Telephone triage and advice for potential cases of equine colic

Guidance for veterinary practice teams

This resource has been developed as part of the Vet React campaign by the University of Nottingham’s School of Veterinary Medicine and Science, and kindly funded by World Horse Welfare.
Introduction

‘Colic’ is the generalised term used to describe clinical signs of abdominal pain in horses. A multitude of conditions can be attributed to the development of colic with symptoms varying both between individuals and in severity. Recognition of colic signs is not always easy and how rapidly a horse requires veterinary attention can depend on the underlying cause.

Cases that are deemed ‘critical’ are those which require immediate veterinary care and, in some cases, referral to a specialist equine hospital for intensive medical or surgical intervention. Therefore, maximising chances of survival through rapid decision making, both on the part of the horse owner and attending veterinary surgeon, is vital.

Triage is the process of identifying and prioritising patients who require immediate medical attention and is frequently used in human medicine to manage large numbers of patients. Telephone triage is a variation of this technique and relies on auditory, rather than visual, cues from a patient to help ascertain the true nature of the illness. For example, identifying that a patient who has been feeling unwell has also been experiencing chest pains maybe an indication of a heart attack and therefore urgent medical attention is required. In the case of veterinary medicine, a horse owner’s initial contact with a veterinary practice is often via the telephone. This is deemed the first step in the triage process for their horse and, in the case of potentially critical conditions such as colic, establishing the urgency of the call is essential.

This resource has been developed based upon reviews of existing evidence and recent colic studies involving both horse owners and veterinary professionals. Information is specifically aimed at veterinary staff who regularly manage telephone calls within practice, such as those working in client care teams. It is hoped that these materials can provide guidance on how to recognise if an owner is describing a horse with colic and what key information can assist the attending veterinary surgeon in establishing severity.

Please note that **ALL** potential cases of colic should be treated as emergency situations. This pack is for **guidance** only and should **NOT** be used to make a formal diagnosis of colic over the telephone – this is the sole responsibility of a qualified equine veterinary surgeon and each practice will have their own policy for prioritising and triaging emergency cases.
Six main aspects of telephone triage specific to colic are covered within this information pack:

1. **Equine colic** – which signs a horse displays, and how severe these signs are, depend on which type of colic it is suffering from. This section provides veterinary teams, especially those who may not be familiar with colic, with an overview of what colic is and what types can occur within the horse.

2. **Recognising the signs of colic** – Some signs of colic are often very subtle and can be easily missed by owners. This section can assist those taking calls establish how likely it is that the horse is suffering from abdominal pain by knowing which signs, including those less common, to listen out for.

3. **Critical cases** – Although it is the responsibility of a veterinary professional to diagnose colic, those taking the call can assist their vets by alerting them to signs which could indicate a potentially critical case.

4. **Gathering information** – A telephone call about equine colic is not always straightforward and ascertaining exactly what is happening can be difficult. This section discusses which pieces of key information should be gathered during the initial call, and how these details can assist the vet in their assessment of the horse.

5. **Approaching difficult questions** – Gathering key information from owners with horses suffering with potential colic can be fraught with difficulties. This section explores ways in which difficult topics, such as whether the horse is insured, can be approached by those taking the call whilst the owner is waiting for the vet to arrive in order to minimise unnecessary delays.

6. **Advice for owners** – A horse suffering from colic can be a distressing time for owners, however, there are some key points that those taking the call can share with owners to make the situation as stress free as possible.

In addition to the above information, this pack includes a recording form that can be used to document key information during an initial call, and a decision making flow chart that displays essential questions and advice for owners of horses with colic. All aspects of this information pack, including the recording form template and decision flow chart, are freely available online to view, share, print or download from the University of Nottingham’s Vet React website ([www.react.vet](http://www.react.vet)). It may be useful for practices to develop these resources as part of their RCVS Practice Standards Scheme (Module 3: Client Experience; Protocol for Recognising and Dealing with Requests for Emergency Treatment).
Section 1: What is colic?

Although many working within equine practice will be familiar with the term ‘colic’, some team members may not be so familiar with this condition. For example, members of client care teams operating within a mixed practice environment may experience colic calls less frequently than those working within an equine only establishment. Therefore, the first section of this pack aims to provide a general overview of what the term ‘colic’ means and what types of colic can occur.

