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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 bandicoots, rodents and small carnivorous marsupials. The information provided has been sourced from and reviewed by qualified veterinarians. Small mammals 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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Small mammals Veterinary Triage & Assessment



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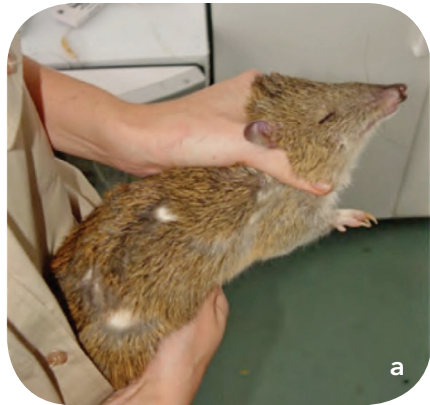
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Triage & Assessment of SMALL MAMMALS

This booklet encompasses **bandicoots, native rodents** and **small carnivorous marsupials**.

Handling

- Beware of teeth and claws.
- **Bandicoots** - to pick up, grip around the back of the head/skull and hold the hind legs with your other hand (a). Use a towel to protect from being bitten or scratched. Alternatively, make a 'V' with your fingers around the head and shoulders and hold the hind legs with your other hand (b). Do not restrain by the tail.



- **Rodents or Small Adult Carnivorous Marsupials (e.g. antechinus, dunnart)** – use the 'V' technique above. If you are confident it is not a bandicoot, hold with the other hand around the base of the tail to prevent it from scratching with its hind feet.
- Use a cotton pouch or small pillow case to restrain its body if you are not confident, as they can be difficult to restrain and exceptionally quick to bite.
- Juveniles can be cupped in the palm of your hand if not biting. (c)



Fluid therapy

- Warm the fluids being administered to an appropriate body temperature.
- Using 0.9% sodium chloride, dose the patient at 5% of its bodyweight.
- Fluid therapy can be administered subcutaneously or by using standard I/V infusion rates. Syringe pumps are ideal to use in small mammals if available.
- SC fluids can be administered in loose skin in dorsal neck/shoulders and cranial thigh area.
- IV routes include jugular, saphenous or cephalic veins (this can be difficult and is only suitable for larger animals).

Feeding

- Only offer food once the animal has been warmed and rehydrated.
- Small mammals have a high calorie requirement and need to be fed frequently; they may require fluids if not eating.
- Offer adults a variety of live insects, fruit and vegetables. Suitable replacement diets (i.e. Wombaroo) are available, however replicating wild food items is preferred.
- Orphans can be given water and glucodin initially for first 2 feeds, then suitable milk replacer. This can be given either via a 1mL syringe with catheter tip, bottle and appropriately sized teat or in a bowl if lapping.

Be aware

- Most species are solitary and nocturnal.
- Most species have strong home ranges, so make sure animals are released where they were found.
- Rodents are placental mammals, but bandicoots and other small marsupials have a pouch. Always check for pouch young, and consult an expert for viability.
- Bandicoots can slough or deglove their tails; if you cannot identify the mammal, do not handle by the tail.
- Bandicoots use their nose to detect food; it is very sensitive and they must be housed in a way to prevent damage.
- Native rodents are important to ecosystems, but can be mistaken for feral species – get assistance with identification if unsure.
- Small mammals don't get tick paralysis (though heavy tick loads may indicate poor health).

Housing

- Bandicoots can be placed in a small top-opening carry cage lined with towels – do not use a wire cage.
- Rodents can be housed in a plastic aquarium or smooth sided, ventilated tub lined with towels (d).
- Always provide a hide-box, towel or toilet roll for hiding.
- A shallow, stable dish of water can be provided (e). They do not drink from 'drip drinkers' like domesticated rodents.
- Make sure the lid is secure as they are very good at escaping and jumping.
- Provide heat as a gradient, using a basking light or heat mat placed under half the enclosure.
- Place orphans in a cotton pouch. Heat must be given to orphans - ideally they should be housed in a humidicrib, or alternatively place in a plastic aquarium with a sealed and ventilated lid.



Anaesthesia

- Use anaesthetic mask induction with 5% isoflurane, it can take 1 - 2 minutes. Co-flex bandage can be used to fit the mask and minimise leaks (f).
- Alternatively use Alfaxan IM.
- Maintain using a mask on isoflurane at 1.5 – 2% for non-painful procedures, with an oxygen flow rate of 1 L/min.
- Intubation can be difficult, especially in smaller species, but animals can be maintained on a mask for short procedures.
- Use a bair hugger, heat lamp or heat mat to maintain the patient's core body temperature throughout the procedure, due to their small size and rapid heat loss. Humidicribs are ideal for post-operative recovery.



Examination

- Before restraint, the patient should be observed from afar, paying attention to mentation, respiration and locomotion, while looking for signs of trauma.
- Animals will likely require anaesthesia for a thorough physical examination, as excessive handling will cause stress.
- Weigh and feel for body condition.
- Assess for fractures, puncture wounds or bleeding. Radiographs should be taken if any trauma is indicated.
- Look for teeth marks. Bites or scratches from cats may require antibiotics. Dog bites will often cause crush injuries to internal organs, with the prognosis poor.
- The eyes and ears should be clean, clear and free of discharge and debris.
- The limbs and abdomen can be palpated in a similar way to a dog or cat. Check for masses, wounds or lesions.
- In marsupials, disorientation, neurological abnormalities, appearance in the daytime and respiratory problems may indicate toxoplasmosis, with death often following rapidly.
- Always check the pouch of marsupial females for young, or mammary activity. If there are signs of recently fed young the rescue location should be checked for nearby young if possible.

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.
- Its ability to consume food unaided is permanently impaired (e.g. injured jaw, loss of vision).

For euthanasia, injection of sodium pentobarbitone can be administered under anaesthesia by intravenous or intracardiac routes. The jugular, saphenous or cephalic veins can be used.

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