Disease Du Jour Episode 56 Emergency Medicine with Dr. Jarred Williams Transcript

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Kim Brown: Welcome to this episode of Disease Du Jour on the topic of Emergency Medicine Tips with Dr. Jared Williams. Williams, DVM, PhD, is a Diplomat in large animal surgery and critical care.

He's an associate professor in the College of Veterinary Medicine at the University of Georgia. I'm your host, Kim Brown, publisher of EquiManagement.

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Welcome Dr. Williams

Dr. Jarred Williams: Thank you very much for having me, Kim. I really appreciate it.

Kim Brown: Well, we know that emergency care is an important part of equine practice, so we appreciate you sharing some advice and tips today with our veterinary audience, so let's start with, what are the top three emergency reasons that you get phone calls or you have veterinarians bring horses to you in the hospital?

Dr. Jarred Williams: So there's certainly an overwhelming top one. And, all vets and horse owners know this and that's colic, colic, colic, and colic. And then that is probably rounded off by lacerations/abrupt lameness. And then the horse that for some reason, it's just gone off feed. They're anorexic, or we use the old term ADR they ain't doing right. Which is, it's just a way to describe they're just 'blah.' Something's not quite right, but they're not throwing themselves on the ground or acting colicky.

Kim Brown: And do you have a standard set of questions maybe you ask a client who calls about an emergency?

Dr. Jarred Williams: You know, I never think of a specific set of questions that I have in front of me that I think, okay, I'm going to ask X, Y and Z.

It's usually a conversation that evolves, but getting to the most salient points as soon as possible is most helpful and, and because so many emergencies tend to be colics, that's usually the first thing that you want to discern is, is this animal displaying signs of colic?

Some of them are obvious, right? You have a horse that's throwing himself on the ground, him or herself on the ground, themselves on the ground, I should say. You can notice that, an owner can notice that. But the more subtle ones can be signs of a lot of different things, right? Like if the animal's just dull or depressed, or maybe they occasionally paw, maybe they curl their lip, maybe they're laying down, but they're laying down quietly. That usually generates a, a longer and more detailed set of questions as you go down the rabbit hole of what system or problem do I think is happening now.

So, I usually start most conversations if it's, if the information is already not given, with how you're supposed to, start most conversations about veterinary medicine, that is what's the signalment, you know, what's, what animal am I dealing with here? Is it a horse or not? In this case, we're talking about horses and horse emergencies. So that's an easy one.

But what's the age? What's the sex? What's the breed? Are there any particularly important points about that signalment that are worth mentioning such as, you know, is it a foal? Is it a broodmare? Is it a broodmare that's actually pregnant? Did they recently foal out? Is it a stallion? Because those little subtleties—and maybe they're not subtleties—but those little individual facts certainly make your mind go to more relevant issues for that given scenario. It doesn't mean that they have to be that, but that helps guide where the follow-up questions is going to be.

So from there, the answer dictates, I guess, what the next set of questions are. You know, if they're colicky, you want to get a fairly good idea of how painful are they? Have you given them any medication? You know, what's their heart rate? Do they seem systemically stable or not. And that's always a difficult question for some people to answer, particularly owners, you know. So you might have to go down some findings that you would see that would make you be particularly worried that they were unstable.

Do their gums look a different color? Do their, their peripheral extremities seem cooler. Does their mentation seem appropriate? Things like that.

When talking to vets, of course, whenever you work up a colic, there's a few things, a few questions you want to answer as soon as possible. And usually, all your diagnostics are geared at answering those two questions. One question that you're trying to answer—a global question—is lesion localization. What part of the GI tract seems to be affected? Is this a, a small intestinal problem or a large intestinal problem or sometimes the other category—stomach or, or extra gastrointestinal?

And then the other question is what broad category disease. And there's three broad categories of disease that you're looking at. And that's a obstruction. The bowel is obstructed and the blood supply to it has compromised. A non-strangulating obstruction or sometimes referred to as a simple obstruction, but basically the bowel is obstructed, but the blood supply to it is fine. The bowel is healthy. And then the last one is inflammatory.