‘Colic’ is the umbrella term given to any clinical signs of abdominal pain or discomfort within the horse. This condition is a common emergency condition \(^1\) and a frequent cause of death within the domesticated horse \(^2, 3\). This condition can occur at any time of the year \(^4\) and occurrence is associated with a multitude of different factors \(^5, 6\).

The following information describes some of the types of colic that a horse may develop. This information is intended to highlight the complex and varied nature of this condition and why rapid decision making is vital. It is NOT intended to be used to diagnose a potential case of colic.

Types of colic that may be seen within veterinary practice

**Spasmodic Colic:** this is a common form of colic and describes symptoms which are ‘spasmodic’ or intermittent in nature.

- Little scientific evidence showing why this type of colic occurs.
- Can be difficult to establish the specific cause.
- The horse may show severe bouts of pain, thought to be when the gut ‘spasms’, followed by periods of less severe pain or settled behaviour.

**Tympanic Colic:** this form of colic is caused by excessive accumulations of gas within the intestines and is often referred to as ‘gassy’ colic.

- Pain can be mild or severe depending on the degree of gas accumulation.
- The owner may notice that the horse has a bloated abdomen.
**Impaction Colic**: this type of colic is caused by firm, dry accumulations of ingested food material or partially formed faeces.

- The build-up of material prevents the normal movement of intestinal contents.
- Most commonly occurs within the large intestine in the region of the pelvic flexure, due to the narrow, 180° turn of the organ at this point.
- Impaction colic can cause subtle signs, such as a reduction in droppings, and can result in horses experiencing mild pain for an extended period of time.
- A small number of these cases will require surgical intervention (opposite) and, in extreme cases, can be fatal if not promptly treated.

**Displacements**: occur due to the abnormal movement of gut within the abdomen.

- The movement of one section of gut can lead to an obstruction.
- Horses can show mild to very severe signs depending on how severe the obstruction is.
- Some cases can be treated medically, however, severe displacements will require surgical intervention.

**Strangulations and Torsions**: cause partial or complete disruption of blood flow to sections of the gut.

- Strangulations can be caused by various factors, such as a mass becoming wrapped around a section of the small intestines.
- Torsions are caused by a section of gut rotating around its point of attachment on the abdominal wall (opposite).
- Severe, continuous signs of colic or extreme dullness and depression will be shown by the horse.
- Both types are potentially fatal if the horse is not urgently assessed and treated.
Section 2: Does the horse have colic?

The classic textbook signs of colic, such as pawing the ground, rolling or flank watching, are not always shown by horses with colic. Some of the most common signs of colic are often subtler, such as a reduction in the frequency of droppings. It is important to be aware that both symptoms and severity will vary between individual horses.

Research \cite{7-9} has shown that the most common **BEHAVIORAL** signs of colic recognised by an owner are:

- The horse appears **TIRED or LETHARGIC**
  - Horse is lying down more than usual
  - Horse appears ‘dull’ or ‘depressed’
  - Horse’s head is held low to the ground

- The horse is displaying specific signs of **ABDOMINAL PAIN**
  - Horse is repeatedly pawing at the ground
  - Horse is frequently kicking at its abdomen
  - Horse is frequently rolling
  - Horse is frequently rolling

- The horse appears **RESTLESS or AGITATED**
  - Horse is box walking or circling its stable
  - Horse is ‘flank watching’, frequently turning its head towards its abdomen
  - Horse is frequently trying to lie down
  - Unexplained sweating on the face or body

- The horse’s **APPETITE or DROPPINGS** have changed
  - Changes in consistency of droppings
  - Horse is passing fewer or no droppings
  - Horse is eating less or nothing at all
In addition to behavioural signs, some owners may notice their horse showing **CLINICAL** signs of colic. It is important to note that some clinical signs can only be recognised if the owner has the appropriate knowledge, training and/or equipment, such as a stethoscope, to identify them. Therefore, only the signs that can actually be OBSERVED should be asked for, if necessary, during a telephone call. The following are clinical symptoms research \[7-10\] has shown to be commonly associated with colic:

- **An increased heart rate**: the normal heart rate range, which is the lowest and highest number of heart beats per minute (bpm), for a fit, healthy horse at rest is between 28 – 44 bpm. An increase above this range may indicate pain. A stethoscope may be required to observe this sign.

