

Saving The Chilled Down Kid by Coni Ross

When a kid goat is born, depending on the weather, it only has a short time to nurse, before it becomes too weak to nurse. On a warm still day, this time frame may be several hours. On a cold, windy, wet day, the time is very short. The kid not only needs colostrum, it needs glucose to its brain. Glucose from the colostrum provides the energy that makes the kid wake up, and nurse more strongly, and begin the process of survival. Usually, the kid will stand and nurse quickly, and it can stand amazing weather if its tummy is full. The faster it can nurse successfully, the more likely it is to survive.

Several maternal factors can influence the successful nursing of the kid. One factor is the wax plug in the tit. This past year, possibly because of the drought, there was a very high incidence of wax plugged tits. The wax was so hard, that even a vigorous kid couldn't break the seal. Some were so difficult, I could hardly milk out the plug. Attention should be paid when a kid seems to be nursing, but is humped up, and empty. If the kid has a full tummy, it will have its tail up. If you need to strip out the wax plugs, be sure to observe the quality of the colostrum. There should be no blood; pus, or foul odor. You may have to help the kid to nurse. Restrain the doe, then milk a little milk into the kid's mouth. If the kid is weak, you may have to tickle its tail, to stimulate the sucking reflex. This is the time when three hands would come in handy. If you can't get the kid to nurse, give it 5 cc of 50% Glucose or Dextrose by mouth. Put the kid and mama together in a warm close pen or kidding stall. Wait 15 min., then try again to help the kid nurse, it should be alert enough by then to have a suck reflex. Also, the quicker it nurses, the stronger the suck reflex.

When you find a kid flat, and cold, it is very important to warm it, and get some 50% glucose into it. 5 cc by mouth. The best way to warm the kid is soaking it in almost hot water, but this removes the scent, and the mama may not claim it (unless you have its placenta to rub on it). The other way is to use the frozen packs that come with vaccines, that have been heated in the microwave. Be sure to put one on the kid's head. When his brain is warm, he is more likely to wake up, and wrap it in an old towel with one over the chest, and one pack over the abdomen.

Tube feed the kid its mama's own colostrum. As soon as possible, return the kid to its mama, in a stall. Help the kid to nurse. Keep the kid and doe stalled for at least 24 hrs. to be sure the kid is stable. Always check the doe's udder. Be sure the kid can nurse the tits. The udder may be so full that the kid can't nurse. You may need to milk her out. Be sure to save all the colostrum milked out. Freeze in ice trays, then put in air tight freezer bags or containers. When defrosting, always warm in warm water, not a microwave, as this will destroy the antibodies.

If a kid is born during a difficult birth, you may need to resuscitate it. Clean the nose and mouth off, be sure the airway is open. Immediately, rub briskly with a towel, don't be afraid to hurt it. It needs strong stimulation of the surface nerves to send a signal to the brain. The excess electrical stimulation wakes up the kid and helps its respiration to begin. If the kid is not breathing by now, you may have to do mouth to nose. Some people hesitate to do this. I've done it so many times, I don't think about it. (NOTE, Pregnant women should avoid doing this – in case the kid has toxoplasmosis or leptospirosis) Close the mouth with your hand, then give two small puffs of air into the nose, you may have to repeat this several times. I've revived many a kid like this. Unfortunately, the kid is usually from one of your best does. The kid from an ordinary goat probably wouldn't have a problem. This is what works for me. ---Coni Ross

How To Tube Feed a Kid Goat

by Coni Ross

Supplies:

feeding tube: obtain from the vet or a livestock supply catalog
60 cc syringe with irrigation tip, or a 50 cc bulb syringe
one cup warm water
colostrum, formula, or electrolytes as needed