So, so some of the questions that you'll follow up on the phone, particularly with the vet or you know, if you have a savvy horse owner or trainer, is trying to discern which one of those it could be. Was a tube passed? If so, did you get reflux? On the rectal examination what'd

you feel? Did you feel multiple loops of distended small intestine that leans you towards small intestinal problem? Or do you feel a large gas field viscous, or do you feel nothing? Do you see diarrhea? Things like that. Does the, on the rectal, does everything feel fluidy? You know, so little subtle things that help answer which way you go.

But as it pertains to how you manage the case or whether you recommend referral or not, usually pain and the patient being unstable are the two biggest things that prompt a more immediate referral, but there's lots of other subtle things.

And then of course there's tons and tons of other questions that you could ask for the non-colic cases. And it just kind of depends, you know for the laceration it's easy—is there a laceration? If so, where … is it over a joint? Is it actively bleeding? If it is bleeding, at what rate and how much, you know.

For lamenesses, you know, is there a particular area that's swollen? Does something look unstable? You know, things like that. Most lamenesses, especially acute illnesses, acute lamenesses that you'll get called on, it's a foot abscess. And if it's not a foot abscess, then it's a foot abscess. And if it's not a foot abscess, then it's still a foot abscess.

But every now and then it's, it's something much worse than that, you know?

So, a few pointed questions help you discern, you know, could it be a fracture? Could it be a pretty significant soft tissue injury? Was there a recent joint injection or puncture or laceration near a joint? So, they're now non-weight bearing because you have the potential for an infected joint, things like that.

And then the hardest ones to really work your way through are the anorexic, ADR type horse. Cause there's a lot of things that could be. A lot of times you don't even figure it out. So, on the phone, you're just trying to get a really good idea and a good sense is this a horse that just needs a dose of banamine and a little bit of time, or is this the horse that's got the beginnings or middle of something pretty significant.

You know, and that's where talking to a veterinarian, and together you and the vet working your way through, or the vet and the owner working your way through some things that are more concerning than others is really important.

So long answer … long answer for me saying, no, I don't have a list of questions. That's 10 minutes of the questions I asked.

Kim Brown: Well, and you could probably go on for another 30 if you went specifically into them, but you know, what, what we're trying to get today is just some tips. Excuse me. So when you are, let's say talking to veterinarians, have you found—whether they've referred them to the hospital to you or they're still in the field—have you found that there are specific materials that they should have with them or that sometimes they don't have that they should have that could help with maybe some of these situations?

Dr. Jarred Williams: Yeah. So, I don't know if I could, I necessarily can answer things that they don't have that they should have. I think most veterinarians that I talk to are really

prepared. They're really savvy. It's never really a, “Oh, I should have done this or you should need this.”

I would say, just globally speaking, if you're going to be doing emergency medicine in the field, probably *the* most vital thing to have a sedation. Right.

A lot of emergencies, particularly colics, are painful and it's important to get to the root of the problem of the horse. But it's more important to control the environment and make sure 1. humans don't get hurt, right? So, you don't get hurt, your technical support and staff and your nurses don't get hurt. The owners don't get hurt, bystanders don't get hurt. And horses, when they're painful, they can be the nicest horse in the world, but you can still get hurt because it's a thousand pounds of fish out of water, you know? And, it's really important to, to maintain that environment and their comfort.

So, I would say, you cannot attend equine emergencies without sedation.

The next, most important thing because of their inability to evacuate their stomach, I would say having an NG tube is one of those staples that you just have to have.

You know, I don't think every horse necessarily needs a rectal examination, and some horses can't have it if they're too small or fractious, et cetera. But most do. And, I would think you're getting yourself into trouble if you're not, if you don't have the proper setup to do a rectal examination and at minimum a lot of lubrication and ideally a sleeve. There probably are a few people on earth that wouldn't use a sleeve, but anybody that recognizes where your arm is going probably thinks “I'd like something between me and what I'm touching.” So, you know, those would be a few paramount things. Yeah.

