



Equine Emergencies

What to Do Now

Stay calm. Stay safe. Call early.

Call HVS on 0438 929 548 or
WestVets On (07) 3202 7300

Is this an emergency? Call immediately if you see:

- Severe or persistent pain (rolling, thrashing, repeated pawing)
 - HR \geq 60 bpm, RR \geq 30/min, fever, or toxic/brick-red gums
- No manure, rapid abdominal distension, unrelenting colic signs
 - Choke: feed/saliva from both nostrils, coughing, neck stretched
- Penetrating wound (esp. hoof), heavy bleeding not stopping with pressure
- Wounds near joints/tendon sheaths, exposed bone/tendon, or eye injuries
 - Foaling emergency: no progress after 10–20 min of strong contractions; placenta not passed by 3 h



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While you call us – Do / Don't

Do:

- Note TPR if safe (Temp / Pulse / Resp)
- Confine to a safe yard/stable; remove hard feed, water OK
- Walk quietly if colic signs and safe (aim: prevent rolling)

Don't:

- No oral fluids during suspected choke
- Don't remove penetrating objects (mark, protect and keep still)
- Don't over-tighten bandages; re-check for heat/swelling/slip

Normal adult vitals

Temp 37.2–38.3°C • HR 28–44 bpm

RR 8–16/min • CRT < 2 s



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Colic & Choke Quick Guides

Colic – first response

Typical signs: flank watching, pawing, restlessness, rolling, inappetence, reduced manure.

Urgent red flags: severe/persistent pain, HR \geq 60, abnormal gums, ballooning abdomen.

What to do now: confine safely; remove feed; water OK unless advised; walk only if calm/safe; avoid exhausting exercise; record TPR every 15–30 min.

Choke (oesophageal obstruction)

What you'll see: feed/saliva from nostrils, coughing, anxiety, neck extended.

Do: keep head low, remove feed and water, call us.

Don't: no oral water/oil/molasses. Definitive care often needs sedation and gentle lavage.

Watch for: cough/fever later (aspiration risk) – call if signs develop.



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Wounds: Clean & Wrap

Lacerations vs. penetrating injuries

- Lacerations: control bleeding with firm pressure; cover with a non-adherent pad and padded bandage.
- Penetrating wounds (esp. hoof): Do not remove the object; protect and keep the horse still until imaged.

How to clean a wound

- Protect wound surface with sterile, water-soluble gel if clipping hair.
- Copious lavage with isotonic saline (clean tap water acceptable initially if that's all you have; follow with saline).
- If using antiseptic, keep very dilute (e.g., chlorhexidine ~0.05% or povidone-iodine ~0.1–0.2%), then rinse with saline.
- Pat dry surrounding skin; avoid scrubs/detergents in the wound bed.
- Apply non-adherent dressing, then even padding, then a snug—not tight—conforming layer.



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Safe distal-limb bandage

- Start distal → proximal with 50% overlap
- Two fingers should fit under the top of the bandage
 - Leave the coronary band visible if possible
- Re-check in 30–60 min for heat/swelling/slippage

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IMPORTANT NOTE: Eye wounds, wounds near joints/tendon sheaths, or heavy contamination = same-day veterinary care.

Why carry an HVS First-Aid Kit?

- Vet-selected contents matched to the protocols we use in the field
- Everything in one place — saves precious minutes during an emergency
- Correct sizes & materials for equine limbs (adequate padding; cohesive wraps that hold)
- Clear instructions/QR links to bandaging and wound-care videos (as they launch)
- Refill service with reminders so out-of-date or used items get replaced
- Rugged, grab-and-go case that fits the float/tack room
- Aligns with your HVS emergency plan and after-hours triage
- Cost-effective compared with piecemeal buying — and no guessing under pressure

CONTACT US TO ORDER YOURS TODAY RRP \$89