- **An increased respiratory rate**: the normal respiratory rate, which is the lowest and highest number of breaths per minute, for a fit, healthy horse at rest is 8 – 16 breaths per minute. An increase above this range may indicate pain. This sign can be easily observed without specialist equipment.

- **Changes in colour of gums**: referred to as mucous membranes, a change in the colour of a horse’s gums can indicate illness. Healthy gums are described as being ‘salmon pink’ in colour, with pale or dark red gums being signs for concern. This sign can be easily observed without specialist equipment.

- **Reduced or absent gut sounds**: referred to as borborygmi, gut sounds are produced as fluid, gas and food material move through the intestines. A reduction or absence in these sounds may be an indicator that material is not moving normally within the digestive tract. All horses will have an individual level of ‘normal’ gut sounds and it may be necessary to use a stethoscope in order to hear them.

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Additional signs that may occasionally be reported by horse owners include:

- **A general change in temperament / behaviour**: owners may report that the horse is looking ‘off colour’ or that it is ‘just not right’.

- **Curling of the top lip**: this is known as the ‘flehmen’ response and is a normal equine behaviour that is thought to assist the identification of pheromones or particular smells. However, it has also been linked to the manifestation of pain, particularly in cases of colic.

- **Wide-based stance/posture**: a horse suffering from abdominal pain may be stand with its hind legs spread far apart.

- **Straining to urinate**: a horse may be posture and strain, as if they are trying to pass urine, but the owner hasn’t observed any fluid being passed.

- **Yawning**: an owner may report that the horse is showing an increased or unusual frequency of yawing, which could indicate pain.

- **Teeth-grinding**: also referred to as ‘bruxism’ and a potential indicator of pain.

- **Increase in frequency or severity of stereotypies**: behaviours such as crib-biting and box-walking, which are thought to be coping mechanisms / behaviours developed by horses in order to manage stressful situations, may become more frequent or severe if the horse is in pain.

It is important to note that signs of abdominal pain may occur alone, in conjunction with others or be due to a disease other than colic. Therefore, it is essential that assumptions, even if it is obvious that it is colic, are not made to avoid causing the owner unnecessary distress. Signs reported by the owner, and those obtained through questioning, should be passed on to a qualified veterinary surgeon, as it is their responsibility to provide a diagnosis of colic.
As previously mentioned, symptoms of colic can vary in severity depending on the underlying cause. For example, horses suffering with early signs of colic or certain conditions, such as intestinal impactions, can show mild or subtle signs, which can be difficult for an owner to recognise quickly. More severe conditions, such as intestinal torsions, can elicit extremely severe signs such as violent, continuous rolling or collapse, which are much more obvious and distressing.

It is therefore important to not only ascertain what signs the horse is showing, but how severe these signs are and how long the horse has been displaying them. The recording form included within this pack can be used to gather key information from an owner when they first contact the practice. This can then be linked to both the vet’s visit and horse’s clinical history for future reference.
Section 3: Is the case likely to be critical?

It is important to remember that this resource is **NOT** intended to be used by non-clinical members of the veterinary team to diagnose a case of colic over the telephone. However, it can help those managing telephone calls to recognise not only the general signs of colic, but signs that could indicate a potentially urgent case.

Critical cases of colic are those that need urgent veterinary attention, and in some instances intensive medical or surgical treatment. Unfortunately, euthanasia can often be the only treatment option available, due to the severity of clinical signs or the individual circumstances of the horse and owner, in order to relieve suffering. Therefore, delays in veterinary treatment will not only affect the type of treatment available, but the welfare of the horse.

Signs which could indicate that a horse is suffering from a potentially critical case of colic will vary between individuals. The following information provides guidance on a number of possible signs that a vet should be immediately informed of. These signs were significantly associated with critical outcomes in two recent studies, or those ranked by vets as being the most common/important indicators of a critical condition. However, it must be remembered that these symptoms will not distinguish every case. Therefore, every horse, and potential colic case, should be treated on an individual basis.