Kim Brown: And an extra shirt, because then the horse ends up with diarrhea about the time you stick your arm in.

Dr. Jarred Williams: Exactly right! Especially, I got a short arm, so for me to really get in there, I'm, you know, I'm up to my shoulder and, you know, every armpit is stained.

What else is really important? Banamine of course, right? Like where equine vets, most colics, to be frank, they need a dose of banamine and a walk, you know? So, so if that's the case, that's 90%—I'm making up a number, we say 90%—it's a large percentage that a little bit of analgesia, and they're going to be just fine.

So having that available is super helpful.

A few other things on emergency that I would say you really, really should have in your truck because it's life or death. And in veterinary medicine, there's few things that truly are life or death like that, but a temporary trach if you have a horse that has an upper airway obstruction and getting them an airway is the difference between them living or not in a short period of time.

So, having a temporary trach and even just a blade, whether it's a throwaway retractable blade or just a regular just blade without a handle or a blade with a handle. Just the means of getting to the trachea quickly and putting in the temporary trach. And it doesn't have to

be anything fancy, you're just, you're just bypassing the head so they can breathe. That's a really important thing to have.

Another medication, is buscopan. A lot of people will use buscopan for GI reasons. And that's great right there. That's just their GI track. If you want. But I'd say it's … I find it way more important for your equine asthma attack. A lot of these lower airway bronchoconstrictions, where they come in, they, they can be in respiratory distress. They can be very tachypnic. And there's a lot of reasons they can be tachypnic. But if it's an asthma attack, it's amazing how quickly a dose of buscopan will work. You'll go from an animal that's really struggling to breathe to one that can breathe really well in about 30 to 45 seconds. You look like the smartest human being alive when really all you've done is you said, well, this is one reason that they might be tachypnic. And if it works, not only is it therapeutic, but it's pretty diagnostic, right? Because your buscopan is not going to help for a number of conditions, but, a bronchoconstriction one, it can, so it's a nice drug to have.

And then so means of stabilizing a distal limb fracture, whether that is PVC pipe, you know, cut to length for an average- sized horse, or a few different lengths. And of course not circumferential, just, you know, like a quarter of it, a quarter of the way around. And non-elastic tape is really helpful. You want, you want to be able to put it on, and it stays in place. You don't want it to loosen. Because a lot of those cases are going to get transferred, and you want it stabilized properly, and you want it to remain the same as when it left for when it gets there.

Of the things to have, maybe a tourniquet might be a helpful thing. If you have a lot of bleeding, quick application tourniquet. Then just, you know, a few different sizes of suture. You don't need much, you know, but every now and then there's something is bleeding that you just want to throw a quick ligature in, that's a pretty helpful thing to do.

I'm sure I'm forgetting a lot other things, but those are, if you were to put just a little tiny box together of five, 10 things, that's going to get you through most emergencies.

A hoof knife, right? Because most lamenesses truly are foot abscesses. You know, that's one of those things that's super helpful.

can load up a truck with a ton of stuff, but if you're doing emergency medicine, you're going to hit 90% of the things that you need with those few things I mentioned.

Kim Brown: Well, and you had also talked about clients, and we know that there are client-perceived emergencies. So how do you triage calls? What are your tips from true emergencies to the client is, you know, scared to death.

Dr. Jarred Williams: Sure. And that can be tough, you know. At the University of Georgia—maybe I shouldn't broadcast this too much, but this is how it is—if you call the emergency line, you're going to get one of the doctors on the phone at any hour. It's usually one of the faculty that's on call; one of our emergency faculty. So, we don't have a method, nor do we want a method of, of filtering out referring vets that have an emergency to send versus referring vets that are just looking for a consultant versus just an owner that has an emergency and they're trying to decide if they should call their vet or not. I mean, I'll get

calls every now and then from, you know, somebody who owns a sheep in California and they're just looking to talk about the case at two in the morning and, you know, that's just kinda how it goes sometimes.

