

# Fawn Care

Dr. Douglas Wagner

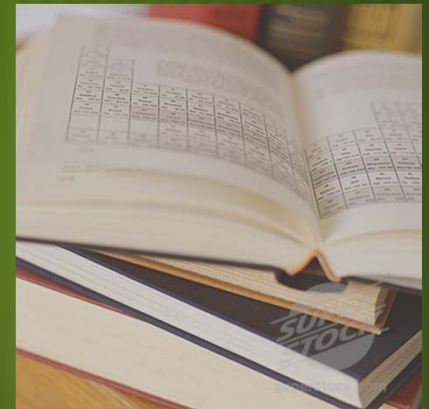


AVMA

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# WORDS TO LIVE BY

- Knowledge is power!
- Knowledge is power!
- **Knowledge is power!**



# PHYSICAL EXAM

- **Back to the Basics**

# PHYSICAL EXAM

- The most valuable item in any situation is your brain.
- You must use your brain to gather every piece of available information.
- The better you understand a situation the better you will be able to chose the appropriate treatment.

# PHYSICAL EXAM

- A **PHYSICAL EXAM** = is an overall picture of the animal that identifies what is normal and what is abnormal.
  - Knowing what is normal is just as important as identifying what is abnormal.
  - A physical exam involves every aspect of the animal from the tip of the nose to the tip of the tail.



POC Photo/ Joe Kosack

# PHYSICAL EXAM

- We all are tired
- We all have too many things to do
- We all get stressed and are under pressure to do things quickly
- **DO NOT RUSH YOUR PHYSICAL EXAM**
- **A QUICK TPR IS NOT A PHYSICAL EXAM**

# PHYSICAL EXAM

- HISTORY
  - Take the time and ask the right questions
  - If the fawn has been sick for more than 10 minutes then it has been given something
  - Find out if this is an isolated case or the tip of the iceberg
  - Try and separate fact from conjecture
    - Many times the owner will say the fawn was fine yesterday.....were they?

# PHYSICAL EXAM

- Your physical exam starts outside the pen.
  - Observe the fawn from a distance.
  - Is the fawn resting comfortably or does it seem distressed?
  - Is the respiratory rate normal-fast-slow?
    - Are the nares flared ??????
  - Is the fawn aware and alert or does it seem depressed?
  - If it is moving, is the head held normal, can it walk normally, does it seem weak?



# Touch the Fawn

## Everywhere

- Do any of the joints feel swollen?
- Do they seem painful when you touch or flex a joint?
- Is the jaw or neck swollen?
- Does the abdomen feel hard and / or swollen?
- Is the belly button soft and / or swollen?

# Look at Every Part of the Fawn and Be Critical

- Are the eyes clear?
  - Do they have a discharge?
  - Any signs of an ulcer?
- Are the gums the right color?
- Do you see any ulcers:
  - On the tongue/under it/hard palate
- Do they feel moist or dry?
- Does the skin tent for too long when you pull on it?
- Is the hair standing up?
- Is the hair coat rough and / or dull?



# Look and Listen

- Listen for gut sounds on both sides of the abdomen.
- Does the fawn look bloated?
- Does the fawn have diarrhea?
  - Do you see signs of it in the pen or on the walls?
- If the fawn has diarrhea what color is it?
  - What does it smell like?

# PHYSICAL EXAM

- **PHYSICAL EXAM:**

- T = Temperature (normal 101°F)
- P = Pulse (???????)
- R = Respirations (16-20)



- **Check the color of the fawns gums (CRT)**

- Pink = good
- Red / Purple = bad
- White = bad very bad
- Blue = bad very very bad



- **Check hydration**

- Gums should be moist (if dry and tacky = dehydrated)
- Tent skin, should fall back down quickly (if not = dehydrated)

- **Listen to heart , lungs, and gut sounds.**

- **Remember to look at the fawn all over and critically.**

# Problems to Identify

Questions to ask your producer:

- Who did not eat as much as they did last feeding?
- Who was slow coming up to the bottle?
- Who is laying around and looks depressed?
- Who has scours?
- Who has flared nares ?