Remember, **ALL** potential cases of colic should be treated as emergency situations and veterinary advice should be sought immediately. The signs listed below are for **guidance only** and it is the sole responsibility of the attending veterinary surgeon to decide if the case is critical or not.

- **Unexplained sweating and rapid breathing**: a horse which has broken out in sweat, and is breathing heavily, with no explanation as to why, may be experiencing extreme pain.
- **The horse is throwing themselves to the ground**: a horse which is repeatedly ‘throwing’ themselves to ground, perhaps in an attempt to roll, with no regard for their safety, may be in severe pain.
**Continuous or violent rolling**: many owners will associate rolling with a potential case of colic. However, a horse which is violently and continuously rolling, i.e. they are ‘thrashing’ around in the stable, may be rolling to try and relieve extreme discomfort.

**Skin abrasions**: critical cases of colic can cause severe and unrelenting pain in some horses. Fresh wounds, or abrasions, can be an indication that the horse has been violently rolling in the stable in an attempt to relieve the pain. The areas above the eyes (as shown opposite) and on the points of the horse’s pelvis are particularly susceptible to injury when the horse rolls, as they are often caught on walls or stable furnishings.

**Dull or unresponsive**: not all critical cases of colic are accompanied by violent signs. A horse which appears dull and unresponsive to environmental stimuli, such as a person entering the stable or loud noises, may be suffering from a critical illness. These cases can be just as severe, if not worse, than those where horses are displaying violent signs.

Critical cases of colic can deteriorate rapidly, with some horses developing additional signs such as a distended (swollen) abdomen. Therefore, it is essential that a veterinary surgeon is informed about the case as soon as possible.
Information gathered from the following questions could help the vet ascertain the true severity of the call:

🔍 How severe are the signs of pain?
   ✔️ Is the horse showing signs continuously, or are they occurring intermittently?
   ✔️ Is the horse showing violent signs such as throwing itself to the ground?

🔍 Does the horse have any new injuries or abrasions?
   ✔️ Are there signs of self-trauma over the eyes or pelvic region?

🔍 What is the horse’s current demeanour / behaviour like?
   ✔️ Is the horse alert and responsive to environmental stimuli?
   ✔️ Is the horse dull and unresponsive to environmental stimuli?

🔍 Is the horse sweating or breathing rapidly?
   ✔️ Has the horse recently been exercised?
   ✔️ Has there been anything ‘exciting’ happening on the yard that could have caused the horse to sweat or breathe rapidly?

Critical cases of colic can be extremely distressing for the owner and they may not be able, or willing, to answer lots of questions during their initial call to the practice. However, by obtaining the above information early, the vet can be better informed as to the potential severity of the horse’s condition. Section 5 of this information pack provides guidance on how to approach a potentially difficult conversation, in order to gather as much information as possible.

Horses that are showing potentially critical signs of colic can be extremely dangerous, more so than a horse showing mild or intermittent symptoms. In attempting to help the horse, an owner may inadvertently be putting themselves at risk, as well as potentially causing further injury to the horse.

Section 4 of this information pack describes simple, non-clinical advice that can be offered to owners in order to minimise the risks to both themselves and their horse.
Section 4: What call information should be obtained?

When an owner telephones the practice about a potential case of colic they are often incredibly distressed and concerned for their horse. In these circumstances they may not want to stay on the phone for very long, requesting that the vet is sent out immediately. However, it is important to obtain a few key points of information, which can assist the attending veterinary surgeon in establishing both the true severity of the call and which treatment options may be appropriate.

This section describes why each topic area should be approached during an initial telephone call and what questions can be asked in order to obtain this desired information.

1. Owner specific information

As mentioned previously, potential colic cases can cause owners to be somewhat distracted during the initial telephone conversation. This can inadvertently mean that essential information, such as the horse’s location, can potentially be missed. Therefore, the first, and most important, pieces of information that should be gathered when an owner contacts the practice are:

- **Is the person calling the owner?**
  - If it is the yard owner or a friend caring for the horse whilst the owner is away, can the owner be contacted immediately?