So you do get yourself in the situation when you're talking to owners on a first-look scenario, you know, and, and you're right, anytime you talk to a vet, it's a way different situation cause they're really educated and experienced and, and they've done a lot of the filtering and triage before it even comes to me.

And so when it's an owner, I'm probably one the few times in my life, being a real vet at that point in time, you know, I'm doing the filtering, which is nice to do every now and then.

So, the questions that you ask that you try to figure out are much of the same questions that we mentioned earlier. Is your, what's your horse doing? You know, and with owners, there's always a degree of expression and emotion that's put on top of the signs. So, it's a lot of patience, and it's a lot of listening and then asking fairly pointed questions that you can do away with 90% of the words that don't mean anything that they're telling you. They're emotional words, but they don't help you to determine what exactly is going on. You know? So, just, you know, you'll get a call, “just, just, just doing horribly I'm, I’m very concerned and, you know, in excruciating pain and, you know.” So I just said two or three sentences and have yet to say anything that's going on.

So, you might want to ask, what specifically do you see? You know, describe to me what's happening, not what you think is happening. You're like, just tell me exactly what you see. And then, you know, we're experienced enough that, you know, what, that, those signs probably mean that an inexperienced person might not, so I rarely—shouldn't say rarely, but I think you can get yourself into trouble if you are dismissive of certain things because you’re not there and what you *think* might be happening at the farm may or may not be happening in the farm.

So, for any clients that are concerned enough to call and have questions, unless it's super obvious to me that it's not a big deal thing, I will usually recommend veterinary eyes. Whether that's someone coming to the farm, them coming in. Sometimes it might be as simple as, Oh, they just, you know, they might've called and said, “I just gave banamine.” I mean, you might say, okay, before, you know, before you rush someone out, give it another 15, 20 minutes. And if the signs still persist, call your veterinarian or start giving them a heads up, things like that. You know?

So, I would say, in summary to that question, it's just pointed, specific questions about what exactly are you seeing, you know, that you can then interpret as opposed to their interpretation of what they're seeing, which is vastly different.

Kim Brown: Yeah. And then of course there's the kind of the two sides of horse owner care. There's the, well I've been treating him with banamine for the last six hours and you know, it doesn't seem to be getting any better and here's the vitals. I mean, they're the ones that are, have been trained by their veterinarians and understand. And then there's the others who really don't know enough to perhaps give you some good information.

Dr. Jarred Williams: That's it! That's exactly right. That's how it is. Is it … everybody means well, right? And, everybody is trying to give accurate information, but sometimes they come from, through, a different colored lens. You know, that their description might be vastly different than what is actually going on because they don't fully appreciate that individual sign that they see. Or the thing with horses is they'll show the same signs for a lot of different processes.

So maybe it's somebody who's seen a horse doing one thing and it meant it was colicky, but maybe that same horse is doing the same thing a few months later. And you know, they're laying down or they're not eating or they're not moving. And maybe they're just having a bout of laminitis, you know, and you, you have to have pretty specific questions. What's it doing? Can you move your horse? No, it doesn't want to move, it's too painful. Can you pick up the legs? You know, things like that, you know, help to kind of tease out what is the bigger issue that's happening, but great point.

You're exactly right. You know, it's, it can be, it can be tough for them to know.

Kim Brown: I remember in Kentucky, I worked with the mounted police. And I happened to be down there after they fed one day, and we had draft Thoroughbred crosses, and they, as you know, drafts are pretty good eaters, and this guy backed off his food.

And so I went in and was just checking him. I just happened to be down there. And I'm like, why don't you call doctor so-and-so that, you know, was their vet. And I said, here's the TPR. Here's the capillary refill time. Here's this, this, this, I wrote it down and gave it to him. They called in the vet goes "Who's down there?" Cause they knew that the police officers wouldn't have done that. And, you know, because of the concern, you know, she came down and, you know, like you said, some horse owners won't notice subtle signs until maybe they get a little more severe.

Dr. Jarred Williams: Yeah, you're exactly right. Although sometimes the exact opposite is true.

