

DEALING WITH SICK PARROTS: PART ONE – EMERGENCY CARE

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Kevin Eatwell discusses illnesses and symptoms that can arise with sick parrots and suggests some practical solutions for handling them in practice

BIRDS have a high metabolic rate and hide sickness well, so when an owner detects an illness, the bird is usually so ill it can no longer pretend to be normal.

Birds may therefore be severely debilitated when they are brought into the practice, so even handling them can be fatal. It is often necessary to stabilise critically ill birds before a full clinical assessment can be made of their condition. Only experience will allow a veterinary surgeon to assess how far to go with an individual case.

Careful assessment

Before handling and stressing a critically ill bird, a full diagnostic and therapeutic plan should be formulated to ensure that restraint and procedure time is minimised. An accurate bodyweight should be obtained to facilitate monitoring of the patient, allow accurate drug therapy and to compare previous records for the individual or species.

In order to assess birds properly they must be able to relax – covering the cage or monitoring the bird by CCTV will allow a stress-free examination. Birds are masters at hiding illness and subtle signs will be easier to detect by remote examination. Barrier nursing is important to reduce the risk of disease transmission.

Ventilation is also important; for dyspnoeic birds, oxygenation and nebulisation can be helpful prior to handling or diagnostics. UVB lighting is an important emergency treatment for some conditions, but it also stimulates natural behaviours and will be beneficial – generally 12 hours of light a day is sufficient.

Perching should be just high enough so the tail clears the floor to limit damage from a fall. Housing a bird in a quiet ward away from predator species is ideal, but otherwise cover the bird's cage to help reduce stress.

Collapsed birds will need to be placed on a padded base, such as a towel, to prevent keel injuries. It is also important to keep their heads slightly raised and facing forward to maintain a good airway. Do this by positioning another towel, which has been rolled up, around the front of the bird in a horseshoe shape with the bird's head resting on the inside of the "toe" part, while the sides of the towel support the body.

When presented, many birds will be "fluffed up" – this is how the bird aims to conserve body heat, so supplying warmth is a vital first step in many cases. However, take caution with dyspnoeic birds where overheating may exacerbate respiratory distress. Supplemental heat can be an essential life saver to many critically ill birds, particularly in smaller psittacines that have a large surface area to volume ratio.

Warming up

For all psittacines, heat loss is increased due to the internal air sac structures. Supplemental heating allows the bird to expend less energy in maintaining temperature, allowing more energy to be channelled into healing.

The use of an easily cleaned hospitable cage that can provide both heat and humidity is vital for small species. Commercial intensive-care cages are expensive, but often have the advantage of including nebulisation ports. Incubators should be heated to 25°C-30°C with a high humidity (50-80 per cent).

Observe the patient for signs of discomfort or overheating, as many units do not have a cool area to retreat to if necessary. If such facilities are unavailable, a heat lamp can be applied to the side of a cage allowing the bird to regulate its own temperature by moving towards or away from the source. Bear in mind that critically ill birds will be unable to do this, so a set temperature is preferred.

Other heating methods can be utilised, but the nature of the animal needs to be considered – for example, parrots must not have access to electric cables.

Room to breathe

Critically ill patients often suffer from hypoxia due to cardiac disease, respiratory disease, hypovolaemia and anaemia. While the lack of oxygen in the bloodstream is investigated, and hopefully rectified, a supply of pure oxygen should be provided to the patient to avoid a critical situation developing. Many birds will tolerate oxygen delivery by face mask, especially if they are weak. Dramatic recoveries can be made by avian patients if they are given pure oxygen by mask following an acute respiratory episode. However, if a face mask causes additional stress to a bird, another means of providing oxygen should be considered.

Incubators, or even a carry cage, can be easily converted into oxygen chambers by connecting a suitable circuit and covering with a towel if required. It is worth mentioning that the methods applied to provide oxygen can also be used to nebulise a patient with medication if necessary. Pain relief is important and should not be overlooked. Signs of pain may be hidden and close observation should be done discreetly as the birds will be reluctant to display any signs of pain or weakness. Watch for signs of anorexia, reluctance to move, depression or increased aggression. Birds may also self-traumatise painful areas. Ideally, analgesia should be provided prior to any painful stimulus, but in the emergency situation this is typically not possible.

Butorphanol or meloxicam are options for routine use. Pigeons have been shown to have a high concentration of kappa receptors and butorphanol can provide analgesic effects. Other opioids, such as buprenorphine, have been shown to have no benefit. Opioids such as butorphanol do have the disadvantage of causing respiratory depression and caution is advised in their use.

Dosages reported range from 0.05mg/kg-4mg/kg IM. Butorphanol lasts for about two hours in birds and requires frequent administration. It is generally reserved for perioperative use. Tramadol has been investigated in birds and a dosing regimen calculated, but its analgesic properties have yet to be evaluated.