1. Measure from the kid's nose, to center of the ear, to the chest floor in the front, with the tube. Mark the tube from the tip, as this is the end inserted, and is the maximum depth you may insert the tube.
2. Hold the kid securely, wet the tip of the tube with water, then insert from the center of the kid's mouth, over the tongue and down its throat to the mark.
3. Check: If the kid is awake, it should be able to cry around the tube. If it can cry as you insert the tube you are probably in the esophagus and not the trachea. If the kid can cry, and suddenly can't, as you are inserting the tube, withdraw the tube until it can cry, and reinsert to the mark.
4. Put the syringe fitting end of the tube in the cup of water. If you blow bubbles, start over, you are in the trachea (windpipe). If no bubbles are seen: Proceed to next check.
5. Smell the end of the tube, you should smell rumen odors, unless the kid is a newborn.
6. Listen! Do you hear breath sounds through the tube? If so, withdraw, and start over.
7. If no breath sounds are heard, fit the syringe to the tube, and put 3-5 cc water in the syringe. The kid should cough if the tube is in the trachea. If the tube is in the esophagus he should be able to cry out.

"Note: The completely flat, comatose kid may not cough, or cry out at all. This kid is in imminent danger of dying. His reflexes may not work at all. You should still be able to check for bubbles, and listen for breath sounds. This kid will die without quick intervention. You may consider taking it to the vet, but time is a major factor in survival at this-time. You will have to make a decision about the risk." - The flat out newborn kid is unlikely to benefit from dosing with milk unless you first warm it up and if possible give it dextrose or glucose – intraperitoneal is best, but giving the dextrose orally or by subcutaneous injections sometimes seems to work.

8. When you have completed your checks, pour 5cc water in the tube, observe for coughing again. The water should flow in, if it doesn't, withdraw the tube about 2 inches, then check for flow. Sometimes the tube is just kinked, or up against the wall of the stomach. Reinsert to the mark, and check. If the water flows, then pour 2-3 ounces of intended fluid into the syringe, and permit to "gravity flow" in, then rinse with 10cc water. Withdraw the tube. Never withdraw the tube without rinsing, or you may cause the kid to aspirate milk. A little water won't hurt, it will be absorbed, milk will cause pneumonia.
9. Put the kid in an upright position, not flat on its side!

Intraperitoneal injections on a Newborn Kid – Colleen Parsons
(reviving comatose newborn kids by injecting glucose or dextrose into body cavity)

It's kidding time! It's a wonderfully exciting time of the year. You don't have to be a goat producer to know that there is nothing cuter than watching kid goats at play. Thank goodness that most does deliver without help and that most newborns have no problems. It's a relief to know that while you may worry, that worry is needless about 90% of the time.

If you've gone through a couple of kidding seasons, however, you also know the frustration of trying to get the occasional newborn to live, despite finding it pawing at death's door.

Here's the scenario some of us know too well. You walk into your goat barn to check on the new kids and their moms. Walking through the herd, you see it, that one beautiful baby stretched out flat on its side. That awful feeling of finding a dead kid washes over you. You squat and begin to scoop up this lifeless body and hear a barely audible "mew" or see some other faint recognition that this baby still has the tiniest spark of life. You then become aware of the adrenalin running through your own body beckoning you to "try to save this one".

Taking the kid to your well-equipped work station (for most of us this is the kitchen), you gather your supplies. Following the directions carefully for **Intraperitoneal Injection of Diluted Dextrose to a Newborn Kid** the kid begins to respond, and within the hour is up and alert in the warming box. You sigh contentedly, knowing you have indeed saved another one.

At the annual **Empire State Meat Goat Producers Association** picnic, held August 2001 at Pat and John Bloomer's Windsong Farm in Burdette, NY, **Dr. Pamela Karner** took the time to teach the goat producers several health related skills. During her presentation, Dr. Karner of Starland Veterinary Services in Ithaca, NY gave detailed instruction on how to administer an intraperitoneal injection to a newborn kid. That is a procedure where sterile dextrose is mixed with sterile water and then injected directly into the abdominal cavity of the kid, where it can be absorbed quickly and without requiring digestion. While this procedure won't save every kid every time, it is designed to work on those kids who are so near death that they would be lost without immediate intervention.