# DEHYDRATION

- **Dehydration**

- Very common in sick fawns
- Stress!!!- what is the least stressful method to rehydrate
  - Tube the fawns with Lactated Ringers, E-lyte, Saline, Milk replacer, Gatorade, Pedialyte, water.
  - Sub-cue fluids: Lactated Ringers, Normasol, Saline
  - IV Fluids: Lactated Ringers, Normasol, Saline, any of these three mixed with Dextrose.

# Energy Sources

- Hypoglycemia- very common
  - I will often give a dose of dextrose I.V. or orally and wait a few minutes before stressing them by rehydrating
- Quick energy sources:
  - Dextrose (sugar) or Karo Syrup given in the mouth.
  - Quickstart (high calorie paste)
- Tube feed:
  - Electrolytes mixed with dextrose, or
  - A mix of milk replacer and dextrose.

**“DO NOT TUBE FEED WITH MILK IF THE  
FAWN IS COLD.”**

# Energy Sources

- If they are flat out and down:
  - 1 – 3 cc's of 50% Dextrose in the vein.
  - 10 to 20cc's of fluids in the vein  
(Lactated Ringers, Normasol R, Plasmalyte, Saline)
  - Either one of these treatments should be followed by a bottle or tube feeding once fawn is stable.
- If they are in critical condition you may want to consider placing a continuous IV drip.



# EMERGENCY FAWN CARE

- **EMERGENCY DRUGS:**

- 1. Dopram 20mg/mL = Respiratory stimulant
  - Dose: 0.5-1mg/kg IV or injected under tongue
  - (8lb fawn = 0.1-0.5cc)
- 2. Epinephrine 1:1000 (1mg/mL) (Epi) = Increase / restarts heart rate.
  - Dose: 0.5-1mL IV
  - (8lb fawn = 0.05-0.1cc IV)
- 3. Dexamethasone 2mg/mL = Steroid (excellent for shock)
  - Dose: 1-2cc / 100 lbs IV, IM, SQ
  - (10lb Fawn = 0.3-0.5cc IV, IM, SQ)
- 4. Dextrose 50% Solution = Sugar
  - Dose: 0.1-0.2mL/kg IV or PO
- 5. Fluids (Lactated Ringers, PlasmaLyte, Saline)
  - Dose: 2-3mL/kg/hr SQ or IV
  - (10lb Fawn = 9mL/hr SQ or IV)

# FAWN EMERGENCY KIT

DRUGS	SUPPLIES
Banamine®	Thermometer
Dexamethasone	Stethoscope
Dopram®	Pen Light
Epinephrine	Feeding Tube
Dextrose	Mini Surgery Pack
Lactated Ringers w/ IV Set	Bandage Material
Activated Charcoal Gel	Tourniquet
	Antibacterial Soap
	Needles and Syringes

# Fawn Care

- Fawns have Zero body reserve
- Most common cause of death I received on necropsy reports was- “death due to emaciation”
- Be Aggressive
  - Address hypoglycemia
  - Rehydrate
  - Anti inflammatory/steroids- if febrile or shocky
  - AB ????
  - Many times have to go with your intuition
  - Blood work- in house?, how far back to you clinic ?
  -

# Common Problems

- Slacking off in feed
- Diarrhea
- Lumpy Jaw
- ADR (Dull eyes, rough hair coat)
- Hunch backed
- Straining

# FAWN EMERGENCY CARE SCENARIOS



# SCENARIO 1

- **SYMPTOMS:** A 24 day old buck fawn began having loose manure 1 day ago.
- **FIRST:** Physical Exam (including TPR)
- **PE Findings:**
  - T = 101.2°    P = 60    R = 28    Wt = 17 lbs
  - watery manure that is brownish in color. No odd odor noted.
  - mm = pink , moist    CRT = Normal
  - Skin tent = Normal
  - Abdomen = Gut sounds are increased
  - Heart / lungs = Normal
  - Appetite is good : ate last feeding and was hungry for more.

