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Chapter 6: Paralysis

In 1 collection

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[1]VulPro

1 *Works for me* This protocol is published without a DOI.

VulPro

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ABSTRACT

Paralysis is commonly associated with traumatic injuries and poisoning (carbamate, organophosphate and lead) cases.

In respect of trauma – these are typically birds which have collided with a power line cable, crash-landed, and impacted the ground with their chest. This tends to result in a compression fracture of the lumbar (back) vertebrae, often resulting in paralysis of the legs, whilst the wings remain functional.

ATTACHMENTS

Vulture_Rehabilitation_Manual_Version_2.0_.pdf

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Assessment of paralysis cases

1 The most important prognostic test is to check for a pain response. Use a pair of forceps to pinch a toe or skin on the leg.

The bird may well pull its leg up in an involuntary (automatic) response; this is called a spinal reflex. Whilst worth noting, this response only tells us about the nerve supply from the leg to the corresponding spinal segment and back.

2

What we are interested in is the connection between the spinal cord and the brain. In order to assess this, we are looking for 'deep pain response', or conscious acknowledgement of the pinch.

Watch the head for any response. The bird should move its head, usually turning towards the stimulus, perhaps appear alarmed or try to defend itself. These are positive indications that the bird can consciously feel; that nerve impulses have successfully travelled up the spine.

3 A lack of 'deep pain response' suggests severe spinal damage and carries a grave prognosis. In these instances, if the bird is not in too much distress, try treating the bird with fluid therapy and NSAIDs, with or without additional analgesia for a maximum of 48 hours.

4 If the deep pain response has not returned after 48 hours, euthanise the bird.

5 If there is some indication of a deep pain response, initiate supportive care.

5.1 Physical – sling the bird (Fig. 10), providing a poop hole. Always keep the vent clear to allow the bird to defecate clear of the sling to avoid soiling itself.

Figure 10: Cape Vulture in a sling

5.2 Administer fluid therapy (see CHAPTER 2).

5.3 Provide nutritional support (force or tube feed at a rate of 2-3% of bodyweight per day).

5.4 Administer anti-inflammatory medication and pain relief (meloxicam, only given following rehydration).

5.5 Administer a Vitamin B complex.

5.6 Perform physiotherapy to prevent cramping and muscle/tendon contracture, including use of a water bath if
appropriate

6 If there is no response or improvement within 2 weeks, the case is hopeless and the bird should be euthanised.