- **The location of the horse**
  - Is the horse at the address currently held on the practice’s database?
  - If the horse is field kept, where is the location of the field (obtain a postcode if possible)?

- **The owner’s contact telephone number**
  - Is the telephone number currently held on the practice’s database the best one to contact the owner on?
  - Is there an alternative contact NUMBER that can be used in the event of an emergency or if the owner cannot be contacted?
  - Is there an alternative contact PERSON who can be called in the event of an emergency or if the owner cannot be contacted?
2. What signs are being shown by the horse?
The following questions can gather information which can help the vet determine the onset, duration and nature of the current colic episode:

⚠ When did signs first start OR when was horse last seen behaving normally?
  ✅ When was the horse last checked prior to signs being noticed?
  ✅ Was the horse acting ‘normally’ yesterday / last night / this morning?

⚠ What signs is the horse showing?
  ✅ How often are they showing these signs (i.e. continuously or intermittently)?

⚠ Have these signs changed / progressed over time?
  ✅ Have the signs worsened or improved?
  ✅ Has the horse developed any new symptoms?

If the owner has called the practice but they are not sure if their horse has colic, then the following questions can be useful to establish the true nature of the call:
3. What is the horse’s previous history?

The following questions can gather information which can help the vet determine which type of colic is most likely to be occurring:

❖ How old is the horse?

❖ Has the horse had colic previously?
  ❞ How long ago was the last colic episode?
  ❞ Did the horse require referral to a specialist equine hospital for intensive medical or surgical treatment?

❖ Have there been any recent changes in the horse’s routine or management (i.e. stabled for longer, recent competition, introduction of new feed)?
  ❞ What did the change in routine or management involve?
  ❞ How long ago were these changes made?

Although these may appear to be unnecessary questions to ask during the initial telephone call, research [6, 12-14] has shown that all of the factors mentioned can pre-dispose a horse to developing colic.

We understand that colic can be a very distressing time for an owner, and they may not want to answer all of these questions during their initial call to the practice. If this is the case, then the owner should not be made to feel 'interrogated'.

Obtain as much key information as possible, such as signs the horse is showing, and ensure the attending veterinary surgeon is aware that the owner is quite distressed.
4. Does the owner have emergency plans in place?

A small number of colic cases will be critical, which means they will require intensive medical treatment, surgical intervention or euthanasia. In these cases, the owner may have to make potentially difficult decisions as quickly as possible. The earlier they consider and plan for these decisions, the more prepared they will be to react quickly if needed. The following questions can prompt an owner to start thinking about these decisions whilst waiting for the vet to arrive:

🔍 Does the owner have access to equine transportation?
  ✤ If they have their own transport is it ready to go?
  ✤ If they don’t have access to their own transport, do they have a friend who could help them, or do they know of a reputable transportation service?

🔍 Is the horse insured?
  ✤ How much is the horse covered for?
  ✤ What conditions and/or services are excluded from their policy?

🔍 Has the owner thought about whether referral to a specialist equine hospital would be an option for their horse if required?
  ✤ Every owner must be treated as an individual as some owners may not want or be able to have their horse referred for further treatment.

It is essential that owners are prompted to think about potential decisions PRIOR to the vet’s arrival. The more prepared an owner is, the quicker a decision can be made and the more time the horse has to receive necessary care. However, we do appreciate that these are very difficult, and potentially distressing, questions to ask an owner when they first telephone the practice. Therefore, we have provided guidance on how to approach these questions in sections 4 and 5 of this information pack.

The diagram on the following page simply defines each section, and key pieces of information, covered in this section of the pack. The decision making flow chart, included with this resource, is also based on the information discussed within this section. However, it is designed to be actively used as a quick reference guide during colic telephone calls.

If owners would like further information about colic they can be directed to the British Horse Society leaflets ‘What is Colic’, ‘Recognising the signs of Colic’ and ‘Emergency Decision Making’ available at www.bhs.org.uk/colic.
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Section 5: How can potentially ‘difficult’ questions be approached?

Early recognition and successful outcome for critical cases relies on rapid decision making on the part of both the owner and the vet. In two recent studies, 100% of vets and 97% of owners involved felt an emergency plan should be in place to help urgent decision making [8, 9]. This plan should cover essential aspects such as insurance details and whether the owner has access to transportation.

