The Dog First Aid course will follow the DVD format. This is not the same order as the book. The corresponding pages in the book will be color coded red after each section title. Familiarize yourself with the Dog Pet First Aid Book and keep it with you on your sitting rounds. It is an excellent reference in an emergency. The video can be used as a teaching aid. Purchase one for each of your team members.

NAPPS NOTES are colored in blue. These are notes to help the professional pet sitter.

PRACTICE EXERCISES are color coded pink. Locate a stuffed animal with a nose for practice purposes.

VIDEO COMMENTS are color coded green.

BOOK INTRODUCTION

The American Red Cross Cat and Dog First Aid Books will be used as a basis for this course. Each book contains a DVD located in the back cover. The books were updated in 2008. These books may be purchased through NAPPS or your local American Red Cross affiliate.

COURSE PROCEDURE

You should print out this written material if you are not able to view the DVD and this text at the same time.
2. Read the written text below that refers to those 3 sections.
3. Watch the video in its entirety.
4. Read the remainder of American Red Cross Dog First Aid book.
5. Begin the video again – watch the first section – pause when you hear the chime and see the Red Cross logo.
6. Read the written text that applies to the section on the DVD that you just viewed.
7. Alternate back and forth watching the DVD section first, followed by the written text. Remember to stop for the practice exercises.
8. When the video is complete continue on with just the written text.
9. A test will follow based on the video, book and written text.

1. **KEEP YOUR DOG HEALTHY (2-9)**

   - It is imperative that your dog be seen by a **veterinarian annually**, if not more often. While the AVMA is no longer recommending some annual vaccinations, an annual physical may prevent future health problems. A **vaccine schedule** should be discussed with your veterinarian based on benefit and risk to your dog. Blood testing may reveal an illness that may have gone unnoticed by the owner.
   - Proper **diet** and **exercise** will aid in pet health and obesity prevention.
   - Proper **shelter** is a necessity.
   - **Grooming and parasite removal/prevention** should be a basic part of dog care.
   - **Socialization** is extremely important with dogs. Begin taking the dog around people and other animals when very young or as soon as they have had their initial vaccines. Through socialization, behavioral problems may often be avoided at home or in public. Ultimately, your dog will also receive better veterinary care.
   - **Crate Training** – The crate should be large enough for the dog to stand and turn around. If a larger crate is purchased for a pup, part of it may be blocked off. With dogs not wanting to soil where they sleep, the crate is an excellent training tool for housebreaking. The dog should not be crated for long periods of time. Allowances must be made for small puppy bladders. Be sure there is regular exercise time outside of the crate.
   - **Spaying/neutering** not only will provide for a decrease in the pet overpopulation problem, but it will prevent breast and testicular cancers.
   - Neutering a dog does not make it fat or lazy. Over feeding and/or lack of exercise is the culprit.
• **Identification** is truly a must for all pets – whether kept in the house or outside. Collars, tags, microchips or tattoos all are a voice for your lost pet.

• **Transporting** a pet can be tricky. Best practice is **always** in a carrier or crate which is secured tightly, whether inside the car or in the bed of a truck. Pet harness-styled seatbelts are an alternative to crating.

• **Traveling with your dog** can be pleasant with safety precautions in place. In the car the dog should be crated or in the back seat restrained with a dog safety harness secured by the car seat belt. When traveling, always use temporary tags with the address where you are presently staying attached to a collar or harness. Flying your dog should be a last resort. Important suggestions are listed in the Dog First Aid book. If your dog accompanies you on a boat, be sure to have a properly fitted life vest for the dog.

**NAPPS NOTE:** As a professional pet sitter you should have a written up-to-date record of all vaccinations and medications for each animal in your care. A pet sitter may be able to inform a client about an alternative diet or proper amount to better serve the animal. Discuss crate training if there is a urination or defecation problem at the client’s house. Please also encourage neutering of pets. We all must work to prevent the atrocity of overpopulation euthanasia. During the initial visit, it should be mandatory to see the area in which the pet will be kept. A safe, secure and seasonably comfortable environment is necessary for pet safety as well as pet sitter liability. When transporting any dog, make sure it is in a crate or carrier which is secured with a seatbelt within the car (back seat best). If a dog must be transported in a truck bed, it should be in a crate which is secured to the truck. An alternative is a harness-style pet seat-belt which is secured to a tie down in the center of the truck bed. Never transport a dog in an open vehicle tied down with a collar; one quick stop could result in a broken neck. Never transport loose in a car as the dog could become a flying missile in the event of a quick stop or auto accident. Never hold a dog in your arms as a collision would cause airbag inflation thus possibly killing the dog. If in your arms at the time of a collision the dog would likely be crushed between the steering wheel and your body. The dog also could be expelled through an open window. Pet proof your client/pet’s environment. Remove anything hazardous (ex. medicines, toys and pet toxic foods). Remember that there is valuable information in the NAPPS library and online that you could share with your clients.
2. ADMINISTERING MEDICATIONS (2-9)

NAPPS NOTE: *A PROFESSIONAL PET SITTER MUST ALWAYS BE ABLE TO ADMINISTER MEDICATIONS. Even though the pet may not be on medication when the client leaves, the situation may present itself during their absence.*

The ARC Dog First Aid book has excellent pictures and descriptions regarding administering medications. Pgs. 12-13

Many medications come in both liquid and pill form. Ask for the product which is easier for you to dispense.

Familiarize yourself with foods which affect dogs adversely.

NEVER give a medication prescribed for one dog to another dog without first consulting a veterinarian and the owner.

NAPPS NOTE: *NEVER administer a medication without the written permission/documentation of the dog’s owner or veterinarian. This notation should then be kept in the client’s/pet’s file. Any changes in Rx should also be noted by the owner in a written, dated note. Keep files up-to-date. Read the label to be sure the name on the medication and dosage are directed to the pet you are treating.*

*A dog muzzle might be valuable when administering medications where the nose or mouth is not involved.*

*Elizabethan collars are often a necessity to prevent the dog from removing a bandage or causing further damage to a wound. Be sure it is sized properly to avoid discomfort to the dog.*

- **Medication by mouth:** An eyedropper or slip tip syringe may be used to administer liquids. It is not necessary to open the mouth to administer liquids. Slip the tip of the instrument in the opening behind the canine tooth and slowly squirt as the dog swallows. NEVER shoot liquid medicine from the front to rear of the mouth as some of the liquid may enter the lungs and cause aspiration pneumonia. ALWAYS administer liquids into the side of the mouth. Dispensing pills requires the person to be behind or to the side of the dog if working alone. Lift the head with one hand over the top of the muzzle. Use the other hand to pull down the lower jaw and quickly place the pill as far back as possible. Hold the mouth shut and rub the throat area until swallowing occurs. It is advised to offer water immediately through a syringe to aid the pill movement. Pill guns also assist the pill giving process. Peanut butter, cheese, or soft treats may be used to hide a pill for many dogs.

- **Medicating ears:** Dog ear canals are long and curved. Tilt the head back, insert liquid or salve down in the ear canal and quickly hold the ear flap back.
over the opening. Restrain head to prevent shaking. Gently massage the area at the base of the ear. Listen for a sloshing sound.

- **Medicating eyes:** Care must be taken to restrain a dog during the medication process as movement could cause serious eye injury. An alternative to the method shown is to tip the head back against your body and gently pull down the lower eye lid. Drip or squirt the Rx into the cupped area. Release and allow the pet to blink which will medicate the entire surface.