When a producer comes upon a newborn kid who is flat out, motionless and near death, possibly from hypothermia (low body temperature), hypoglycemia (low blood sugar) or both, giving that kid an intraperitoneal injection of diluted dextrose may bring that kid around. This is a fairly simple procedure, and becomes easy to do with a little practice.

Dr. Karner instructed us to do the following:

"In a 35cc **sterile** syringe: mix 14cc of 50% Dextrose and 21cc of Sterile Saline or sterilized or bottled water warmed to about 104°F (in microwave for maybe 10-15seconds).

"Take the kid and dangle it, hind feet down, between your legs. Measure 1-2 finger widths left and 1 finger width down from the umbilicus (umbilical cord)."

"Using a **sterile** 20 gauge 1-inch long needle, stick the needle right into the abdomen at a 45

degree angle aiming toward the rump and hind legs. It should enter the peritoneal area (the abdominal cavity). The needle should slide in quite easily. If nothing is coming out of the needle hub (no blood, fluid, colostrums or milk), attach the syringe of warmed diluted dextrose to the needle and inject the solution into the peritoneal cavity of the kid. There should be very little resistance. If you get a lump forming as you inject, you are under the skin and not in the abdomen--redirect needle toward abdomen at a slightly wider angle. If milk comes out in hub of needle, get a new sterile needle and try again in a slightly different position next to and below the navel. It does no good to inject into the stomach! Be sure to change needles as injecting milk into the peritoneum will cause problems.”

After the kid has received its intraperitoneal injection of diluted dextrose then you can proceed to warm the kid as you normally would. Most producers use a warm bath where they support the kid’s head out of the water while monitoring its temperature, followed by a thorough drying with a portable hair blow dryer. Some producers use thermostatically controlled warming boxes. Whatever your method, it’s imperative to get that kid’s body temperature to within the normal range (101.5 to 103.5°F) as soon as possible. Then, once the kid is warm and fully alert, the producer can proceed to tube feed it, if there is still an absent or weak suck response.

Dr. Karner went on to say, that using this method the kids that were thought to be “unsaveable” will usually come around fairly quickly if it is a primary hypothermia/hypoglycemia problem. Kids older than 24 hours and those that relapse are less likely to respond. A full stomached kid is hard to get the needle into but those are usually another problem anyway, and such a kid is unlikely to respond to this treatment.

Dr. Karner cautioned to be sure colostrum is given when feeding a kid less than 24 hours old. Also, never feed a kid, including tube feeding, unless it is alert and appears to be responding to dextrose and warming. Doing so may cause more harm than good.

If you are unsure of how to do this, or any of the other procedures mentioned, have an experienced professional teach you how. Preferably before kidding season and before it’s an emergency. Learning such life saving skills will save goat producers time, money, and livestock.

.....

