LEAST RESISTANCE TRAINING CONCEPTS

PROCEDURE GUIDE No. 20-12

NEONATAL FOAL RESPONSES

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This Procedure Guide supersedes all previous guides in order to comply with the latest Lyon County and state training and operations standards, and most recent relevant veterinary field action publications.

Discussion:

A neonatal foal emergency is often a critical emergency. If a foal that is only a few hours old cannot stand and nurse, or if the dam dies, is driven away or is otherwise unable to care for the foal, chances of survival will start to decline after a couple of hours. Accurate objective assessment of downed or isolated foals can be critical to determining appropriate "first aid" actions in the field and destination decisions if the foal cannot be successfully reunited with its dam. This Procedure Guide applies to downed or isolated neonatal foals that upon investigation cannot be supported by a viable dam.

Responder Qualifications:

IS-100.c, IS-700.b, TLAR Neonatal Foal Module

1. **Safety Policy:**

1.1 Safety is the overarching priority in all responses. No procedure or protocol provided in this Procedure Guide shall supersede the use of sound judgment as may be appropriate to maximize incident safety.
1.2 All responders shall wear appropriate helmets at all times, and wear ANSI Class-II or Class-III vests or jackets whenever operating on or near any active traffic lanes.
1.3 In circumstances where responders cannot reliably communicate by direct voice, portable radios shall be utilized.

2 Incident Assessment:

2.1 Because reporting parties often insert subjective drama into their reports, foals will be assessed "in the first person" before any treatment or destination options are considered. Foals shall not be "diagnosed" long-distance or treatment be based on the opinions of unqualified bystanders. This policy is not intended to preclude bringing potentially useful

supplies and equipment to the scene in the event such items may be needed once a competent assessment is made and a treatment plan determined.

3 Incident Organization / Chain of Command:

3.1 Each response shall have an Incident Commander (IC) who will direct the activities being undertaken. Operations that cannot be resolved in the field will be coordinated through the Range Manager or her designate, who will authorize relocation, veterinary care and related actions.

4 Initial Examination:

4.1 Foals have little subcutaneous fat, a high ratio of surface area to body mass and minimal energy reserves. Therefore, potential environmental impacts, particularly hypothermia, must be considered. A normal body temperature range is 99° to 101.5° F. Note 1

4.2 The umbilicus should be dipped in .05% chlorohexidine solution to reduce the risks of bacterial infection. Note 1

4.3 Neonates that appear to have not received colostrum are at great risk. Their abilities to absorb antibodies decrease to about 22% after three hours and decline to less than 1% after 20 hours. (A delay in nursing does not appear to delay the closure of the neonatal gut.) Note 1

5. Initial Field Treatment:

5.1 Initial treatment should include protection from excessive heat or hypothermia.

5.2 With true neonates (often identifiable due to the presence of "hoof feathers,") administration of appropriate amounts of IgG colostrum should be undertaken as soon as possible.

5.3 Supplemental oxygen may be used with distressed neonates, with the recommended practice involving the use of a small Air for Paws mask with blow-by oxygen flowing at 15 L/minute. Additional oxygen cylinders will likely be required.

5.4 Ventilation using a small Air for Paws mask and small AmbuBag may be required if Spontaneous breathing is inadequate. Foals should be placed in a sternal position and their mouths cleared of any mucous buildup. Note 2

5.5 Typical respiratory rates for neonatal foals are 60-80 breaths/min for foals less than 2 hours old, and 20-40 breaths/min for foals over 2 hours old. Note 1

5.6 Almost 90% of foals requiring resuscitation respond to ventilation alone and require no additional therapy. Note 2

6. Notification of Intake Facilities:

6.1 Time is generally of the essence. Consideration should be given to promptly transporting a distressed neonatal foal to the closest appropriate definitive veterinary care facility.

6.2 Notification of Intake facilities shall *not* be made by field personnel unless specifically authorized by the Range Manager. (There is a protocol in place that Senior Staff may follow in exigent circumstances.) We shall not initiate a response by a receiving organization (e.g., a veterinary facility) until a determination has been made that intake is appropriate and has been authorized by the Range Manager or her designate. [Note 3]

7. Movement and Transportation:

7.1 Neonatal foals are extremely vulnerable to trauma if not moved and transported correctly.
7.2 Movement from the ground to a transport vehicle shall be accomplished by rolling the foal onto a Foal Glide or blanket, and moving the foal on the Glide or blanket.
7.3 Foals should be placed in a sternal position whenever possible during transport to support increased respiratory efficiency and to minimize aspiration if the foal is receiving colostrum by bottle.
7.4 Care should be taken to monitor body temperature and avoid excessive heat or cold. (Passive rewarming may be appropriate if hypothermia is observed or suspected.)

NOTES:

1. Source: *Assessment of the Equine Neonate in Ambulatory Practice*, Austin
2. Source: *Neonatal Intensive Care and Emergencies in Foals,* Munsterman
3. The Range Manager relies on communication from the team to help make determinations. She needs honest, clear input with some reasoning at to what is best for the foal. Since time is often of the essence, pertinent information and findings in the field should be provided without delay.

NOTE: All personnel should review *Neonatal Emergencies Involving Range Foals* http://whmentors.org/training/foals02.html