3. **BE PREPARED** (17)

**First Aid Kit**

supplies are listed on page 18 of the American Red Cross Dog First Aid Book. The American Red Cross sells Pet First Aid Kits or you can easily stock one from your local pharmacy or retail store.

NAPPS NOTE: *As a PROFESSIONAL pet sitter you should have a FIRST AID KIT readily available at all times in your car. Remember to update and replace items in your kit regularly. Check the expiration dates on all contents, especially ointments and liquids. Be sure excessive heat or cold hasn’t damaged any materials.*

The following are not included in the video or book list of supplies, but may be helpful to add: large plastic bags, kitchen and garbage can size. These may be used if an animal is bleeding or has lost control of bladder or bowels and you need to transport. They are also helpful in holding body heat. A king size pillow case may be used to confine an injured cat or as a carrier if one is not available. You might always find a use for large safety pins, an old clean t-shirt, plastic wrap, panty hose, scissors and duct tape (remembering that it only sticks well to itself).

A bottle of water, towel, cohesive wrap bandage, hand sanitizer, and a loud whistle to call for help are a few other items that might be incorporated in your kit. Add chop sticks or tongue depressors for splinting and a pen and paper for note taking. In your car keep a board to be used for emergency transport. It need not be large or heavy as luan or ¼ inch thick plywood, is light weight and extremely strong. Have some type of sheeting strips or ties that would reach around both the board and the dog.

Don’t forget the list of emergency phone numbers. The American Red Cross sells Pet First Aid Kits or you can just stock one easily from your local pharmacy or retail store.
NAPPS NOTE: As a PROFESSIONAL pet sitter you should have a FIRST AID KIT readily available at all times in your car. Remember to update and replace items in your kit regularly. Check the expiration dates on all contents, especially ointments and liquids. Be sure excessive heat or cold hasn’t damaged any other materials.

It is important to have the following emergency phone numbers at hand – in your home – in your car and easily accessible while you are pet sitting. You may have memorized all these important numbers; however in an emergency those numbers may escape your recall. Be safe and have the following list readily available at each client’s home.
The list should include: client’s veterinarian, 24 hour vet clinic, ASPCA Animal Poison Control Hotline, Humane Society, Animal Shelter, and Animal Control. It might be beneficial to have the name and number of someone who could assist in a crisis if needed. Keep a file card with the numbers in your first aid kit as it could save valuable time. While you may be tending an emergency, someone else may be able to take the card and call for help or contact a clinic about an incoming injured pet.
We never know when an accident might occur and a list of helpful numbers is our first step in preparedness.

**Disaster Preparedness**
should be on the minds of all pet owners as well as pet sitters. There is much valuable information on pages 17-21 of the ARC Dog First Aid book. Make a plan for the pets in your home as well as for those in your care. Be informed as to what is available in your community. Begin today – do not wait until disaster strikes.

NAPPS NOTE: As a professional pet sitter you should discuss with each client an agreed upon plan in case of disaster. This information should be readily available in the client’s file or home. Remind clients that those that have followed your guidelines regarding preparation and emergency kits will be served first.
NAPPS Disaster Preparedness Committee has done an excellent job providing you as a NAPPS member with all the vital information you might need to begin preparedness for your clients. This information is offered as a valuable segment to the annual NAPPS conference. The information is also available for reference or to download from the “members only” section of the NAPPS website.

**VIEW THE DOG FIRST AID VIDEO NOW**
4. WHAT’S NORMAL (24-28)

Do not wait for an emergency to try to figure out what is normal for your dog. Your dog or your client’s dog cannot speak. You must be the communicator of his or her normals to compare with the readings in an emergency. **Chart all of your own pets.** Document the breed, age, sex, and weight of each. Include temperature, pulse, respiration, and (CRT) capillary refill time.

**NAPPS NOTE:** *It would also be ideal to chart, with each client, the normals for their pet. Documenting would demonstrate your proficiency for animal health and might also educate the client. You might wish to keep a list of what is generally NORMAL in your first aid kit. Remember the size and breed influence.*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature*</td>
<td>100-102.8</td>
</tr>
<tr>
<td>Pulse*</td>
<td>70-120 beats per minute in an adult</td>
</tr>
<tr>
<td></td>
<td>120-160 beats per minute in a pup</td>
</tr>
<tr>
<td>Respiration*</td>
<td>10-30 breaths per minute</td>
</tr>
<tr>
<td></td>
<td><em>generally lower numbers the larger the dog</em></td>
</tr>
<tr>
<td>Capillary Refill time</td>
<td>1-3 seconds</td>
</tr>
<tr>
<td></td>
<td>Dark red gums – possible poisoning</td>
</tr>
<tr>
<td></td>
<td>Pale pink, bluish, or white – possible shock</td>
</tr>
<tr>
<td>Check for dehydration (lifting the neck skin for quick spring-back).</td>
<td></td>
</tr>
</tbody>
</table>

**NAPPS NOTE:** *It is recommended to use a digital thermometer. If only a rectal glass thermometer is available, use extreme care. Better to let the thermometer loose than to hold tight and have it break off in the rectum. If the glass thermometer breaks, use gloves to clear the glass and the mercury spill. This is considered toxic waste and should be disposed properly.*

5. ABC’S AND RESCUE BREATHING (36-38)

- AIRWAY
- BREATHING
- CIRCULATION
Lean the head back.  
Check the mouth to be sure the airway is clear.  
Place your hand on the ribs and check for respiration – is it normal?

**NAPPS NOTE:** Learn the ABC’s and use them for any emergency situation.

Rescue breathing has been called artificial respiration in the past.  
If dog is not breathing, begin rescue breathing **IMMEDIATELY** to get blood to the brain and other vital organs.  
Lie the dog down on its side, extend head back - pull tongue forward - check airway - enclose nose in hands – blow slow, steady puffs into nose 2-3 seconds as noted in the video (use less forceful for tiny breeds).  
Watch the chest to see if expanding – if not – check airway again.  
Repeat every 5 seconds.  
Check pulse (femoral artery or 5th rib area)  
If the heart is beating, continue rescue breathing until the dog breaths on its own, until you reach a vet clinic, or a maximum of 20 minutes has elapsed.

**VIDEO COMMENT:** Best practice would be to have an adult present when a child is administering rescue breathing and CPR.

6. CPR (CARDIO PULMONARY RESUSCITATION)  (36-40)

**USE CPR ONLY IF THERE IS NO PULSE**  
The CPR chart is on page 40 of the Dog First Aid book.  
If the dog is still not breathing and there is no pulse begin CPR.  
Large dog – place on it’s right side with the back toward you – hands on top of each other - compress 1-3” in the area where the elbow meets the ribs (5th to 6th rib) 5 compressions for every 1 breath.  
Check for a pulse every minute.  
Small dogs – place on it’s right side face toward you – place one hand underneath and one on top where the elbow reaches the chest – compress ½ to 1” CONTINUE COMPRESSIONS AND RESCUE BREATHING ONLY UNTIL A PULSE IS DETECTED.

Remembering the numbers for size, compressions, and rescue breaths depending upon the number of people involved is very confusing. It is better to do something rather than nothing. **AS A RULE OF THUMB** –1 breath to every 5 compressions –
remembering that little dogs have a faster heartbeat than larger dogs. So compress faster for a smaller dog.