Sometimes some owners are so attentive that they notice subtle things. Cause they're with the horse all the time that it's easy for us as vets. And this is why I was going to a little bit on the phone calls, easier just us to be like, If you've never seen the horse and you don't know the horse, well, it might not look that abnormal, but to an owner that knows that horse exceptionally well, it is very different than normal. You know, I'm a parent of young kids now and, and it's the same way. Like I know my kids really well, and I'll pick up on little subtle things that I know that's different for their personality. That if, you know, my friend came in, they'd be like, it's just a wild kid. And you're like, yeah, but… And some owners are also very attentive and good at that aspect of it.

So that's why it's, like I said, when the call comes in, it's hard to ever be dismissive of it. You know, it's, if you always err on the side of, "let's just have a look," you're going to be okay. You know, you're going to be okay.

Kim Brown: Well, and you mentioned having young kids. So, I'm going to kind of flip this around to the veterinarian side, because we know that part of the issue that faces veterinary

practice today in the field, especially is long hours … emergency calls like you said, the two o'clock in the morning call that that may be not as pertinent as it could have been done some other time.

So do you have any suggestions or tips about how to manage time and owner relationships to keep going so that you can do emergency practice?

Dr. Jarred Williams: Yeah. Sure. I have tips, but I don't know if any of them are worth anything, you know. Like that's a really … large animal veterinarians—equine veterinarians—in general. They got, most of them got to where they are because they have a certain attitude and work ethic that is different than most people. They're willing to do just about anything. They don't say no. They have a great work ethic. They're very empathetic, and they want to be there for their clients.

And those vets tend to have a pretty fierce and loyal client base.

So, if that's the backdrop of it, if your attitude is always be there, always work hard. My clients really rely on me. Then you can come up with scenarios and rules to help protect your sanity, your life, your time. But you know who breaks them more than anyone?

We break our own rules. That's the issue.

So, to me, I think the, the biggest way to address this is to put checks in place that we can't let ourselves hurt ourselves. Right. And, and how do you do that? Well, you know, the biggest thing, I think that might cause “burnout” or, you know, just puts a grind on your life. is the day *and* the night.

Right. I do a lot of emergency work, but I rarely do a lot of daytime work *and* a lot of nighttime emergency work. You know, it's, I'm usually on one or the other. There's times in which you do both, but that's unusual, right? Like I'm in a university with a lot of people and that can happen. But most vets, they're doing both all the time.

So, if you were able to partner up with other local veterinarians to try to share the on-call load and have a more normal life and have trust in those colleagues that we're going to share the load, but you know, you don't feel like cases are going to be … you're going to lose certain cases, et cetera.

You know, that's, that's really important. Cause losing cases is a really, really big deal, right? Like that's affecting your life significantly, and it's affecting your well-being. So, you sit back and you say, well, which wellbeing is more important to me, a busy caseload and steady finances coming in or my, you know, my sleepiness? And most vets are hard workers and loyal to their clients and they say, “well, I’ll suck that up. That's you know, it's okay for me to be tired.”

Like the … all effect my wellbeing.

But that, you know, year after year, that adds up.

So, I haven't answered your question cause I don't know if you can answer your question other than you need lots of bodies; we'll put it that way. And there's, it's so easy for me to say you need lots of bodies when you're a veterinarian where there's no bodies.

And that scenario, I think this drive towards telemedicine that's just beginning might become more and more important, you know. Where you're using your phone and their phone to help talk through things. Having a loyal enough client base, and a veterinary client patient relationship that you're doing your own CE with your clients. You're training them to be better to handle certain situations—veterinary situations—be familiar with things that … Maybe you're, maybe when you first start and you don't know the client, you're doing a lot of the veterinary work, but through telemedicine and appropriate, a large amount of training, they can not only be your client, but maybe they can start to be your veterinary nurse at their farm, you know. Much like I would do telecommunication with veterinary technicians and nurses at our hospital or interns or residents, you know. It's trust in the other side. It's easier to have trust from vet to vet. It's harder to have trust to owners to do veterinary stuff. Not because you don't trust your owners, but because they don't have the same background training.

