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The information supplied in this booklet is intended to assist veterinary practitioners in providing initial care and first aid to wild birds. The information provided has been sourced from and reviewed by qualified veterinarians. Birds requiring ongoing hospitalisation will require input from experienced rehabilitators to address husbandry and housing needs. Birds no longer requiring veterinary care should be transferred to an appropriate rehabilitator as soon as possible.

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Native Birds Veterinary Triage & Assessment



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Triage & Assessment of NATIVE BIRDS

Handling

- A towel can be used to contain wings and feet, protect feathers and redirect bites.
- Small birds** - gently cradle in your hand, using a 'V' grip (a)
- Medium sized birds** - hold your hand around the wings, with the feet secured between your fingers (b)
- Parrots** - grasp behind the head, with thumb and fingers on either side of the jaw to firmly control the jaw (c)
- Birds of prey** - have talons and a sharp beak; restrain both limbs at the hocks to avoid injury to the bird and yourself. Always keep control of the talons and position them away from yourself and others (d)
- Larger birds** - gently secure the head with one hand and hold the body in the other, ensure the wings are contained (e,f)



Be aware

- Be careful of beak, claws, wings and a combination of these.
- Wire cages can severely damage feathers. Avoid using unless you are able to line with cardboard or shade cloth. A cardboard box or pet carrier is more suitable in the short term.
- When restraining birds, avoid restricting sternal movement as birds do not have a diaphragm and rely solely on the movement of their ribcage for inspiration.
- Always be aware of zoonotic disease and wear appropriate PPE when handling wild birds.



Housing

- The best temporary set up is a box with air holes away from their eye line. Waxed cardboard pet packs are ideal and easy to clean (although not for parrots who can chew their way out). Do not add biological material like straw or leaves. A towel can be used to line the bottom.
- A rolled-up towel will provide a perch and keep the bird elevated, protecting its tail feathers (g).
- Young or debilitated birds unable to perch need to be supported – use a rolled-up doughnut shaped towel (i).
- Provide warmth using an external heat source (heat pack, lamp) or by placing the bird in a humidicrib. Ensure heat source is not in direct contact with the bird.

Fluid therapy

- SC fluids can be given in the inguinal region of the thigh (h). Remember that there are air sacs in the caudal coelomic cavity. Keep the needle superficial.
- Warm fluids beforehand and give up to 10% of body weight SC or very slow IV.
- Suitable fluids include: 0.45% NaCl and 2.5% glucose, 0.9% NaCl, and Hartmann's Solution.



Feeding

- A water dish and appropriate food should always be provided, but many birds will not eat in hospital. Birds should be transferred to an experienced wildlife rehabilitator as soon as veterinary treatment is no longer required. Prioritise fluid therapy, warmth and first aid over feeding for the first 1-2 days.
- The following foods can be offered as an interim while expert advice and care is sought:

Type	Example	Food
Carnivores	Magpies	Crushed dog kibble or canned dog food
Herbivores	Ducks	Chopped greens
Granivores	Most parrots	Budgie mix or sunflower seed according to size
Nectarivores	Lorikeets and honeyeaters	Commercial nectarivore mix in a feeder
Insectivores	Willy wagtail	A mix of commercial insectivore mix and mealworms

- Crop feeding is an expert technique and should only ever be attempted by experienced practitioners.



Examination

- Birds may appear alert despite being sick or injured. Be sure to observe behaviour from afar if no abnormalities are obvious.
- Check wings and legs for injuries, fractures and asymmetry. i.e. a dropped wing.
- Feel for body condition – a prominent keel indicates poor condition and likely chronic disease.
- Check for feather loss or pinched quills. Note all birds (apart from waterbirds) have natural featherless tracts (apteria).
- Check mouth, nostrils and eyes for blood, discharge and parasites.
- Once stable, perform a flight test in a confined room if possible.



Anaesthesia

- Due to the difficulty with intubation of small birds, mask induction is preferred.
- Create a firm fitting mask for patients using co flex bandage or a latex glove, leaving a small hole for an ideal fit and to minimize anaesthetic leaks (j).
- Water bird and pigeon like species (columbiformes) can breath-hold and can be slow to induce. Prior sedation may help.
- Intubate the bird where possible.
- During anaesthesia, use a bair hugger®, heat lamp or heat mat to maintain the patient's core body temperature. Vetario® or Humidicribs are ideal for post-operative recovery.

Euthanasia

Fauna should be euthanised immediately when:

- Death is imminent or highly likely, regardless of the treatment provided.
- It is suffering from chronic, un-relievable pain or distress.
- It is carrying or is suspected to be carrying an incurable disease that may pose a health risk to wild animals (e.g. Psittacine beak and feather disease).
- Its ability to consume food unaided is permanently impaired (e.g. missing or injured beak, loss of vision).

Mask induction and anaesthesia is recommended prior to euthanasia. Once anaesthetised euthanasia is performed by IV injection of pentobarbitone. Suitable IV sites include the jugular vein, basilic vein or medial metatarsal vein. Pentobarbitone should NOT be injected intracoelomically in birds.

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