

Deer Creek Equine Clinic  
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# EQUINE EMERGENCIES

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## COLIC

Gastro-intestinal stress. The causes are varied and sometimes difficult to pinpoint but the following can all cause colic: inadequate water intake (summer or winter) changes in diet, adverse weather, ingestion of unusual material (sand, bedding, grass clippings, plants, and grain overload), concurrent infection, changes in exercise or shipping, and other stresses. Poor dental conditions, internal tumors, and infestation with worms are common colic causes in the older horse.

## INFORMATION TO GET FROM CLIENTS

- How uncomfortable is the horse? Is it up and showing signs of discomfort or rolling/thrashing around?
- Are you able to take the horse/s temperature?
- What have they eaten today? Any changes in hay, grain or pasture?
- Have you noticed them eating any foreign objects or is that a possibility?
- How long has the horse been showing signs of colic?
- Does this horse have a history of colic or ever had colic surgery?
- **Try and keep the horse up and walking around if possible. Remove all hazards from the area the horse is in. Please do not attempt to tube your horse or administer medications without speaking to a veterinarian first.**

## LACERATIONS & PUNCTURES

Most common type of equine emergency! Depending on the area will determine the severeness of these emergencies. Sedation, sutures and aftercare plans are usually needed in these situations. The head and face are usually the worst looking lacerations, however they generally heal very well! Lacerations and puncture wounds that require sutures need to be seen within 24 hours, **preferably within 12 for best results and treatment.**

## INFORMATION TO GET FROM THE CLIENT

- When did you notice the laceration/puncture wound?
- What area of the body is affected?
- Is the wound actively bleeding or has it clotted?
- How deep/large is the wound?
- Is there any swelling or lameness?
- Is there any sign of infection?
- Does the horse have a fever?
- Has the horse been given any kind of pain medication before contacting the veterinarian?
- Are you able to bring the horse into a quiet/clean stall while you wait for the attending vet?
- **If bleeding - apply pressure or a clean wrap. If possible, send the office a picture of the laceration so we may convey further details to our vets.**

## CHOKER

Occurs when feed/forage material becomes lodged in the esophagus. Many choke cases will resolve themselves, but it is always a good idea to have a vet out! Eating too quickly, feeding rough, poor-quality hay, bad dentition, or esophageal trauma are the most likely probable causes. Some horses tend to choke often and need to be managed very carefully to prevent reoccurrence.

## INFORMATION TO GET FROM THE CLIENT

- What did the horse eat?
- Was the food or forage soaked at feeding?
- Does the horse have a history of choke?
- Is there feed material or nasal/oral discharge coming out of the nostrils and mouth?
- What is the horse's temperature?
- Has the horse had any medication prior to contacting the attending veterinarian?
- **Try to keep the horse quiet. Take away all feed and water. Massage the neck and throatlatch. Do not use a water hose down the throat to try and dislodge the blockage!**

## LAMENESS (ACUTE)

This is a rather broad category but we see it fairly often and conditions in this category include nail punctures, hoof abscess, laminitis (founder), and even complete fractures. If your horse was fine yesterday, but dead lame today, do not delay in seeking professional help in diagnosing and treating the condition. Laminitis can almost be considered worthy of its own category because we see so much of it, but often it is an insidious process occurring days, even weeks after an inciting incident. A common form of laminitis seen in the older horse is often connected to the horse's metabolism which may take months to show up as sore feet.

### INFORMATION TO GET FROM THE CLIENT

- When did your horse come up lame?
- How many limbs are affected?
- Is the horse weight bearing?
- If the lameness is bilateral - does the horse have a history of founder?
- Is the horse on any steroids or other medications?
- Can you feel a digital pulse in the limb?
- What is the horse's temperature?
- Are there visible signs of an abscess or bruising on the sole?
- Is there any swelling or heat?
- **If there are any points of entry or foreign bodies present that could be causing the lameness, DO NOT REMOVE THEM! In case a foreign body has penetrated a vital structure, our vets need to take diagnostic images first!**

### JOINTS & TENDONS

Any trauma to a joint or tendon is always a time-sensitive emergency! Any delay in treatment can prolong healing time. Infections set in the joints and tendons VERY quickly and can be difficult to treat.

### INFORMATION TO GET FROM CLIENT

- When did the trauma occur or was noticed?
- What is the horse's temperature?
- What area is affected?

