
Metronidazole	15mg/kg	PO	Q 12h	Diarrhoea
Vitamin B complex	1ml/10kg			Check dose

References:

Wildlife in Australia—Healthcare and Management Proceedings 327, Post Graduate Foundation in Veterinary Science, University of Sydney, 2000
Birds 2000 Proceedings 334, Post Graduate Foundation, University of Sydney, 2000
Picking the Right Pills, AVA SA Conference, 2007

When is euthanasia indicated?



Beak fracture



Old (>24h), open fractures



Psittacine beak and feather



Loss of vision in one/both eyes



Emaciation (>30% loss of body-weight)