So, maybe you spending, if you can, more time training them to see and do certain things. So that calls that aren't vital can be held off until the morning.

And then the other thing I guess, is always having set up with your owners, with clients, the "what if" scenario on what to do when things are really bad. Because there might be calls in which a client calls you and the horse sounds really colicky. If referral is an option, either into that veterinarian has a standalone practice they can bring in, or to another, you know, you might be able to say, look, this isn't your standard banamine and walk, right? Let's just, let's just refer sooner rather than later. I don't need to come out for this one. This one sounds pretty bad.

And even when it sounds pretty bad, what comes to us? Most of the really painful horses that are bad at the farm, especially quick referrals, by the time they get to us, they're fixed.

And you know what? Nobody's unhappy with that situation. Nobody! The client's happy that the horse is better. The referring vets, they're happy that they got a referral in quicker, that the clients are now happy the horse is okay. We're not upset. Right. Because it's the case that we work up quickly and we're happy it's okay.

And so you just go onto the next or you go home.

So that's always a win-win. So being able to train and have your clients ready for the, "what if." That especially pertains to having a trailer ready. Do they have a trailer? If they don't have a trailer, before it's two o'clock in the morning and your horse is really colicky, maybe you've had that discussion.

If my horse colics and I don't have a trailer, what would I do? Well, here's my list of friends that have trailers. They, you know, if this one doesn't answer, then this one answers, you know. Here's a few names of people that are professional haulers. Just being prepared. So you could say, yeah, it's time to go.

And, and maybe a call. Maybe you go to a farm, the horse is cocky. You want to send it in, and they don't have a trailer. Well you might end up being there for two, three hours helping them cause you feel bad leaving. But if things were all set up and ready to go, you know, and that's the way to help your individual life is instead of being there all night for just one emergency that you were going to send in any way. You're there for a shorter period of time because they're prepared, things like that.

Kim Brown: And the students here at the University of Georgia, I mean, are you talking to them about any of this? Or do they have questions about any of this? If they are looking to large animal and equine.

Dr. Jarred Williams: We do, you know, talk about it all the time. You have some lectures that go into these sorts of things, but most lectures that we give are, are always geared towards the science. You know, they're, they're rarely geared towards the lifestyle and things to help.

But these conversations usually come up as you're waiting for a case to arrive. If, let's say, it's a horse that only lives an hour away, but it's four hours before they come in to you, the conversation might start well, they're so close … How come it's taking so long? And then you'll go into, you know, some horses don't want to load, some folks don't have a trailer, something, some folks have a trailer that's broken. You know, there's always little things. Then that's usually leads into other conversations about doing your best to help prepare your clients to be ready for the worst-case scenario that they're most of the time not going to have to ever embrace.

But having that conversation and getting them prepared is way easier when you don't need it. Then when you do in the middle of the night … yeah, we do have a lot of life-lesson type conversations, lifestyle conversations. You know, how are you going to handle being the only vet in an area? You know, similar questions to what you and I are talking about now is how can you work with other solo practitioners or two person practices to collectively cover more emergencies without burning yourself out? Things like that.

Like anything, it always comes down to mostly trust and communication. You know, you have those two things, you can make most situations work, unless you truly are just, you know, someone in the middle of nowhere, in which case it's going to be hard not to have to do both, unless you can really train up your clients, you know?

Kim Brown: Well, yeah. And that's a good point. Is there anything else that you would like to talk to veterinarians about when it comes to emergency calls or care for horses?

Dr. Jarred Williams: Probably just emphasizing things that everybody already knows, but I think they can never be said enough. That is nobody's ever upset with the horse that shows up to a hospital fixed, right? Like there's, there's never second guessing that.

