Developing a method or methods for restraining uncooperative birds takes time and experience. The techniques for restraint are best demonstrated on real patients in a wet lab or at a lunch seminar. Let us know if your hospital is interested in having a stressful, squawk-filled ‘lunch and learn’ hour and we will schedule it. I’ll bring the Band-Aids.

For this lecture, we will start with how to determine if the stress of restraint is exceeding the bird’s ability to oxygenate. Remember that birds possess complete cartilaginous tracheal rings (one can not “strangle” a bird). Respiration is accomplished by movement of the chest and abdomen. Therefore, over-constriction of the body during restraint can cause oxygen deprivation.

The following is a list of parameters to use in determining if the bird is in danger of oxygen deprivation and death while being restrained.

“Put it down” list – when to stop restraint
- If panting and open mouth breathing persist.
- If releasing the head does not cause the bird to attempt to bite.
- If the bird does not bite at a towel placed in its mouth.
- If the bird’s grip with both feet is not strong.
- If the eyes close during the examination.
- To be safe - “Put It Down!” and observe!

Venipuncture on psittacine birds is usually performed on the right (the larger) jugular vein. The wing vein (basilic vein, more commonly referred to as the brachial or ulnar vein) can also be utilized. Venipuncture of the wing vein tends to be uncomfortable, creates a hematoma, and in birds with calcium deficiency, fractures of the wing may occur. However, many practitioners use this vein successfully. The metatarsal vein in psittacines is quite short, and difficult to isolate in birds under 300 – 400 grams. Also, although hematomas are uncommon due to the lack of a metatarsal subcutaneous space, bleeding from the venipuncture site is common and a pressure wrap will be needed post-venipuncture. Toenail trims should not be used, due to the inaccuracy of samples taken from this site, discomfort to the bird and danger of septicemia if the toenail cut is high enough to allow free flowing blood.

For birds less than 250 grams, it is usually easiest to restrain them yourself.

Hemorrhage and hematoma formation are possible sequelae following venipuncture. In small birds this can be a major concern, and is reason not to take the calculated maximum blood volume for diagnostics. Generally, maximum blood volume for withdrawal is calculated on 1% of the body weight. (i.e. a good sized cockatiel can withstand 1 ml of blood withdrawn. From a 1 kg blue and gold macaw, 10 ml can be removed).

Blood pressure in birds is higher than in mammals, and elevates more markedly with stress. Many people apply pressure to the venipuncture site for a full 30-60 seconds after withdrawal of the needle. While this helps impede seepage of blood from the vein, the restraint needed also causes the blood pressure to stay elevated, increasing the likelihood of continued bleeding. Therefore, some practitioners, (if no obvious venous laceration has occurred), will elect to replace the bird in its cage immediately after venipuncture is completed.

Avian emergency and triage - avoiding disaster in the avian patient
Immediate emergency treatment for the moribund bird
- Slide bird and cage into warm, humidified, oxygenated environment. That’s it.
- Then go talk to the owner – both to get information that may help direct treatment, to ensure that the owner realizes how critical their bird is, and to permit the bird to restore oxygenation if possible.

The moribund/minimally responsive bird
If the bird is minimally responsive, palpation of the keel and sterno-pubic area, without moving the bird may be accomplished.
- Emaciation indicates chronicity
- Increased sterno-pubic distance (abdominal distention) narrows the differential diagnosis.
- In the absence of these findings, more acute disease is likely.

After this brief exam, the bird goes back into oxygen.
- Oxygen should be warm and humidified,
- Warm, because hypothermia is very common and under diagnosed. The normal body temp of an African Grey, for instance, is ____???
- Humidified, since dehydration and hypovolemia are common
• Oxygenated because, well, duh…

If the bird is in the exam room

Exam room entrance
• Enter slowly
• Sit & allow bird to relax
• Discuss history with owner
• Observe bird at rest*
• Perform cursory PE (Consists of observation of the bird in its cage, noting respiration, mentation, grip, posture) prior to touching the bird

Discuss differentials, diagnostics and treatment plan with the owner

Seriously ill but currently stable avian patient
• Fluffed with a weak grip at rest.
• Temporarily responds to stimulation by smoothing feathers and looking alert.
• Can’t maintain this posture, returns to being sleepy and fluffed.
• Hot feet, hot beak often = septicemia

Hospitalization
With sick birds that are still standing, especially those that have had blood loss, don’t forget to provide readily accessible food and water!!

Remove perches, since sick bird may sit perched without the energy needed to climb down to their food and water.

Offer seed, millet spray, whatever they will eat. Proper diet is important, but diet conversion should be left until the bird has recovered.

Hemorrhage is theoretically addressed first if acute and copious. However, any bleeding severe enough to warrant intervention will have caused exsanguination within a few minutes. Birds seldom present at that stage.

Pressure wraps, bandaging, application of styptic, etc., WILL raise the blood pressure, will increase bleeding, and WILL lead to increased stress and increased oxygen demand. LESS IS OFTEN MORE

Place the bird in a quiet, warm, dark incubator, provide food and water, and leave it alone.