# SCENARIO 1

- **With PE information WHAT DO YOU KNOW?**
  - A FEBRILE (does not have a fever)
  - LOOSE MANURE – brownish in color
  - GOOD APPETITE
  - NOT DEHYDRATED

# SCENARIO 1

- **WHAT DO YOU DO?**
  - Place on Electrolytes for 24 hours
  - Administer charcoal, anti-diarrheas (ex: pepto bismol), pro-biotics, etc.
  - Monitor hydration: give fluids as necessary
  - Antibiotics ?
    - Tetradure or Excede would be my antibiotics of choice
  - Perform a fecal analysis / culture
  - Employ bio-security procedures



# SCENARIO 3 ... 2 DAYS LATER

- **SYMPTOMS:** Now 26 day old buck fawn with watery diarrhea and flecks of frank blood are noted. Drainage noted from right eye.
- **FIRST:** Repeat Physical Exam (including TPR)
- **PE Findings:**
  - T = 103.6° P = 88 R = 60 Wt = 15.8lbs
  - Lethargic / depressed, decreased appetite – did not finish last 2 feedings
  - mm = pink, slightly tacky CRT = Normal
  - Skin tent = Prolonged
  - Lungs = Left lung has a few crackles and decreased sounds over portions. Right lung is clear
  - Heart = Normal
  - Abdomen = Gut sounds increased
- **Previous History:**
  - Owner did not have time to get a fecal sample analyzed
  - Owner gave antibiotics yesterday (Nuflor)
  - Stool firmed slightly when on electrolytes for 24 hours

# SCENARIO 1 ... 2 DAYS LATER

- **With PE information WHAT DO YOU KNOW?**
  - FEBRILE (has a fever)
  - DEHYDRATED
  - WEIGHT LOSS
  - LOW BLOOD SUGAR (Hypoglycemic)
  - DIARRHEA IS WORSE: now contains blood
  - ROUGH LUNG: respiratory problem
  - POTENTIAL EYE PROBLEM / ULCER FORMATION?

# SCENARIO 1 ... 2 DAYS LATER

- **WHAT DO YOU DO?**
  - Dextrose orally or IV
  - Fluids Replacement SQ or IV
- Once Re-hydrated :
  - Broad spectrum Antibiotics
    - Chose one with the ability to penetrate lungs and GI tract
  - Anti-inflammatory : Banamine®
- Tube feed with Electrolytes / offer bottle
- Treat eye with medication (Triple Antibiotic ophthalmic ointment)
- Collect manure for a fecal /culture
- Continue Bio-security procedures

# SCENARIO 1 : THE NEXT DAY

- **SYMPTOMS / HISTORY:** The fawn's overall attitude has improved;
  - Appetite is better this morning
  - Diarrhea is still the same
  - A small grayish area appeared overnight in the center of the right eye, more drainage than yesterday and the fawn is squinting today.
- **PE Findings:**
  - T = 101.6°    P = 60    R = 44    Wt = 16.0 lbs
  - mm = Pink, moist    CRT = Normal
  - Hydration = Normal
  - Lungs = improved but still rough
- **Lab Results:**
  - Fecal analysis = +++ Coccidia

# SCENARIO 1 : THE NEXT DAY

- **With PE information WHAT DO YOU KNOW?**
  - A FEBRILE
  - NOT DEHYDRATED
  - INCREASED APPETITE
  - SLIGHT WEIGHT GAIN
  - IMPROVED ATTITUDE
  - PNEUMONIA / RESPIRATORY INFECTION
    - Antibiotic therapy seems to be appropriate
  - ULCERATIVE LESION IN EYE / PAINFUL
  - DIARRHEA = DIAGNOSED WITH COCCIDIA

# SCENARIO 1 : THE NEXT DAY

- **WHAT DO YOU DO?**
- Anti-inflammatories : Banamine®
  - To control the eye pain
- Aggressive topical treatment for eye ulcer:
  - Atropine ointment applied to eye twice daily
  - Broad spectrum Antibiotic ointment every four hours
- Treat for coccidia
- Repeat antibiotics for respiratory if short acting antibiotics were used.
- Continue supportive care treatment as necessary.
- Strict Bio-security procedures.

# SCENARIO 1 : TWO DAYS LATER

- **SYMPTOMS:** Fawns attitude is greatly improved:
  - Eye is no longer draining: ulcer is smaller in size
  - Stool is firmer with an occasional pellet
  - Lungs are clear
  - TPR is within normal limits
  - Appetite is normal

# SCENARIO 1 : TWO DAYS LATER

- **With PE information WHAT DO YOU KNOW?**
  - Therapy regimen for eye is effective.
  - Antibiotic therapy for pneumonia seems appropriate.
  - Diarrhea seems to be resolving.