Stop and practice on your stuffed animal what you have just learned.
Find where the heart is located (where the elbow meets the ribs – or 5th rib) – position your hands and compress. Add the rescue breathing.
Now sit in front of a clock with a second hand and see how fast you have to compress. Count and compress in a rhythm to reach the normal heart rate of a large dog of 70 beats per minute. Now turn the stuffed animal around to face you. One hand under and one on top and do the compressions for a puppy with a heartbeat of 160 beats a minute. Add to this 1 breath every 5 compressions and you will quickly see how exhausting this exercise can be. If another person is available to help, it is wise to take advantage of one person breathing while the other compresses.
Generally rescue breathing and CPR continue until you reach a vet clinic. However after 20 minutes it is unlikely that the animal will survive.

NAPPS NOTE: It is vital that each professional pet sitter know rescue breathing and CPR. Most often the animal is brought around with just the rescue breathing and compressions are unnecessary. Learn the ABC’S and follow with rescue breathing.

NEVER USE CPR IF THERE IS A PULSE.
If the dog is not breathing on its own after 20 minutes of rescue breathing and compressions it probably will not recover. It should also be noted that most animals (as in humans) who have had CPR do not survive. Do not feel as though you are a failure if you have not been able to save an animal.

NO LIVE ANIMALS SHOULD EVER BE USED FOR CPR COMPRESSION PRACTICE.

7. CHOKING (38-39)

NAPPS NOTE: As a pet sitter – “pet proof” the house for which you are in charge. Pick up string, plastic bags, rubber bands, sticks, cellophane, bones and toys that are not safe. Leave a note for the client as to why you may have put something out of reach. Educate yourself as to what is and isn’t safe and pass the information on to the pet owner. Don’t hesitate to express your concerns to the client.

Excellent demonstration photos and descriptions are on page 39. Almost all vets agree – NO animal bones, cooked or uncooked.
Choking – check the airway and carefully try to dislodge anything visible. A finger or the eraser end of a pencil used cautiously is a good instrument for a mouth swipe. Make sure you do not push something down further in the airway. Still choking – place dog between your legs with your arms around under the chest (rib area). Keep their hind feet on the ground. Make a fist, one hand over the other, and do 5 upward and backward rapid thrusts. If the doggie Heimlich did not work, again check airway and if clear give 5 rescue breaths. Repeat abdominal thrusts. A large dog may lie on the ground while you perform thrusts below rib area. A blow with a flat hand between the shoulder blades may also dislodge an object. A small dog may be suspended by the hips with the head down while back (shoulder area) blows are given. Larger dogs may be lifted wheel barrow style. If unconscious – open airway – administer 5 rescue breaths and 5 abdominal thrusts – repeat. Follow the ABCs, rescue breathing and CPR.

8. SHOCK  (33-34 & 102-104)

SHOCK IS LIFE THREATENING. Trauma causes the body’s blood flow to slow and without enough oxygen supplied, the organs begin to shut down.

NAPPS NOTE: As a pet sitter – any time you find an animal in shock, it is best to stabilize and transport immediately to the veterinarian. A thorough checkup is the best policy at this time. SHOCK CAN KILL IN AS LITTLE AS 10-20 MINUTES SO IT IS VITAL THAT YOU ARE ABLE TO RECOGNIZE THE SYMPTOMS. BLOOD LOSS – ABOUT 7% OF A DOG’S WEIGHT COMES FROM THE BLOOD. SHOCK OCCURS WITH 10-15% BLOOD LOSS.

Symptoms:
Labored breathing, dark red to bluish gums, slow CRT, cool extremities, rapid pulse, breathing or panting, or unresponsiveness.

• Muzzle if not unconscious.
• Stop any blood loss.
• Keep warm and quiet.
• Elevate hind end to allow more blood flow to the brain (if no head wound).
• Do not give any food or liquids.
• Do not give any medication.
• Karo® syrup or honey may be rubbed on the gums to level blood sugar.
• Rubbing with the thumb and forefinger near the tips of the ears (an acupressure point) often prevents the pet from going into shock.
• Prepare to administer rescue breathing and CPR.

9. ABRASIONS, CUTS AND TEARS (42 & 65)

• **Abrasions** are the scrapes to the skin’s top layer that when well cleaned are easily healed. Wash the wound with water or saline solution, clip hair away if necessary. Be sure any foreign matter is removed. Cover only if an area will collect more debris. Check for infection until healed. Apply direct pressure over all bleeding wounds. Apply a pad and additional pads on top of the first as needed. NEVER remove a saturated pad as it will disturb the clotting process and bleeding may resume.

• **Cuts & Tears/ Lacerations**: Lacerations are wounds that cut through the skin to the deeper layers. If no bleeding, flush and clean the cut and apply antibiotic ointment and bandage. If heavy bleeding, stop the bleeding by direct pressure. Depending upon the depth, veterinary care should be sought. Sutures may be necessary.

VIDEO COMMENT: Bandages placed on the Great Dane will not hold taped in that manner. Bleeding may return when direct pressure is released. Better to wrap something around the entire mid section holding the pads in place.

10. PAD WOUNDS (89-91)

Excellent directions and procedure photos are on page 90 of the Dog PFA book. It is recommended that non latex gloves be worn in treating all wounds.

NAPPS NOTES: *Do not walk dogs in any area that might cause damage to the dog’s pads. Watch for chemicals and debris. To toughen dog pads use cold wet tea bags applied to the pads 10 minutes, 4 X daily for one week or longer. The tannin in the tea toughens the pads. If nails are clipped too short and bleeding occurs, use styptic powder. If unavailable, use flour, cornstarch or soap.*

The foot pads house many small blood vessels and bleed profusely when damaged. Use direct pressure for free bleeding of foot pads.
Flush and clean all minor cuts very well with soap & water or saline solution before drying and applying an antibiotic ointment. Veterinary care should be sought immediately for any foot pad or deep cuts. Often pads are not sutured but must remain bandaged and free from bacteria and debris.

VIDEO NOTE: The paw is bandaged improperly. Not only will the dog immediately remove it – the end is open to debris and infection.

NAPPS NOTE: Another injury often seen is a torn dew claw. Clean the area, apply antibiotic ointment and wrap to prevent infection. If torn badly, with little attachment, the veterinarian may remove. Many veterinarians will automatically remove dew claws at the time of docking or neutering.

11. EYE INJURIES AND EAR INJURIES (72-76 & 69-71)

Flush the eye profusely with a saline solution or water if an object is detected. Failure to remove an object in the eye may result in a painful eye ulcer or even the loss of an eye. NEVER try to remove an object from an eye other than by flushing. With a damp cloth, cover both eyes (as they work in tandem) and transport to the veterinarian.

NAPPS NOTE: Never transport a dog in the open bed of a pick up truck. Never allow a dog to hang his head out the window. Debris kicked up from the street could cause a very painful corneal injury or blindness. When medicating an eye injury, always double check with the veterinarian if the ophthalmic ointment designated does not have a pet’s name. Using the wrong ointment can cause blindness (ex. steroidal with a corneal ulcer).

Cherry Eye
Is the swelling and protrusion of the tissue under the nictitating membrane. Often this swollen tissue will have to be surgically repaired.

