



Licensed Equine Plasma Products

FOAL MANAGEMENT: Colic

The clinical signs of colic can rapidly become life-threatening requiring emergency veterinary intervention. To appropriately manage the threat of foal colic owners are advised to:

1. Become proficient at foal clinical assessment,
2. Perform such assessments on a regular basis, especially in the first weeks of life,
3. Be prepared for rapid veterinary intervention.

Foal clinical assessment involves mostly observation including that for (in order):

- Pain severity, timing and how it manifests,
- Abnormal respiratory and heart rates,
- Mucous membrane colour and capillary refill time,
- Abdominal distension,
- Level of hydration,
- Temperature,
- Frequency, volume and consistency of urine and faeces.

A pain severity scale for a foal might graduate, and manifest, from restlessness, to tail wagging, to lying down and getting up frequently, to straining, to back arching or stretching, to teeth grinding, to rolling on its back, to uncontrolled behaviour, to violent movements. It should be noted that foals do not have the same level of pain tolerance as adults nor would they necessarily show all or any of these signs. Observing the timing of pain is important. For

instance, does it follow nursing, it is intermittent, is it getting worse or is it continual?



Foals constantly rolling on their back may indicate abdominal pain or colic.

Basic assessment of the level of cardiovascular capability and/or insult can be achieved without instrumentation. Persistently high respiratory and heart rates indicate distress, as does grey, bluish, or overly red mucous membranes. Capillary refill is determined by pressing on the gums with a finger and counting how long it takes for colour to return – it should only take a second or two.

Is the foal “tucked up” (tense) or is its abdomen distended? The latter is likely to be in need of more urgent medical attention.



Hydration status can be determined by using the skin turgor test. Pull on the skin on the neck and create a “tent” - the time it takes to regain normal composure is reasonably correlated to level of hydration. If it takes longer than 5 seconds to

return to its original state then the foal is most likely dehydrated and is in need of urgent fluid replacement therapy, possibly into the blood stream.

Foals naturally have a higher temperature compared to adult horses. A rectal temperature greater than 102°F or 39°C is abnormal and may indicate infection or inflammation, including enteritis.

Severe, persistent pain, or a compromised cardiovascular system, or a temperature in any foal warrants prompt veterinary attention.

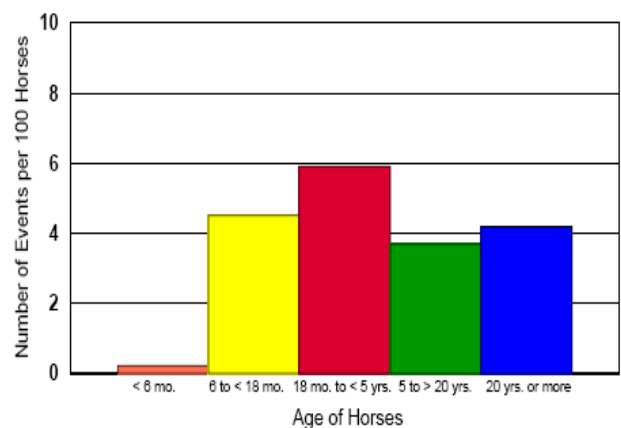
Being prepared for the veterinarian may mean a number of things:

- Have your veterinarian's phone number, out-of-hours phone number, and an alternate veterinarian's phone number close at hand,
- Have horse transport facilities ready for the mare and foal if an emergency visit to a veterinary surgery is required,
- Be able to provide a summary of your clinical assessments,
- Be prepared to answer questions such as;
 - Are other animals affected?
 - Has the foal had any other health problems and what therapy is it currently being administered?
 - Have there been any changes in management, including feed?
 - What parasite control measures are in place?

Common foal colic preventative measures include:

- Have a vet examine the mare and foal in the first 24 hours of life,
- Routinely using Equiplas® in the first few days of life and again at 3-4 weeks of age to optimise the foal's immune status,
- Routinely testing the foal for plasma levels of immunoglobulin G to ensure the foal has received adequate quantities of colostrum,
- Having a strong parasite control programme in place including worming of the mare prior to foaling,
- Giving an enema to the foal in the first 24 hours to remove meconium, especially colt foals,
- Keeping accurate records of management and veterinary procedures.

There are a large number of diseases that can cause abdominal pain (or colic) in foals (see the table). Fortunately, the incidence of colic in foals is the lowest of any age group for horses (see graph). Also, there are a limited number of diseases that cause the majority of colic in foals, some clinical signs present only at certain ages, and there is commonality to management procedures.



The number of foals with colic per 100 horses is well below 1 and much lower than for other age groups. Nonetheless, foal colic, when it occurs can still be a medical emergency. Graph source: USDA.