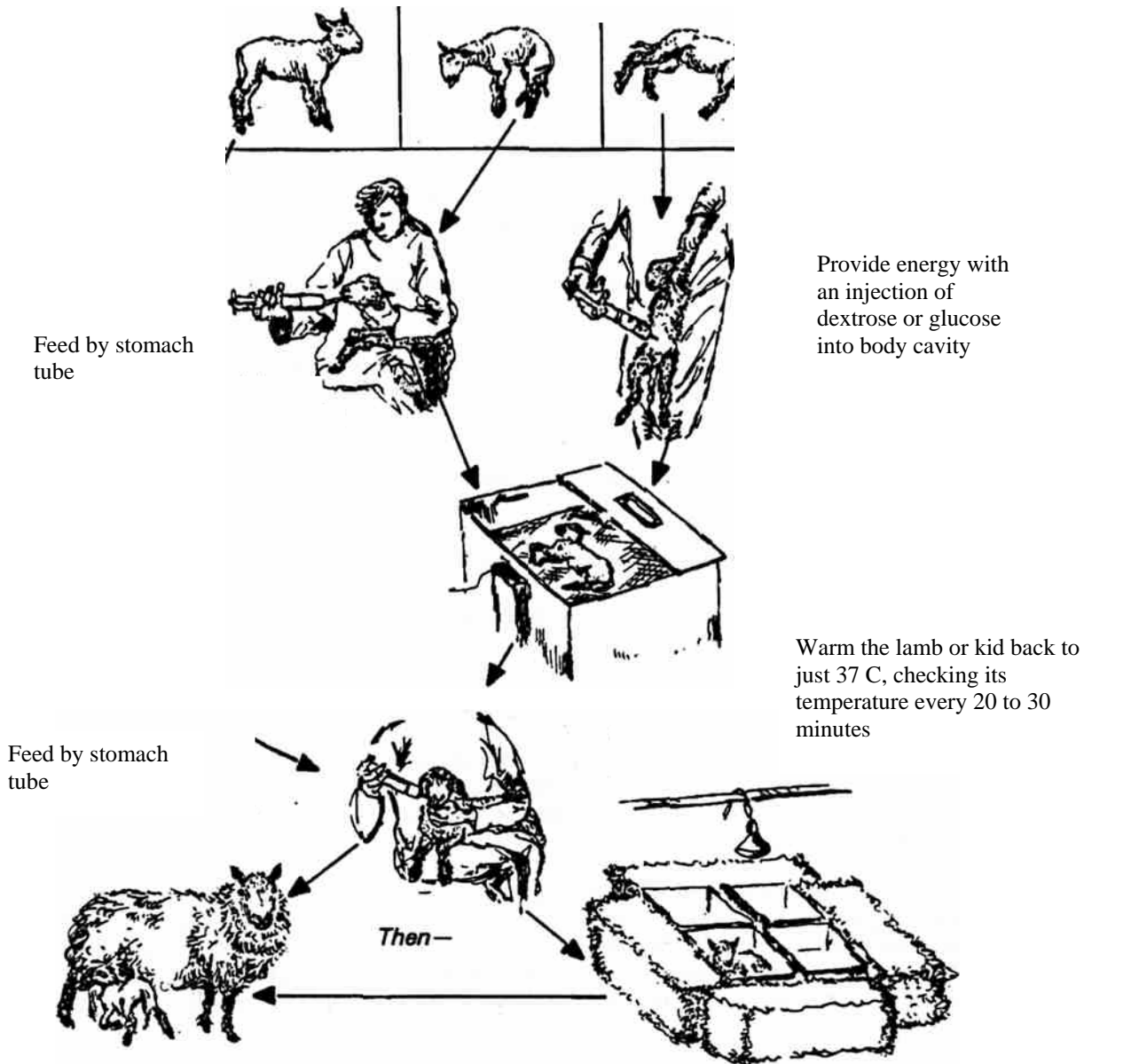
for additional information on goats, remember to check out the Cornell 4H goat pages at <http://www.ansci.cornell.edu/4H/goats.html> and the Empire State Meat Goat Producers website at <http://www.ansci.cornell.edu/extension/esmgpa.html> .

Colleen Parsons lives on Capricorn Hill Farm in Pine City, NY. She can be found on the web at www.CapricornHill.com

Detecting and Dealing With Hypothermic Lambs and Kids

Any lamb or kid which gives the slightest cause for concern should immediately have its temperature taken and be thoroughly towel dried, if wet.

Temperature	37 -39 C	Below 37 C (99 degrees Fahrenheit)		
Age of lamb	Any age up to weaning	More than 5 hours	First day	Less than 5 hours old
Condition of lamb	Able to swallow (Tube feed)	Head up and able to swallow	Head down and unable to swallow	Able to swallow (Warm and then tube feed)



If the lamb revives and is able to suck its dam effectively, keep them close to home for frequent observation.

If the lamb is still weak, keep it in an aftercare unit and feed it regularly by stomach tube or bottle until it is strong enough to rejoin its mother