Conjunctivitis
Is the swelling of the tissue lining the eyelids. It can cause itching and pain. Cause may be due to lack of tear production or genetic predisposition. It could also be allergies, bacteria, viral or fungus. Best practice is to get a veterinary diagnosis and treat accordingly.

Corneal Ulcers
The ulcer is usually derived as a scratch from another animal or a foreign object.
Prevent the dog from rubbing the eye by covering both eyes. As they work in tandem this usually prevents eye movement, thus less pain. Take the dog immediately to the veterinarian for an examination and medication to prevent infection and possible eye loss.

**Eye Out Of Socket** (proptosis)
The eye is bulging from the socket due to head or neck trauma. Keep the eye wet with a sterile eye wash or artificial tears. Transport to the vet. The eye may be resocketed, but vision is usually lost. Seeking immediate emergency vet care may in some instances maintain eyesight. If you are not able to wet bandage both eyes, get a squirt bottle of contact lens solution or water and keep consistently wet until you reach the vet clinic.

**NAPPS NOTE:** *NEVER* use a choker collar on a protruding eye breed (*Pug, Shih Tzu, Pekingese, etc.*) Pulling or jerking any collar can often cause an eye to pop out of the socket. *Should this happen – cover both eyes with a soft, wet cloth and rush to the veterinarian for reinsertion.* As a pet sitter you might educate and suggest to pet owners that a harness may be a better choice than a collar.

**Ear Problems:**
**Symptoms:**
Shaking or tilting the head, scratching, walking in circles, discharge, redness or excess hair in the canal.
It is best NOT to use swabs in the ears as they often push debris in further.
Peroxide can often “boil” out a foreign object. It will bubble, but cause no harm.
A bug or mite can be killed (smothered) by using a few drops of sweet oil or vegetable oil in the ear canal.
Always warm any product before dispensing into the ear canal (just sit in hot water a few minutes).
Ear problems may cause dizziness and the dog should be kept confined to prevent injury.
Some long-flapped ears may need to be taped up and open to allow drying on a regular schedule.
Fur may need to be plucked on some breeds to allow air circulation and drying.
Head bandaging for an ear injury is demonstrated on page 70 of the Dog First Aid book.

**12. BURNS** *(60-61)*
Visible signs may not always appear immediately. It depends upon the degree of the burn.

NAPPS NOTE: Learn the different degrees of burns in order to convey the severity to the veterinarian.

1st degree burns – hair singed, skin red or discolored
2nd degree burn – hair burned off – skin blistered
3rd degree burn – hair burned off and skin charred or white
Watch for shock.
Flush with cool water 5-10 minutes and apply a soft, cool wet cloth.
Do not apply any ointment, ice or remedy without veterinarian consult.

NAPPS NOTE: Be a detective and check the area in which the pet will be kept. With the client, agree to remove, elevate or enclose any chemical hazards within the reach of the pet.

Chemical burns are due to contact with a corrosive substance – either acid or alkaline. Chemical burns are usually more serious than heat burns. Protect yourself first before administering aid. Try to identify the burn element. Read the label on the product for treatment instructions. DO NOT apply water without knowing how the chemical reacts to water. Muzzle and treat for shock. Keep burn covered. The Poison Control Center and/or a veterinarian should be contacted.

*** Vinegar will neutralize an alkaline burn
Baking soda will neutralize and acid burn

Please refer to the ACID and ALKALI list in the appendix.

13. FRACTURES AND BROKEN BACK OR NECK (55-60)

Step by step directions for splinting are shown on page 57 of the Dog First Aid book
Try to detect what caused the injury. Closed or simple fractures stay within the skin. Open or compound fractures protrude through the skin.
Watch for shock – death can occur in as little as 10 – 20 minutes.

Muzzle before treatment.

Splint a limb fracture only if it does not cause undo stress. Support above and below any fracture without straightening or moving the position of the limb. Only splint a fracture below the elbow or knee. Splinting improperly can cause more injury than not splinting at all. On a simple fracture improvise for a splint. Newspapers, magazines, tree limbs, hangers, umbrellas, etc. can all be used as a splint. One leg may be splinted to an adjacent leg. Use plastic wrap, panty hose, gauze or an ace bandage to hold in place. Swelling will always occur. Discoloration indicates an injury too tightly wrapped. ALWAYS wrap toward the heart (paw to upper leg) and check regularly to accommodate the swelling. COVER any exposed bone. Keep MOIST with saline solution (or water). Apply direct pressure to stop bleeding. Do not wrap over the fracture area, but rather support and anchor on either side. Check the wrap frequently as it may become too tight and restrict blood flow thus causing swelling. NEVER use a tourniquet unless the limb is completely severed. Even then direct pressure to the main artery is all that is needed to prevent excessive bleeding.

Transport to the veterinarian for evaluation.

For a back injury, support the spinal area from neck to tail. A board should always be used to support the entire dog if there is thought to be fractures other than a limb. Secure to the board with something wrapped all the way around. More injuries could occur if the dog slipped from the board. Ask for help for lifting and transporting an injured dog.

Dogs will often walk on a fracture so it is best to have any limping checked by a veterinarian.

NAPPS NOTE: It would be wise to muzzle a dog before trying to treat for a fracture or any of the wounds discussed previously. Do not be afraid to ask for help in transporting. Failure to do so might result in further injury. A whistle might come in handy to gain attention to the accident and the need for help.

VIDEO COMMENT: The tape as placed over the injured dog will not hold. Tape will not stick to wood. Tape will stick to itself. Be sure you have a scissors handy if the need arises to remove the tape. Best practice is to use long strips of cloth, or anything that will go completely around the dog and board to keep movement minimal.

The poodle is muzzled incorrectly. This could allow the rescuer to be bitten.
14. CAR ACCIDENT (61-62)

NAPPS NOTE: REMEMBER – any injured dog will bite, whether it knows you or not. Every professional pet sitter should have extensive background in handling of animals. Volunteer at a shelter or vet clinic, gain knowledge and practice. The more confident the pet sitter remains, the calmer the pet.

Scene safety -ALWAYS check before hurrying to the aid of an injured animal. If the dog is conscious, approach slowly. Crouch down and speak softly to prevent frightening the dog. Do not use direct eye contact or hover over the animal. Be aware of the dog’s body language. Stop or retreat a little if the injured dog tries to escape.

- A muzzle should always be applied taking care not to be bitten. Stay quiet and calm as your demeanor will transmit to the injured dog.
- Follow the ABC’s
- Prepare to treat for SHOCK
- Transport the dog to the veterinarian on a rigid support, fully restrained. Position yourself from behind. Note: If the shoulders are held down the dog will be unable to get up.
- Take care to support broken limbs. Don’t be afraid to ask for help from a bystander.
- There will often be hidden internal injuries. CPR will not help a collapsed lung and may worsen internal bleeding.
- TRANSPORT TO THE VET CLINIC IMMEDIATELY.

NAPPS NOTE: Pet sitters often face this situation when a yard is not secure and the dog escapes. On your initial visit – check yard security. Don’t be afraid to ask that a gate be padlocked to stop neighbor children or lawn service personnel from entering. Pet safety and liability should always be evaluated.

VIDEO COMMENT: The manner the dog is taped to board is not reliable. Ensure that the dog is secured to the board by wrapping the cloth, rope, or tape around the animal and the board. Use a size board that will fit in your car.