And frankly, I would say another thing that's really important for a lot of, I say it to the vets, to our vets all the time, but I don't think you can say it enough is this: We have a means of doing a lot of things that you don't have in the field. I have an abundance of bodies. I'm temperature controlled. I'm inside, you know. I'm a spoiled little brat.Like I have everything I

need. And, what do most of the vets have? Well, they have a pitch-black pasture and a painful horse and maybe one person out there to help ‘em, you know?

And so there's always this feeling a little bit of, you know, did I miss that? Or could I have done that better? And the answer is, you did the best with the given environment that you have. So, there should never be a feeling of … you don’t have to have all the answers. All you have to have colic that's fixed quickly?

If it's a laceration, is it over a synovial structure? You know, if you're not sure, either be sure or send it where you can be sure.

You know, the most important thing is just remembering that everybody recognizes that these are hard problems and there's different circumstances to figure it out. And never feeling like you have to be right, or that clients won't do something. That's the … there's also another assumption. And that is, you know, maybe you think referral is not an option, but perhaps it is, or vice versa.

So, just big communication,n saying what you think's going on, feeling like you don't have to know everything. Knowing that we on the other end don't know anything and everything either, and we're happy to try to help work together as a team to figure it out. And we're thankful and appreciative of everything that comes to us. And if an animal comes to us and it's fixed. That's fantastic. If it comes to us and it's not fixed, then we'll work our hardest to try to figure it out, too.

And if we can … if there's something about it that we can recognize quickly because of our means to figure it out. Great. You have an answer. And if not, we're all just still in the same boat of, yeah, that's a hard problem, you know. Yeah, I'm glad you did send it. Well, I'm actually, let me admit it—I'm not glad you sent it because I can't figure it out. That it's hard for me, but I am glad you sent it, you know.

So, it's, it's hard to come up with a negative to not knowing or sending early, right? There's nothing ever wrong with that.

And there's also nothing ever wrong with this feeling of … most things are treated and managed in the field. Most things don't need to be referred. So just calling for a consult and to talk through and continual communication on a case is also very, very reasonable and appropriate. And I'm not going to say every case needs to come in.

And I might say most cases need to have at least a set of veterinary eyes on it, but that doesn't mean they need to be mine. You know, we can do a lot of communication over the phone. So, don't be reluctant to, to call and ask about it, you know?

Kim Brown: So, Dr. Williams, is there anything else that you would like to mention to veterinarians in the field who are handling emergencies?

Dr. Jarred Williams: Be prepared. Know and remember that the most common things commonly happen and the things that are not common are not common and are hard for everybody. And when you're just not sure, and things aren't improving quickly, send it to

somebody who is also going to probably not going to be sure, but have the means of trying to figure it out, you know.

I would say like anything in life, keep it pretty simple. Right? Most colics just need banamine and a walk, but some don't. Identify those that don't quickly. Most lacerations just need to be sutured up or left to heal by second intention. But some don't. Identify those. Get good at knowing which ones, those are, know your anatomy on the horse.

Know where subtle synovial areas are, you know … it's easy to see a wound right over, you know, the hock, right over the tarsocrural joint. But it's not as easy when maybe you're near a bursa on the back or you might've gotten down into an unusual sheath or something like that. Be very comfortable with putting in trach, right?

You may not have to do it very often, but when you do, they need it. Know those few drugs … Always have sedation and know other few drugs that can actually make a difference quickly. There's not many of them, you know, but know buscopan and banamine, you know, can certainly be a lifesaver. Most of the time betamethasone/bute, you know, some sort of NSAID.

So that's the gist of it, you know. Just be prepared for the common stuff and don't dwell on the hard stuff. And if you do get an uncommon hard one and the owners are unwilling to refer, then have a list of vet friends that you're bouncing stuff off of. I mean, I don't know a single university or major veterinary facility that is unhappy to consult on calls. They may be busy. You might not get them on the phone that second. But almost every vet I know when they have time, they're going to get back to you. And if they don't, find one that does.

Kim Brown: Well, thank you so much, Dr. Williams for joining us today on Disease Du Jour. And thanks to our veterinarians and the others that are listening. And a special thanks to our 2021 sponsor Merck Animal Health.

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