# SCENARIO 1 : TWO DAYS LATER

- **WHAT DO YOU DO?**
  - Continue to monitor lungs closely
  - Repeat fecal
  - Continue treating eye until all signs are resolved
  - Continue Bio-security

# SCENARIO 2

- **SYMPTOMS:** 4 month old fawn with a non weight bearing lameness.
- **First:** Physical Exam (including TPR)
- **PE Findings:**
  - T= 101° , P= 170 , R= 60 , Wt= 36lbs
  - Non weight bearing on right front leg, obvious fracture above knee, no penetration of skin by bone.
  - mm = pink, moist CRT = normal
  - Hydration = normal
  - Heart/Lungs = normal
  - No other trauma noted

# SCENARIO 2

- **With PE information WHAT DO YOU KNOW?**
  - PAINFUL
  - BROKEN RIGHT FRONT LEG
  - BONE **DID NOT** PENETRATE SKIN

# SCENARIO 2

- **WHAT DO YOU DO?**
  - Anti-inflammatories: Banamine
  - Antibiotics: Broad spectrum
- Splint or not?
- If a compound fracture (bone **did** break through skin and is exposed)
  - Options are: pinning/external fixator/plating or amputation

**QUESTIONS /  
COMMENTS**

# CONTACT INFO

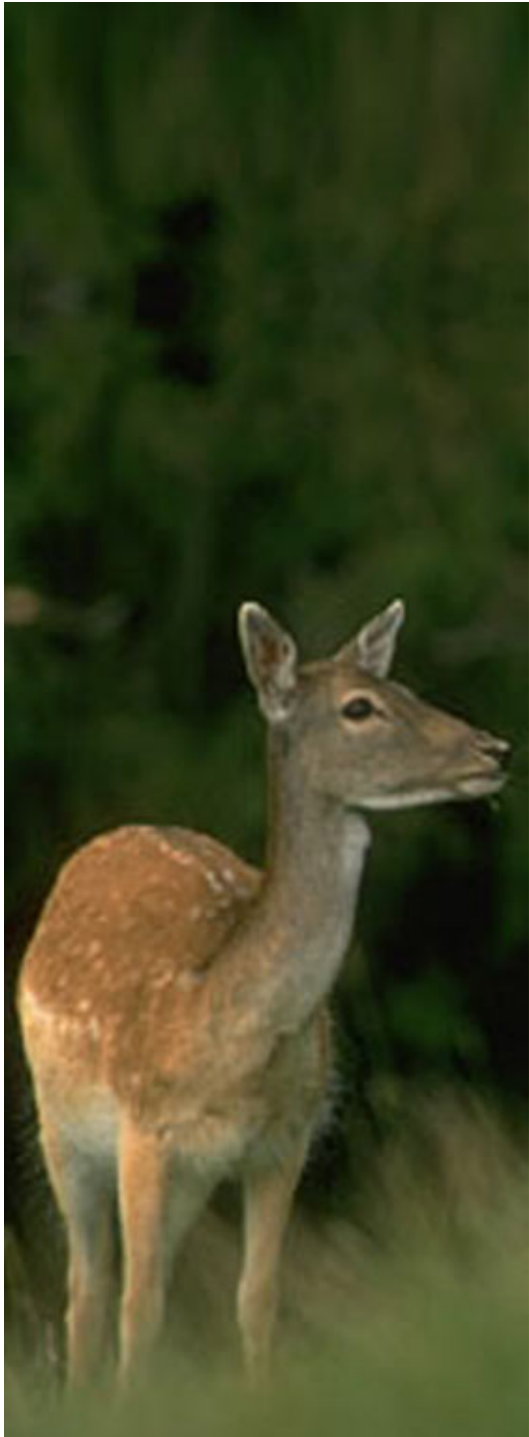
Douglas Wagner, DVM

Newport Labs

White Tail Education

507 360 9730

[dwagner@newportlabs.com](mailto:dwagner@newportlabs.com)



**THANK YOU**