Evisceration:
Internal organs exposed outside the body as the result of trauma. Muzzle the dog first. Organs MUST be kept wet and covered. If rinsed off they may be replaced in the cavity, otherwise saturate with water and wrap alongside dog. You may want to place ice or a cold pack outside the wrapping to restrict bleeding and decrease pain. Elevate the wounded area above the heart to slow bleeding.
Follow the ABC’s and rush the dog to the veterinarian. This is a life and death situation. Animals do survive this trauma if treated as an emergency.

15. POISONING (96-99)

NAPPS NOTE: *STAY CALM. ALWAYS HAVE THE ASPCA ANIMAL POISON CONTROL HOTLINE NUMBER READILY AVAILABLE.*

Police the area in which the dog will be kept. Look for potential hazards. An outbuilding or garage for shelter may be unsafe for a bored, rambunctious or young dog. Review surroundings with the client as you should both have the safety of the pet in mind. Often owners need to be educated about potential hazards.

- Watch for puddles of antifreeze in driveways and streets. Flush them with water if you notice. You may save an animal’s life.
- Know what plants, medicines and chemicals are toxic.
- Know what flea & tick products are safe for what breeds and ages.
- Educate yourself about household cleaners, insecticides, lawn and garden chemicals, medication, chocolate, and tobacco.
- Don’t forget secondhand poisoning. If rodent poison is nearby, the dog may not show interest. However, the dog may catch and eat a rodent that has ingested the poison; thus indirectly become a victim.
- **Poisoning symptoms:** Seizures, staggering, drooling, slow or rapid pulse, vomiting, diarrhea, swollen mouth, lips or tongue, red eyes, abnormal behavior - - all or none of the above
- Follow the ABC’s for treatment
- Be a detective and try to locate the poison. Your detective work will help dictate the type of treatment and possibly save a life.

- Call the Poison Control Hotline and have the following information:
  - Poison substance if known
  - Amount
  - Approximate time elapsed since ingested
  - Symptoms
  - CRT  Pulse  Respiration
  - Breed
  - Age
  - Sex
  - Weight
***This is where your normals chart is valuable.

DO NOT INDUCE VOMITING WITHOUT THE INSTRUCTIONS FROM THE POISON CONTROL HOTLINE OR A VETERINARIAN AS SOME CASES MAY BE MADE WORSE WITH VOMITING.

If vomiting is recommended, use 1 teaspoon of hydrogen peroxide per 10 pounds of body weight – up to 9 teaspoons for large dog.
Always try to get the dog to eat something before inducing vomiting (food, milk, broth, etc.).
Never give your dog ibuprofen or acetaminophen (Tylenol®). Aspirin is safe.

***If you are in an area without a veterinarian available and are sure of antifreeze poisoning you can break down the ethylene glycol with 2 tablespoons of distilled liquor mixed with 2 tablespoons of milk or water. This might prevent kidney and other internal organ damage.

NAPPS NOTE: AS A PROFESSIONAL PET SITTER YOU SHOULD MEMORIZE THE NUMBER OF THE ASPCA ANIMAL POISON CONTROL CENTER 1-800-548-2423 or 1-888-426-4435. There is a $50 fee for this service, billed to your credit card. Should you not have a credit card available, a call from a land line to 1-900-443-0000 will have the service billed directly to the phone used for the call.
Also helpful may be a list of toxic plants and alkaline and acid chemical products. A chart of medications that are safe or unsafe for pets is also valuable. Educate yourself and pass the information along to your clients. You might just save a life. Note Acid/Alkali and Plant Toxicity lists in appendix.

16. HYPOTHERMIA / FROSTBITE (84-85 & 79-80)

NAPPS NOTE: Many small breed house dogs are very susceptible to the outdoor cold. Dress them a sweater and limit walks according to weather conditions. If walking in snow, check feet for ice balls and soak off in warm water. Always thoroughly wash the feet in a basin of warm water if walking through ice thawing chemicals. Check ears, toes, tail and testicles on animals thought to be suffering from frostbite as these areas will be targeted first.

Hypothermia:
• Body temperature of the dog drops to 95 degrees or lower. Severe hypothermia registers at 90 degrees and is life threatening.
• A body temperature below 90 degrees for 30 minutes or more requires warming from the inside out. Do not apply external heat. Seek veterinary care immediately anytime the body temperature drops below 98.5 degrees.
• Check temperature regularly. During mild hypothermia the body temperature can be raised with warm water bottles, drying and rubbing (torso only). Feed warm chicken broth or water. Corn syrup (Karo®) or honey on the gums aids in shock prevention and stabilizing blood sugar.
• Have the dog checked by a veterinarian.

Frostbite:
• Frostbite is the forming of ice crystals in living tissue.
• Frostbite skin coloring: white, blue or gray.
• Ice crystals are damaging – pat gently and DO NOT rub the skin on ears, paws or tail.
• Take immediate steps to dry and warm dog with towels and blankets.
• Do not use hot water or heating pads. Use warm water.
• Watch for shock if the body temperature is 99 degrees or lower.
• Treat for hypothermia.
• Raise body temperature slowly.
• Seek veterinary care for red skinned areas or areas where the skin has peeled away as infection might arise.

VIDEO COMMENT: The video shows children administering first aid care to the dog. Children should NOT administer first aid care to a hurt or injured animal unless strict adult supervision is provided.

17. HEATSTROKE  (82-83)

NAPPS NOTE: Do not transport pets any more than necessary in hot weather. NEVER leave a pet unattended in a car during warm weather. On an 85 degree day with windows slightly open a car can easily heat to 102 in 10 minutes. In less than 30 minutes the temperature can climb to 120 degrees. High temperatures will cause brain and kidney damage as well as other organ shutdown. Always make sure fresh cool water is available.

Moderate heatstroke occurs at 104 degrees. A body temperature of 106-107 can be deadly.
Dogs have no sweat glands, they pant to remain cool.

**Symptoms:**
- Rapid pulse, panting, drooling, staggering, listlessness, confusion and collapse.
- ALWAYS bring the body temperature down SLOWLY to prevent shock. Do not use ice, just cool water. Cool water may be poured over the dog. Cold towels may be used on the head, feet, chest and abdomen, and groin to aid quicker cooling if the temperature is extremely high. Take the dog’s temperature every ten minutes. The goal is to decrease the temperature to 103 degrees and then STOP the cooling process. The body will proceed to cool itself down to normal temperature. If the cooling process is not stopped the body could continue to cool to a dangerous level and shock could occur.
- Check the ABC’s and temperature.
- Vet consult is a must for temps that have been over 106.
- Hair acts as an insulation against heat, however if matted, it prevents air circulation thus resulting in body overheating. Keep long hair well groomed or clipped (not shaved).

**VIDEO COMMENT:** It would be best to remove the dog from the hot blacktop pavement to the cool ground. Dogs dispel heat through the pads of their feet as well as through panting.

**NAPPS NOTE:** *Dogs have no sweat glands. They decrease body heat through panting. Heat is also reduced through the foot pads. Moving a dog to where his feet can be cool will aid the hyperthermia. (ex. pool of water, cool concrete or ground vs. hot blacktop)*

**18. ELECTRIC SHOCK (71-72)**

**NAPPS NOTE:** *Check the area in which the pet will be confined. Do not allow any lights to burn that may be tipped over. Place all cords out of reach of puppies and chewing dogs. Review the area with the client for safety.*

Some signs of electrical shock may occur immediately while others may not appear for hours or days.