Some of the decisions in critical cases can be challenging and emotional for the client. The earlier they start considering these decisions, the more time they have to think through the different options. This will help to ensure that the right decision, for both their horse and their personal situation, is made when the vet examines the horse and discusses options. Starting this process during the initial conversation can assist the vet and owner to act quickly if rapid and urgent action is needed.

Although this sounds simple enough, approaching the more difficult questions, such as discussing insurance or referral, before the vet has examined the horse can be problematic and must be handled with care to avoid causing the owner to worry unnecessarily. The majority of colic cases will resolve with a single medical treatment, but up to 1 in 5 may need repeated treatments, intensive treatment or referral and a small proportion may require euthanasia [2, 3, 10, 11, 15]. Although these cases are a minority, helping the owner to consider an emergency plan will make decision making easier if this situation arises.

The phrasing of these questions should be done in a way which makes the owner feel they are being included in the management of their horse and given options, rather than being questioned. The table on the following page contains example phrases, selected from human medical literature [16], which could be used when approaching the more challenging subjects.

An owner may be reluctant, or too upset, to answer questions during the initial telephone conversation due to concern for their horse. In these circumstances it may be useful to call the owner back after informing a vet about the call. By doing this the owner can be reassured that the vet is on the way whilst simultaneously being prompted to prepare for the vet’s arrival.
1. Overview of example phrases

<table>
<thead>
<tr>
<th>Aim of phrase</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Encouraging contribution</strong></td>
<td>‘Can you explain a little more about…’</td>
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<td></td>
<td>‘When did this start…’</td>
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<td></td>
<td>‘What do you mean by…’</td>
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<td></td>
<td>‘Tell me more…’</td>
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<tr>
<td><strong>Gathering information</strong></td>
<td>‘Would you mind if I asked you a few more questions…’</td>
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<td></td>
<td>‘Can I ask a few more specific questions…’</td>
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<tr>
<td><strong>Gathering ideas</strong></td>
<td>‘What thoughts have you had in regard to…’</td>
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<td></td>
<td>‘I was just wondering, have you had any ideas yourself about…’</td>
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<tr>
<td><strong>Acknowledging emotions</strong></td>
<td>‘I understand this is a difficult situation…’</td>
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<td></td>
<td>‘This must be very hard for you…’</td>
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<tr>
<td><strong>Establishing concerns</strong></td>
<td>‘Is there anything you’d like to discuss with me…’</td>
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<td></td>
<td>‘Is there anything in particular you’re worried about…’</td>
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<tr>
<td><strong>Exploring understanding</strong></td>
<td>‘You mentioned…what do you mean by that?’</td>
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<td></td>
<td>‘Please correct me if I’m wrong but did you say…’</td>
</tr>
<tr>
<td><strong>Encouraging involvement</strong></td>
<td>‘What thoughts have you had about…’</td>
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<td></td>
<td>‘There are a few options…which would you prefer?’</td>
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<td></td>
<td>‘What ideas have you had about…’</td>
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<td></td>
<td>‘Have you already thought about…’</td>
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2. Examples of how the above key phrases could be used during an initial conversation with an owner:

- **‘Tell me more about (horse’s name) …’**
  - This could be an opportunity to indirectly ask about insurance.

- **‘Can I just to confirm we have all of (horse’s name) details correct…’**
  - This could be an opportunity to check insurance status, location, age etc.

- **‘The majority of colic cases can be resolved after the vet’s initial visit, however, in some cases further treatment or referral may be required, is this something you’d consider for (horse’s name)?’**
  - Even if the owner hasn’t thought about this, mentioning the possibility of referral now can prompt them to start thinking about this decision whilst waiting for the vet.
‘You mentioned referral would be an option for (horse’s name) if required, is that right? …ok… do you have access to your own transport or would you like me to provide you with some details of local transporters now in case you need them?’

Having a list of local, reputable transport companies available on reception can help when approaching this question.

‘You mentioned you’d consider having (horse’s name) sent for referral if required, is that right? …ok… is (horse’s name) insured or would you like me to discuss possible costs with you now so you can have a think whilst you are waiting for the vet?’