Meloxicam should be used routinely and this appears to be safe and effective. It is also available as a liquid that can be given orally after anaesthesia and at home – a dose of 0.2mg/kg is given. Ketoprofen (5mg/ kg) and carprofen (1.0mg/kg) are other well-used alternatives.

Food, glorious food

Nutritional support is vital due to the high metabolic rate of birds. Ask the owner to bring in some of a bird's normal diet, particularly favourite foods, to stimulate feeding. Although the diet is often inappropriate, or led to the current problem, the diet must not be changed until the bird is better.

Knowing how the food is usually presented is also vital. Providing easy-access bowls or scattering feed on the floor of the cage will encourage feeding in most individuals. In clinical situations there are two main methods of nutritional support that can be practically given.

Crop tubing with foods can be performed readily, but may be contraindicated in the initial period.

However, it should be instigated as soon as possible. Although young birds can be fed up to 10 per cent of their bodyweight in one feed, great care must be taken with ill adults. The crop is less elastic, so no more than three per cent of the bodyweight should be fed in one meal. The birds are also more likely to regurgitate. Debilitated birds will require much lower volumes (0.5-1.0 per cent of bodyweight).

Rigid metal tubes are preferred when used gently, as parrots may bite through other tubes, resulting in the need to use mouth gags. Giving fluids or food via a crop tube is simple and can be performed by VNs and, in some cases, owners.

Placing a crop tube

To place a crop tube, the bird needs to be held in a towel in one hand or, if it is a large parrot, by another handler.

The crop tube is advanced into the mouth from the patient's left side and passed back over the tongue to the right. It needs to be advanced over the base of the tongue, where the glottis and opening to the trachea lie, and down into the oesophagus. The tube can be palpated to ensure correct placement – round-ended tubes are very hard to place in the glottis of a small psittacine.

Once you are happy with the placement, a bolus of liquid can be given directly into the crop or proventriculus. Be careful not to apply pressure to the crop during feeding and subsequent release to avoid causing regurgitation. To minimise the risks, crop feeding should be the last procedure performed before placing the bird back into its cage.

Very sick birds may regurgitate, leading to the risk of aspiration pneumonia. Birds with gastrointestinal disease, impaction, foreign bodies, crop trauma or facial trauma will probably require an alternative route. Many cases will be given parenteral fluids initially, with or without oral fluids, and nutritional support.

With practice, the feeding tube can be placed directly into the proventriculus, bypassing the crop and allowing the food to be digested immediately, reducing the risk of regurgitation.

It is also possible to place a proventricular feeding tube; this is useful where head or beak trauma prevent feeding. The bird will require general anaesthesia. The tube can be measured so that its tip reaches the distal part of the keel in most birds. A nasogastric catheter, giving set or any length of sterilised tubing can be used.

Birds have minimal tissue surrounding the proximal oesophagus and the tube can be palpated easily. It can be threaded orally and palpated as it passes down the neck, but it can be difficult to get the tube through the thoracic inlet – placing the bird in dorsal recumbency can help correct placement. The tube can be felt curling round in the distal oesophagus or crop if placement is not

correct.

Once through the thoracic inlet, the tube can be fed easily into the proventriculus. Ensuring correct placement, the tube can be palpated and elevated in the proximal oesophagus and an incision made directly through the tissue to reveal the catheter. It can then be cut, the proximal section removed and the distal segment sutured to the skin just proximal to the incision site.

Alternatively, a pair of haemostats can be used to enable placement, similar to the method used for oesophagostomy tubes in reptiles.

Dehydration

A proventricular feeding tube reduces stress and can enable nutritional and fluid support to be given at home by the owner until lesions heal (such as beak trauma). The bird's normal diet can be blended through larger gauge tubes, or energy dense foods or a psittacine hand-rearing diet can be given.

If gut motility is reduced then an electrolyte solution should be fed. Agents such as metoclopramide can be given to stimulate motility. Although there may not be specific clinical or pathological data available for the bird, certain assumptions regarding fluid balance can be made based on appearance. For example, a bird that has sat on the floor of a cage for more than 24 hours is likely to be both hypothermic and dehydrated compared with a normally perched individual.

The degree of dehydration can be gauged by assessing the eyes (dull) and skin (discoloured and withered) of the face. A bird with five per cent dehydration will demonstrate brief tenting of the skin between the shoulders and dry, dull eyes.

Once dehydration reaches 10 per cent, the patient's skin tenting will be permanent and the bird will be hypothermic. More severe degrees of dehydration will lead to a collapsed bird with tachycardia.

Fluid therapy is an important aspect of critical care and is covered in part two of this series.