**Symptoms:**
- Collapse near electrical cord, loss of appetite due to burns or ulcers in the mouth area, foul breath and/or drooling.
• Coughing or difficulty breathing may be caused by fluid buildup in the lungs.
• Electrical shock can cause seizures or stop the heart.
• Scene safety is vital before attempting a rescue.
• Turn the power off at the breaker or fuse box
• Do not use anything metal to remove a hot wire. Use wood or plastic.
• Check for shock and prepare for CPR.
• Burns may be visible on the mouth of the dog that has chewed on electrical wires. These burns may be difficult to heal.
• Keep the pet calm and quiet and transport to the veterinarian immediately following any electrical shock.

THE VIDEO SECTION HAS ENDED; HOWEVER THERE ARE STILL SOME VALUABLE LESSONS TO FOLLOW.

19. APPROACH, CAPTURE AND RESTRAINT (28-33)

If the dog is conscious, approach slowly. Crouch down and speak softly to prevent frightening the dog. Do not use direct eye contact or hover over the animal. Be aware of the dog’s body language. Stop or retreat a little if the injured dog tries to escape.

MUZZLING IS ONE OF THE MOST IMPORTANT ASPECTS OF BASIC PET FIRST AID.

It is important that you know how to muzzle easily and quickly to avoid stress to the dog as well as the care-giver. Even the most docile dog will bite when injured. It is their non-verbal way of expressing pain and fear.

Use the book for reference (page 30). Use your long strip of sheeting. A neck tie, belt or gauze strip may work just as well – improvise in an emergency.

(Book correction) DO NOT tie a knot in the center as shown in the book. The knot may interfere with the breathing of an already stressed dog. But DO make a large loop BEFORE approaching the dog. Slip the loop over the nose and tighten – not too tightly. (A dog can have up to 1500 pounds of bite pressure clamping down but very little strength opening their jaws) At this point you have a loop over the nose with both long ends on top. Quickly take one end down the left and the other end down the right side of the face and cross underneath. Then take the ends around the back of the head and tie in a BOW. Do not use a knot in case you must remove the muzzle in a hurry (ex. vomiting, rescue breathing). NEVER use a muzzle if the dog is having breathing difficulties, vomiting or unconscious.
Remember there are soft nylon muzzles available in a variety of sizes. These have Velcro closures for easily administering or removal. They should be disinfected after use.

**PRACTICE, PRACTICE, PRACTICE!**
Practice muzzling your stuffed animal. Practice muzzling your own dog. Practice often until you can do it without instruction. Practice this procedure until you are proficient at doing it quickly and smoothly.

It is important to be swift with this procedure to prevent being bitten. It may be the only way in which you may be able to handle an injured dog. Keep your face back while muzzling.

**NAPPS NOTE: ANY TIME THERE IS AN INJURED DOG AND YOU MUST HANDLE OR TRANSPORT – MUZZLE FIRST.**
You might practice handling and muzzling your client’s dogs (with their permission) – getting them used to a muzzle in case the need arises. Also become efficient in lifting the dogs properly with regard to size. Techniques are demonstrated in the ARC Dog First Aid book.

The procedure for short nosed dogs is somewhat similar. In the last stage the long end is slipped under the top and taken to the back to prevent muzzle slippage off the nose. Remember that there now are soft nylon muzzles even for snubbed nosed dogs.
Take care in muzzling snubbed nosed dogs as they already have diminished breathing due to the brachycephalic airway syndrome. Remove if difficulty breathing.
A headlock restraint and transporting techniques are described with photos on pages 31-33. Familiarize yourself with the proper hold techniques. It will be easier on both you and the dog, and might prevent a bite or injury.

**20. ALLERGIC REACTIONS (42-43)**

Allergic reactions may arise from vaccines, insect stings or bites.
If you know your pet is sensitive to any of the above it may be wise to keep a vial of epinephrine (or Epi-Pen®) available. Speak with your veterinarian about what Rx would be best. Injection amount depends upon body weight. Purchase from your veterinarian, consult for dosage and keep in your first aid kit. It need not be refrigerated.
• Bee or wasp stings and spider bites are most common in the summer.
• Never pull a stinger out with tweezers. The pressure to the stinger will only cause more venom to be injected. Use a credit card or something flat and scrape sideways to remove. Applying a baking soda paste, honey, or ammonia will neutralize a sting or bite.
• Applying a cold pack may prevent excessive swelling.
• Diphenhydramine (Benadryl®) may also be used– 1 mg. per each pound of body weight. Benadryl® comes in pill and liquid forms. The liquid dosage is usually 12.5 mg. per teaspoon and pills are usually 25 mg. (a 10# cat or dog would get ¼ tsp of liquid or ½ tablet). Do not administer if vomiting, having breathing difficulty or unconscious.
• If dog is rattling and gasping for air – elevate the hind end to aid drainage of the lungs.

21. ANAL SACS (44)

Anal sac glands are located a 5 and 7 o’clock in the anal sphincter. Secretions are a brownish and foul smelling liquid which is normally emptied with the dog’s regular defecation. Dogs may also “dump the sacs” when highly excited or afraid. Groomers almost always empty the sacs so there is no foul odor while grooming and bathing.

Symptoms: of irritated, infected or impacted sacs include swelling, constant licking or scooting on hind quarters.
Take the dog to the veterinarian to check for infection and/or parasites. At that time, ask to be shown how to express the glands correctly if needed.

22. BITE WOUNDS (47-48)

Puncture wounds or bite wounds are a very serious type of wound.
• Wash thoroughly with soap and water. Squeeze around the site to allow some bleeding which may also force out bacteria.
• Clip or shave the fur from the affected area.
• Wash again with soap and water.
• Apply an antibiotic ointment.
• If not able to see a veterinarian for several hours – apply a hot compress to draw out any bacteria.

NAPPS NOTE: Any bite or puncture wound should be WATCHED very carefully as it will easily abscess (become infected). Bite wounds tend to heal on the surface
and allow bacteria to fester within. Swelling and high fever will signify an infection. Be sure to check the rabies status of the animal that inflicted the bite.

23. BLEEDING (48-50)

- **Wound bleeding** is usually stopped with direct pressure.
- **Arterial bleeding** is much more vigorous than venous bleeding. Both can be stopped with direct pressure over the wound. If bleeding fails to stop then pressure points may be used.
- **Front limb bleeding**: 3 fingers pressed in the upper arm pit on the side where the wound resides (brachial artery)
- **Back limb bleeding**: 3 fingers pressed in the inner thigh where the leg meets the body (femoral artery)
- **Head bleeding**: 3 fingers pressed at the base of the lower jaw, just below the ear, on the same side as the bleeding (carotid artery)
- Avoid using any pressure points unless death is eminent from excessive bleeding.

24. BLOAT – TORSION – GDV (50-51)

Bloat, Stomach Torsion, or Gastric Dialation Volvulus - different names for the same ailment.

GDV is most commonly seen in large, deep-chested dogs. The cause is not fully understood but though to be from dogs gulping air when hurriedly eating food.