Colic surgery can cost upwards of £5000, which can increase if complications occur. It is important to have a rough estimate of how much a potential referral for colic to your, or another, practice would cost. This should be discussed with your veterinary team.

‘Would you mind if I asked a few more questions to clarify details for the vet visiting you?’

Establishing information, such as what colic signs are being shown and how severe they are, can be approached in this way.

‘Although the majority of colic cases can be resolved after the first treatment, do you have any questions you’d like to ask me regarding what would be involved if (horse’s name) requires further treatment?’

The owner may state their feelings on referral and could be an opportunity to ask about transport options.

‘Just to make sure the vet has all the information they need, could I ask a few more specific questions?’

Again, information such as insurance and referral options can be approached.

‘I can imagine this is a worrying time for you, but you’re doing really well. What is (horse’s name) doing at the moment? …Ok… and where is he being kept right now? …I see… there are a few things that you can do whilst waiting for the vet that can help (horse’s name), would you like me to talk you through them?’

Key advice can be offered at this point, as well as establishing the location of the horse and what signs are currently being shown.
‘I understand this must be a very difficult time for you… is there anything that is particularly worrying you?’

An owner may open up about potential referral or monetary concerns.

‘The vet will be able to discuss all available treatment options with you once they have examined (horse’s name), whilst you are waiting for them to arrive have you thought about…’

This could create an opportunity for referral and transport options to be approached.

‘I know this must be really hard for you right now, but do you have any thoughts on what treatment options you’d like the vet to discuss with you when they arrive?’

This provides the owner with an opportunity to state if referral is an option, or if they have any particular concerns.

The list above does not cover all of the ways in which difficult questions can be approached during a telephone conversation with an owner. However, it does provide examples of how information can be gathered without directly asking for sensitive information, such as finance. As previously mentioned, it may be useful to approach these questions when calling the owner back with an estimated time of arrival for the vet. This way the owner will be reassured that help is on the way and may be more inclined to answer questions.

Those managing telephone calls on a daily basis, such as client care teams, have an important role within the practice, as they are often the link between owners and other veterinary teams such as the vets and nurses. As the first point of contact questions such as ‘what do you think is wrong with my horse?’ can often be asked. The provision of a possible diagnosis is the responsibility of a qualified vet, but phrasing can also be used to reassure the owner and encourage them to book an appointment so that their horse can be examined.

For example, if an owner asks your opinion on what may be wrong with their horse or suggests a diagnosis of their own, you could advise the owner that:

'It is difficult to tell what may be wrong with (horse name) without a full examination by one of our vets, however, from the information you have given me I'd advise we arrange for one of our vets to take a look at (horse name)'.

This resource has been developed as part of the Vet React campaign by the University of Nottingham’s School of Veterinary Medicine and Science, and kindly funded by World Horse Welfare.
Although an initial conversation with a worried owner can be difficult, careful questioning and reassurance by veterinary team members can initiate the decision making process much earlier in the management of colic cases. This can enable an owner to consider all of their options before the vet arrives.

Although many horse owners will be well known by practice staff, it is important that their knowledge level and practical approach to colic is not assumed. Even the most experienced and level-headed horse owner may find a severe case of colic distressing.

The example phrases included within this pack are suggestions only and may not be appropriate in all situations. Each owner should be treated as an individual and as such the conversation should be tailored to meet their needs and level of understanding.
Section 6: What should the owner be doing whilst waiting for the vet to arrive?

Horses with severe colic can be difficult to handle, subsequently meaning an increased risk of injury to the owner and/or handler. This is often a distressing time for owners who only want to do the best for their horse. However, this could mean that they attempt to pacify or ‘help’ the horse using methods which could in fact cause more harm than good. Therefore, providing an owner with basic, non-clinical advice on what to do whilst waiting for the vet to arrive can help to safeguard both horse and owner.

The following key points of owner advice are based on existing evidence and expert opinion. Some of these recommendations may seem like simple common sense, however, stressful events, such as colic, can cause even the most experienced individuals to react differently.

