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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 possums and gliders. The information provided has been sourced from and reviewed by qualified veterinarians. Animals requiring ongoing hospitalisation will require input from experienced rehabilitators to address husbandry and housing needs. Animals no longer requiring veterinary care should be transferred to an appropriate rehabilitator as soon as possible.

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Possums and Gliders Veterinary Triage & Assessment



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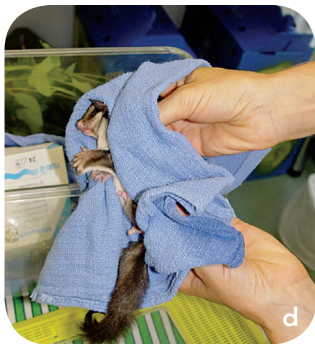
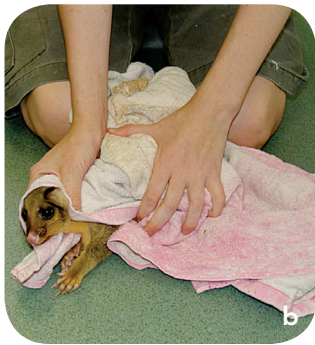


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Triage & Assessment of POSSUMS AND GLIDERS

Handling

- **Possums** bite and scratch – pick up by gripping around the back of the head/skull or with smaller possums making a “V” with your fingers around the head or shoulders. With the other hand hold the base of the tail to prevent it scratching you with its hind claws. A towel can assist until you are comfortable with this technique, or with the initial restraint (a,b).
- **Gliders** bite – avoid the teeth, grasp the back of the head with your thumb on one side and your forefinger on the other side to avoid being bitten. Hold gently around the body. A small hand towel is highly recommended (c,d).
- **Small joeys** can be held gently in your hands.



Fluid therapy

- Warm the fluids being administered.
- Fluid therapy can be administered subcutaneously (1-3% body weight as a bolus dose), or intravenously using standard mammalian infusion rates and fluid selection principles.
- Lateral tail vein is best for IV in possums; SC is most commonly used in gliders and smaller species.
- Suitable fluids include: 0.9% NaCL, Hartmanns, 0.45% NaCl + 2.5% glucose.

Be aware

- Be careful of bites and scratches.
- Always check pouches for joeys (often multiple) – never pull a joey off the teat, remove gently or if the mother is deceased, cut the teat and transport the teat and joey together.
- For unfurred joeys, consult with an expert to confirm viability.

Housing

- Adult possums can be housed in a carry cage (e) (preferably one that opens from the top) – line with soft towels or blankets – ensure they are non-slip, non-ingestible and tangle free.
- Adult gliders can be housed in a plastic/glass aquarium or smooth sided ventilated tub with towels to line the bottom and a secure lid (as they are very good at escaping).
- Always provide animals with an additional box to hide in and use for cover, or place a towel over the carrier for visual security.
- Place orphans in a cotton pouch. Heat must be given – ideally they should be housed in a Humidicrib maintained at 30-32°C (furred orphans) or 34-36°C (unfurred) or alternatively place in a plastic aquarium with a sealed/ventilated lid and heat source with thermostat (f).



Feeding

- Only offer food once the animal has been warmed and rehydrated. If in doubt, contact an experienced wildlife rehabilitator.
- Native vegetation should only be offered if you can confidently identify the plant species, and know it is chemical free.
- Gliders have a high metabolic rate and it is important to give them oral or subcutaneous fluids if not self-feeding. Can be offered: native leaves, flowers and fruits, liquid nectar mix, small quantities of Wombaroo Lorieet & Honeyeater mix, vegetables or mealworms.
- Greater Gliders must be given leaves and flowers from eucalypts ONLY.
- Possums can be offered leaves, flowers and fruits from a variety of native plant species, e.g. eucalyptus, acacia, lilly pilly and bottle brush (preferably with good quality tip) as well as mealworms and vegetables.
- Ringtail possums are leaf eaters and their gut is not adapted for rapid fermentation. They readily develop bloat and should not be offered fruit, kibble, bread or other highly digestible items.
- Orphans can be given warmed water and glucodin or oral electrolytes for first two feeds, then suitable milk replacer (according to manufacturer's instructions). This can be given either via a 1mL syringe with catheter tip, bottle and appropriate sized teat (g) or in a bowl if lapping.

Examination

- Weigh and feel for body condition – palpate muscles at base of tail and over scapula and spine.
- Check fur for alopecia, ectoparasites, trauma or infection.
- Check for any blood or discharge coming from the mouth, nostrils or ears.
- Assess limbs and spine for possible fractures – x-rays may be required.
- Pupil size should be symmetrical.
- Check there is a tail reflex, as this is important for survival.
- The cloaca should be clean and cloacal temperature should be 35-36 °C.
- Examine the wing webbing of gliders for tears.
- Exudative dermatitis is a common presentation in Brushtail possums.
- Check mucous membrane colour.
- Always check the pouch of females for young and for mammary activity (h).

Anaesthesia

- Gaseous anaesthesia is recommended (i).
- Use mask induction with 5% isoflurane, with the body restrained inside a bag; it can take 2-3 minutes. Intubation can be difficult, especially in smaller species, but animals can be maintained on a mask for short procedures.
- If having difficulties with handling, place in an induction box, which will take an additional few minutes.
- Injectable anaesthetics may be more useful for larger possums.
- Use a bair hugger® heat lamp or heat mat to maintain the patient's core body temperature throughout the procedure.
- Recovery time from anaesthesia is fast, so ensure animal is restrained in a bag when gas is turned off.
- For joeys, 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 an incurable disease that may pose a health risk to other wild animals.
- Its ability to consume food unaided is permanently impaired (e.g. injured jaw, tongue or teeth).
- It has significant burns to the face, genitals, digits, nail beds, tail or feet.

For euthanasia, injection of sodium pentobarbitone can be administered under anaesthesia by intravenous or intracardiac routes. The lateral tail vein is an accessible venepuncture site.

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