NAPPS NOTE: *This is a LIFE THREATENING SITUATION. Learn to identify the symptoms and proceed with veterinary care IMMEDIATELY.* 
*It is advised that there should never be any exercise or rolling on their backs directly before or after a meal when dealing with deep-chested dogs. (Seen often in Great Danes, Labs, Retrievers, Boxers, Shepherds, Rottweilers and other deep-chested and giant breeds) If you are more than ½ hour from a vet clinic – call and ask for in home emergency instructions.*

**Symptoms:** Bloating in the abdominal area, drooling, pacing, and painful movement and arching of the back.

The bloated stomach actually turns closing off the blood flow to the stomach and often the spleen. The dog becomes extremely uncomfortable because he is unable to vomit or defecate and the gas builds in the stomach and intestines.
Watch for signs of shock. Put corn syrup (Karo®), sugar water or honey on the gums to keep conscious.
Try walking the dog. If the dog **IS ABLE TO BELCH OR VOMIT**, then bloat is not the problem. An antacid such as Mylanta® may be given (3T for a small dog or 6T for a large dog). Ease should follow in 20-30 minutes.
If the dog **IS NOT ABLE TO BELCH OR VOMIT** – **TREAT IMMEDIATELY** for bloat or GDV.
WATCH for SHOCK which can kill in 10-20 minutes.

**NAPPS NOTE:** *As noted before – this is a life-threatening situation. Prevention is the best policy.*
*Pet sitters should exercise the pet immediately upon arrival. Allow time for calming before feeding, and then restrict activity after meals.*
*If bloat is suspected, transport the dog immediately to a veterinarian for a diagnosis. Emergency surgery may be needed to reposition the stomach and suture to a stationary position, thus preventing recurrence.*
*Call the clinic and alert them to the incoming bloated dog.*
*Upon diagnosis and stabilization of the animal, contact the owner.*

**NOTE:** A BOWEL OBSTRUCTION MAY APPEAR AS BLOAT. Dogs have been known to swallow everything from rocks and rubber toys to underwear, tampons, coins and pacifiers.
As long as the dog feels well enough to eat – allow plenty of food and water.
Give a teaspoon of oil for every 10 pounds of body weight.
Let nature take its course and check each stool thoroughly for item passage.
Watch for signs of shock. Take animal to the vet for an x-ray if the dog begins to vomit, stops eating, or has not passed the object in 12 hours.

### 25. BLOOD IN THE URINE / STOOL *(52)*

Any blood in the urine is cause for concern.
**Causes include:** Bacterial urinary infection, blockage, kidney stones.
Some blood may also appear in the urine of a female in heat.
All may cause the build-up of toxins in the dog’s system so veterinary care should be sought IMMEDIATELY.
Blood in the stool is most likely from straining during defecation. Observe stool for any foreign matter and if bleeding continues seek a vet consult.

### 26. BLOOD SUGAR EMERGENCIES / DIABETES *(53-54)*
Hypoglycemia – blood sugar too low
Hyperglycemia – blood sugar too high – diabetes

**Hypoglycemia** may develop as the pancreas malfunctions due to liver disease, too much insulin for a diabetic dog, heavy load of parasites, low food rations, or excessive exercise after not being regularly exercised.

**Symptoms:** Weakness, disorientation, wobbly, glassy-eyed, shaking or unconscious. They may appear poisoned or drunk.

**Treatment:** Give honey, corn syrup (Karo®), pancake syrup or sugar water. Dose: 1 teaspoon/weight under 50 pounds - 3 teaspoons larger breeds. It will be more readily absorbed if rubbed on the gums. This can be done even if the dog is comatose.  
Offer food or broth.  
Treat for shock and follow with rescue breathing and CPR as needed.

**Hyperglycemia** (diabetes) may develop from too much blood sugar due to incorrect insulin injections, stress, and lack of exercise, excess food or obesity.

**Symptoms:** Weakness, dehydration, vomiting, loss of appetite, sweet smell on the breath.

**Treatment:** Treat for shock and seek veterinary care immediately.
Most diabetic dogs require insulin. Meals and exercise will have to be carefully scheduled so the insulin dosages can be fully regulated.

**NAPPS NOTE:** *After symptoms have stabilized or dissipated, pet sitters should seek veterinary care to determine the underlying cause of the behavior witnessed. Note that very active toy breeds are very susceptible to hypoglycemia. These dogs should be fed two to three small meals daily or they may need food left out all the time to keep their blood sugar levels more even.*

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**27. CONSTIPATION (64)**

Constipation may be caused by dehydration, inappropriate food, change in food, or blockage in the intestinal tract.

If the stool is hard and dry, adding a psyllium product (Metamucil® or Benefiber®), pumpkin or bran might be beneficial. Plenty of fresh water is necessary. If the dog refuses plain water – add a little chicken or beef broth. Stool softeners may also be used, but only when suggested by a veterinarian. Elderly dogs are most susceptible.

If there is no passage of stool for 24 hours or more, consult a veterinarian.

**NAPPS NOTE:** *NEVER use human enema products on dogs.*
Dogs with corkscrew tails (Boston terriers, and bulldogs) may be prone to constipation due to the anatomical bone structure interfering with normal defecation. A veterinary consultation should be sought.

28. DEHYDRATION (65-66)

**Symptoms:** Include increased thirst and lost of elasticity of the skin. Skin pulled up in the neck or back area should spring back quickly. If the skin slowly sloughs back in place or remains peaked, it is time to take immediate action. A veterinarian can provide IV or Sub-Q fluids (under the skin.) Rehydrating may also be encouraged with the use of an electrolyte solution such as unflavored Pedialyte.®

**NAPP NOTE:** *A professional pet sitter may administer fluids in the home thus preventing the stress of a vet trip. The procedure is not difficult to learn. Check with your local veterinarian.*

29. DIARRHEA (66-68)

- Diarrhea may be caused by something as simple as a change in food or eating something inappropriate.
- Diarrhea may also be a sign of distemper, parvovirus or coronavirus (often seen in young dogs). These ailments will be accompanied by a high temperature and possible vomiting. If the diarrhea persists for 12 hours in a very young pup it is considered an emergency. Diarrhea is most dangerous because of rapid DEHYDRATION. If the diarrhea contains blood (especially in puppies) have the dog checked by a veterinarian IMMEDIATELY.
- **DO NOT WITHHOLD WATER**
- Withhold all food for 24 hours. Corn syrup (Karo®), honey or sugar water rubbed on gums will keep blood sugar from depleting. Offer plenty of water, broth or unflavored electrolyte solution (Pedialyte®) mixed 50/50 with water. Pepto-Bismol® or Kapectate® may be used in dogs - ½ to 1 teaspoon per 5 pounds of body weight.
- Feed a bland diet for 24 hours (rice, macaroni, scrambled eggs or boiled skinless, deboned chicken). If diarrhea is eliminated, gradually reduce the bland diet and accommodate the regular diet. If diarrhea persists, consult a veterinarian. Please note instructions on page 67-68 of the Dog Pet First Aid book.

**NAPPS NOTE:** *Diarrhea in a puppy should be taken seriously by all pet sitters. Some viruses can kill in 24-48 hours. It would be sensible to have the puppy...*
veterinarian checked just to rule out anything serious. Always check with the owner to determine what is normal for their dog.

30. DROWNING (68)

NAPPS NOTE: Pet sitters must be conscious of pools, hot tubs or fish ponds that a dog might fall or jump into. Make sure there is a platform or steps of some type for the dog to get out. It is best to not leave a dog unattended in an area where these hazards are located. Even though there may be steps – those steps are often under water and the pet may be unaware of a way out.