This information is intended for guidance ONLY and it is important to remember that each practice will have their own policy in place for providing owner advice. Therefore, relevant team members, such as management and clinical teams, should be consulted BEFORE any changes are made.

1. Practical advice

The following practical advice can help an owner minimise risks to both themselves and their horse whilst waiting for the vet:

- **Minimising risks to the owner**: in all cases owner safety is paramount. Even the most friendly and docile of horses can, when in pain, present a real danger. The owner should consider wearing suitable personal protective equipment (PPE), such as a hard hat, gloves and sturdy boots, when around the horse. Additionally, the owner should stay well clear of a horse that is showing violent signs of colic.

- **Allowing the horse to lie down and / or roll**: despite popular belief, allowing a horse with colic to lie down and/or roll does **NOT** cause a ‘twisted gut’. The act of rolling is thought to be an attempt by the horse to relieve pain, so preventing it from doing this may actually cause it more distress. Additionally, trying to stop the horse from going down increases the chance of injury to both horse and owner. If a horse is trying to roll, the owner should stay at a safe distance and allow them to do just that, rather than trying to keep the horse standing up.
Minimising risks to the horse: if the horse is trying to roll there are a few things the owner can do to help reduce the chances of further injury:

- If the horse is in, or can be safely moved to, a stable, the owner should ensure it is well bedded and any potential hazards, such as hay nets and unsecured water buckets, are removed. This should only be done if it is SAFE for the owner to enter the stable.

- If a stable is not available, the horse can be placed in a secure arena or grass paddock on a lunge line so that it can roll and/or lie down in a safe and controlled environment. The owner should be wearing suitable PPE and standing at a SAFE distance at all times.

Feeding: any remaining feed, including hard feed and forage (hay / haylage), should be removed from the stable. The horse should not be offered anything else until the vet has examined it.

Walking the horse: a horse which is suffering from mild colic may show less severe signs of pain. In these circumstances, the horse is often more manageable, being easily distracted from the pain by environmental stimuli, such as passing horses. If the owner feels it is SAFE to do so, the horse can be GENTLY walked in hand for 15-20 minutes ONLY. Under NO circumstances should the horse be walked for longer, or encouraged to trot or canter, without the attending veterinary surgeon’s explicit instructions to do so. If you are unsure whether it is appropriate for the owner to be walking the horse seek immediate veterinary advice.

Excessive exercise, such as lunging the horse at a quick trot or canter, BEFORE a vet has made their assessment can be detrimental to both the horse’s health and potential treatment options. Exercising an unwell horse can cause them to become exhausted, a factor that will not aid their recovery if they require surgery.
2. Owner planning

The majority of colic cases are not critical and resolve following a single veterinary visit and treatment. However, for those cases that are critical, rapid decision making is needed by both the owner and attending veterinary surgeon. Delays in referral due to owners not having transport plans in place, or not having considered whether they would like to pursue further treatment, are not uncommon. Encouraging an owner to start thinking about these decisions whilst they wait can help them to make a rapid and informed decision regarding their horse’s treatment when the vet arrives.

As previously mentioned in section 3 of this information pack, there are three main aspects of planning that an owner should consider:

- Does the owner want their horse referring for further treatment if necessary?
- Is the horse insured and / or does the owner have suitable financial plans in place to cover the cost of treatment?
- Does the owner have access to their own equine transportation or do they know of a friend / reputable company that can be contacted on short notice?

In addition to the above an owner should:

- Consider if they need to make arrangements to cover any care / commitments, such as children / other animals / work, so that the horse can be transported without delay if necessary.
- Ensure they have all relevant paperwork, such as the horse’s passport and insurance documents, ready for when the vet arrives.
- Consider if they’d like a friend or family member accompany them to the referral hospital to provide support and additional help.

It may seem unnecessary approaching these questions during the initial telephone conversation, especially when a diagnosis has not yet been made. However, it cannot be assumed that the vet will be able to ask all of these questions during the visit. Additionally, the owner may not be able to make an informed decision, and consider all of the above aspects, when the vet arrives due to the potentially distressing nature of the visit. The more prepared the owner is BEFORE the vet arrives, the more likely a rapid and informed decision can be made.
References


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For further information and resources please visit:

www.react.vet