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

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Koalas Veterinary Triage & Assessment



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Triage & Assessment of KOALAS

Be aware

- Koalas have a very specialised diet; they only eat eucalypt (no artificial diets).
- Always check pouches for joeys – never pull a joey off the teat, remove gently or if the mother is deceased, cut the teat, put a pin through it forming a 'T' so the joey doesn't swallow it, and transport the teat and joey together.
- For unfurred joeys, consult with an expert to confirm viability. These will require ongoing care by a trained and experienced rehabilitator.
- Injuries from dog attacks are often not discernable. A thorough assessment is required if there is any evidence (i.e. saliva on the fur) or possibility of contact from a dog.
- The **Koala Health Hub** website has easily accessible resources and fact sheets for further information on assessment, common presentations, analgesia and treatment.

Fluid therapy

- Primary routes of fluid supplementation are IV or orally.
- For IV, warm fluids to body temperature (around 36°C). Use 0.9% sodium chloride, dose patient at 5% of its bodyweight with assistance of an infusion pump. The skin can be tough, and it can be helpful to cut down on the vein with a blade prior to inserting the cannula.
- Fluids can be given orally only where the koala is able to hold their head up and no head trauma is suspected. Use a 1ml syringe to deliver fluids in small increments, between the front and cheek teeth. Monitor for active swallowing. Do not hold the koala's head in a fixed position as this may inhibit swallowing and increase the risk of aspiration.
- Koalas have minimal subcutaneous space, so only limited volumes can be injected subcutaneously.

Handling

- Koalas should only ever be captured by appropriately trained individuals. They have powerful teeth and claws, and can be aggressive.
- If a koala needs to be moved or held, use a thick blanket, towel or canvas bag – cover the koala's arms with the towel and grip the arms (between the shoulder and elbow) through the towel, with the koala facing away from you (a). Ensure the head remains covered. Roll your hands in to create protection with the towel so it bites that instead of you.
- Never pick up a koala around the ribs.
- For small joeys or very sick/weak koalas wrap a blanket around them, and place one hand across their thoracic region and the other under their rump (b). If aggressive, use the above adult handling technique.



For examination:

- If the koala is calm, a distant visual exam can be performed initially to assess walking ability or signs of neurological damage.
- Unless very young, most koalas will require sedation for a physical examination to avoid handlers being scratched or bitten. Once sedated, the koala can be moved and handled as above, and placed in lateral recumbency for assessment.

Feeding

- Prolonged periods of fasting are detrimental to koalas, aim to get them eating as soon as possible.
- Offer a variety of fresh Eucalyptus leaves of different species and ages (can be extremely fussy) to koalas just furred or onwards. Spray with water before offering and ensure they have not been exposed to pesticides.
- Orphan joeys can be given water and Glucodin initially for first two feeds, then suitable milk replacer e.g. Wombaroo Koala Milk Replacer. This is best given by a glass syringe and appropriately sized teat. **Note:** Due to the high risk of aspiration and their very specialised nature, orphaned koala joeys should be referred to a specialised and trained rehabilitator as soon as possible.

Housing

- House koalas in a quiet location away from people and other animals to maximise rest and minimise stress.
- Adults can temporarily be placed in a large open top wire carry cage (c) with soft towels on the bottom. Include a make shift tree fork; roll 2 – 3 towels and fold in half lengthways.
- Preferred enclosure temperature for adults is 28°C, orphaned joeys just furred 28° – 30°C and 32° – 34°C for unfurred. Heat can be given by placing a heat pad under half of the enclosure.
- Place orphans in a cotton pouch and provide heat. Ideally, they should be placed in a humidicrib – otherwise place the pouch into a wire or plastic carry cage with towels underneath and around for support.



Sedation and Anaesthesia

- For deep sedation or light anaesthesia, use a rolled-up towel to protect your hand, and inject Alfaxan into the muscles of the thigh (dose at 1.5 - 3mg/kg).
- Gaseous anaesthesia with an anaesthetic mask can also be used, however the restraint required to achieve this may be difficult if the animal is stressed.
- Once sedated, a mask can be used to administer oxygen and a low dose of isoflurane (1 - 2 %) if full anaesthesia is required.
- Koalas are difficult to intubate and it is rarely required. Mask maintenance should suffice.
- For recovery, maintain the patient's body temperature, place in lateral recovery position on soft bedding.

Examination

- Sedate the koala prior to examination.
- Assess hydration.
- Weigh koala and assess body condition (from 1-5) by palpating muscles overlying scapula (see Table 1). A poor score can indicate chronic disease, and a score below 3 will often require euthanasia.
- Check for ear tag, or a microchip between the shoulder blades.
- Perform dental exam as advanced tooth wear and periodontal disease is a limiting health factor in koalas. Age can also be determined by assessing tooth wear - look up a tooth-wear aging chart.
- Check cloaca and rump for soiling and brown discolouration – this can indicate urogenital disease resulting from chlamydia.
- Check any wet patches or blood staining on the coat for deeper wounds. This may indicate dog attack and warrant further investigation as wounds are often worse than they initially appear.
- Check chin colour – should be light pink, a blue-greyish colour can indicate shock or blood loss.
- Check eyes for discharge, squinting, redness or uneven pupil size. Check nostrils and ears for discharge or wounds.
- The stomach should feel firm and round.
- Palpate limbs for swelling, wounds or pain. Assess motor function and mobility.
- Check digits, nails and ability to grip. Koalas require functioning claws for rehabilitation to be possible.
- Core body temperature should be 35.5°C – 36.5°C, taken rectally via the cloaca.

Table 1. A body condition scoring system used in koalas. Diagrams represent an imaginary transverse section through the scapula, with heavy lines indicating the table and vertical spine of the scapula, and fine lines outlining the supraspinatus and infraspinatus muscles.

Condition	Score	Diagram	Attributes
Excellent	5		Obviously convex muscle masses on either side of the scapula. Strong muscle tone. Scapular spine apparent on careful palpation.
Good	4		Slightly convex muscles on either side of the scapula. Good muscle tone. Scapular spine readily palpable.
Fair	3		Flat to barely convex muscles on either side of the scapula. Scapular spine prominent on palpation.
Poor	2		Slight dishing or concavity of muscles on either side of scapula. Scapular spine very obvious on palpation. Edges of scapula palpable.
Emaciated	1		Markedly concave muscle on either side of scapula. In extreme emaciation there may be almost no muscle palpable on either side of the scapular spine; in these cases, the entire scapula will be palpable.

Source: Jackson et al. 2003

Euthanasia

A koala must 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.

- Its ability to consume food unaided is permanently impaired (e.g. injured jaw, missing or worn teeth).

Anaesthesia is required prior to euthanasia using the methods provided above. Once anaesthetised euthanasia is performed by IV injection of sodium pentobarbitone (in the cephalic or saphenous vein).

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