- Are there any points or entry or punctures/lacerations that extend into the joint or tendon sheath?
- Has the horse been given any medications today prior to contacting the attending veterinarian?
- Have you applied ice/cold hose therapy to the area?
- Are you able to bring the horse into a quiet and clean stall/will the horse be able to be on stall rest?
- **Please do not wait to contact a veterinarian for these types of emergencies. Infections set in VERY quickly! We are available 24/7, 365 days a year for our clients.**

## EYE TRAUMA

Eyes are always emergencies!

### INFORMATION TO GET FROM CLIENT

- Is the horse able to open the eye?
- How much swelling is there?
- What is the horse's temperature?
- Has the horse been given any pain medication or eye ointment prior to contacting the attending veterinarian?
- Are you able to see if there are any lacerations or ulcers to the eye/cornea?
- Is there any discharge?
- Are there any cuts/scrapes around the eye itself?
- Are you able to bring the horse into a quiet and clean area for treatment?
- Does the horse have a history of seasonal allergies or uveitis?
- **Please do not wait to contact our office or attempt to treat the eye yourself without speaking to one of our veterinarians first.**

## TY-UP (Exertional Myopathy/Exhaustion)

Caused by a horse being pushed past its conditioning or training limits.

### INFORMATION TO GET FROM CLIENT

- Was the horse ridden or exercised today?
- If so, for how long and what type of activity?
- Is the horse willing to move around at all?

- If moving, does the horse have a shortened gait and appear stiff?
- Has the horse attempted to drink or eat since being exercised?
- Are the gums pale or a normal darker pink color?
- Does the horse's back muscles appear tight?
- Does the horse have a history of tying-up?
- **If the horse is unable to move, leave it where it is and do not force movement. If it can be moved, bring the horse into a stall.**

## **REPRO EMERGENCIES**

Broodmares do not usually have problems, but when they do it is ALWAYS an emergency. These are some of the most difficult and time-sensitive situations a veterinarian can face. Dystocias (difficult births), abortions, uterine torsions, placental separation, post foaling uterine hemorrhage and prolapse are all included in this category. These emergencies must be dealt with quickly and efficiently and usually require a well trained technical staff and multiple doctors to remedy the situation

## **INFORMATION TO GET FROM THE CLIENT**

- How far along is the mare?
- Does she have a history of difficult births or abortions?
- Can you see a rectal or vaginal prolapse?
- Is there any blood or discharge?
- Are you able to bring the mare into a quiet, clean and well lit stall?
- Is the mare in active labor? If so, how long has she been?
- Is there evidence of a placenta being passed?
- Can you see the foal?
- **Repro emergencies are highly time sensitive and for the best outcome, contact our office right away! Many of these situations can be life or death for both mare and foal.**

## **FOALING EMERGENCIES**

ADR foals are a highly time sensitive emergency that require 24/7 care most times. If possible we recommend bringing the mare and foal into a hospital or the clinic.

## **INFORMATION TO GET FROM THE CLIENT**

- When was the foal born?
- Has the foal been active?
- Did the mare have a difficult birth?
- What does the placenta look like? Please save it if possible for the vet to examine!
- Have you been able to get the foal to latch?
- Was the mare vaccinated prior to giving birth?
- Does the foal have diarrhea?
- Is there fluid or discharge from the nasal/oral cavities?
- Has the foal passed meconium?
- Does the foal have contracted tendons?
- Are you able to get the mare and foal into a quiet, clean and well lit stall for the veterinarian to attend to them?
- **Foals are extremely time sensitive emergencies. These situations are life or death and require immediate intervention. Our vets are available on call 24/7, 365 days a year.**

## **ADR'S**

Ain't doing right...

## **INFORMATION TO GET FROM THE CLIENT**

- Does the horse have a fever?
- Does the horse have any history of illnesses or issues?
- What is the horse's demeanor like?
- Has it eaten today? If so, what?
- How long has the horse been acting abnormally?
- Does the horse show any signs of being uncomfortable or under stress?
- Is the horse willing to move around, eat or drink water currently?
- Is the horse UTD on vaccines and routine dental work?
- Is the horse on any medications/supplements?
- Has the horse been off property recently?
- **Remember to observe your horse regularly to determine what is normal for them. This will help our staff determine what our vets will be working with and supplies they may need.**