- If a dog is brought out of the water unconscious, lie the dog down on its side with hind end higher than the head so water may drain out. Slap between shoulders or do abdominal thrusts to help expel water. A small dog may be held upside down by hips or legs to shake or have someone slap both sides of the chest.
- With a finger sweep, remove any vomit that might appear.
- Keep the dog warm.
- Follow the ABC’s and use rescue breathing and CPR if no pulse.
- Follow with a veterinary checkup as bacteria from the water may have entered the lungs.

31. GUNSHOT WOUNDS (80)

Muzzle. Follow the ABC’s. Apply direct pressure to wound. Keep warm and quiet. Follow the ABCs and watch for shock. Transport to the veterinarian. Elevate the wound above the heart to decrease bleeding.

NAPPS NOTE: If you are walking off-road during hunting season or the dog is free roaming, encourage the owner to provide a brightly colored (orange) scarf for the pet’s neck as well as a reflective collar and tags.

32. HEART DISEASE (81)

Cardiac disease is very common in dogs and should always be considered an emergency.

Symptoms: Coughing, decreased exercise tolerance, breathing difficulty, and sometimes complete collapse.

Often there is a genetic predisposition in certain breeds.

Heart worm infection should also be considered.
Treatment suggests following the ABCs and transport to a veterinarian for proper diagnosis.

**NAPPS NOTE:** *If your client’s dog is not on heartworm prevention, provide the owner with informative literature on the subject. Your intervention may save a life.*

### 33. HOT SPOTS/SKIN INFECTIONS (84)

- An infection of the skin is generally red and itchy. It may eventually ooze, turn crusty and have a foul odor.
- Muzzle the dog before treating.
- Clip the hair away from the affected area.
- Wash with COOL water and antiseptic wash. Dry thoroughly.
- Benadryl® may reduce swelling and itching.
- Clean the area daily to prevent infection or fungal growth.
- Numerous patches of irritation can often be relieved with an oatmeal bath or medicated shampoo.
- Skin irritations which may lead to infection may be caused by: bacteria, fungus (ringworm), seborrhea, mites, or yeast. Parasites such as fleas and ticks may also be the culprit. An accurate diagnosis and treatment will ultimately lead to relief for the dog.
- **Hot spots:** Caused by a bite, scratch or itch that the dog has licked and chewed around to try to alleviate the pain or irritation. Bacteria enter the open wound; serum oozes from within and often mats surrounding fur.
- Trim fur around the spot and wash with an antiseptic wash. Do not use soap.
- Use peroxide, witch hazel, tea tree oil or a cool wet tea bag to soothe the wound. Antibacterial sprays or a boric acid solution may aid the healing of the spot. Antibiotic ointments are not always necessary and often prevent air healing.

**NAPPS NOTE:** *Always keep the client aware of any skin irritants that his pet may have. Stay alert as a small irritation might escalate to a large infected area overnight. Do not be apprehensive about informing a client about parasites the pet may have. The client may value the information, especially if accompanied by treatment information. Educate yourself about such things as ringworm and sarcoptic mange, etc. so you do not contract yourself and transport to another client’s pet. Be sure to check the other veterinary periodicals or books as well as the NAPPS library for further health information.*
34. INSECT BITES AND STINGS(42)

See allergic reactions in section 10 of this text or page 42 of the ARC Dog First Aid book.

35. JOINT LUXATIONS

A luxation is when the bone slips out of joint.
This is often seen in dogs that run, jump and spin, with the knee, elbow or hip affected.
Some breeds are more susceptible than others.
This is an extremely painful accident for the dog.
Sometimes the bone may be repositioned, but most often surgery is required to hold the correct positioning.

36. KENNEL COUGH(85-86)

Kennel Cough is caused by a bacterial or viral infection. It will resolve on its own in about 10 days. The disease is highly contagious.

Symptoms: Hacking cough which may or may not bring up phlegm. There may be difficulty breathing and a nasal discharge.
Cough suppressants and vaporized steam heat are often helpful.
Pneumonia can develop so the dog should be regularly observed.
Bordatella vaccine may guard against one form of kennel cough. Check with a veterinarian.

37. PARASITE DISEASES(91-96)

Parasitic disease includes ticks, worms, mites, and fleas.

Ticks
• attach their heads to dogs to suck blood for food.
• Deer ticks (black-legged ticks) and American Dog ticks are the most common. These two breeds can transmit disease to humans.
• Ticks may cause Rocky Mountain spotted fever, Lyme disease, Ehrlichiosis, Babesiosis and Tick paralysis.
• Deer ticks are very tiny – about the size of a small freckle or pinhead.
• American dog ticks are about the size of a sunflower seed, brown with gray marking on the back.
• It is safest to wear gloves and use a tick spray to remove ticks. Alcohol, mineral oil or petroleum jelly may be used to cause the tick to back out or smother. If the tick does not back out it may be gently pulled out with tweezers getting as close to the skin as possible. The tick may be accompanied by a chunk of skin affixed to the head. If there is swelling or redness around the bite site it might be wise to deposit the tick in a vial of alcohol. If you live in an area where Lyme disease is prevalent you might want to save the tick for identification. If any limping appears in the dog within a 2 week period following a bite, proceed immediately to the veterinarian for testing. Wash the bite site and apply alcohol or peroxide followed by antibiotic ointment.

**Tick paralysis:** Believed to be caused by a toxin in the tick saliva. The dog may remain paralyzed 2-3 days but will usually recover quickly once the ticks are removed. Apply a monthly topical treatment to keep the dogs tick free.

**Worms:** Intestinal worms that most often affect dogs include round, whip, tape and hook. All are visible in the stool and can be eradicated with proper Rx for the type of worm. A fecal exam should be done on a regular basis for those dogs exposed to other dogs. Hook worms are easily picked up in the soil. Puppies develop roundworms from larvae in the mother’s milk. Tape worms are the result of ingested fleas. Heartworms are another parasite which can be prevented with a de-worming medication.

**Mites:** There are three kinds of mange mites which usually affect dogs. Sarcoptic mange (scabies mite) is the most contagious – both to other dogs and people. Demodectic (red mange) is non contagious and seems to rise when the immune system is suppressed. Cheyletilla (walking dandruff) highly contagious—most often seen in puppies. Otodectus ear mites are found in the ear canal and cause excessive itching and sometimes pain. They are contagious but easily eradicated. Diagnosis of mites is by skin scraping and/or microscopic evaluation. Proper diagnosis will provide the correct miticide for eradication.

**Fleas:** Small sucking insects that hop and suck blood from the host. They reproduce at incredible speed. They also can remain in the larvae stage for 2 years
until the proper heat, humidity and vibration allows them to proceed through the developmental cycle. Many insecticides are available to kill and prevent flea infestations. Elimination of a flea infestation is often a challenge as the yard, house, and animal should be treated at the same time to prevent reinfestation. All of the above parasites are preventable with proper care.

38. PUNCTURE WOUNDS / EMBEDDED OBJECTS (99-100)

Muzzle before any treatment. Apply direct pressure to a bleeding wound. NEVER remove a saturated pad but rather add additional pads. Elevate the wounded area above the heart to decrease bleeding. For minor wounds thoroughly wash with soap & water and flush profusely to prevent bacteria infiltration. Watch for possible infection (abscess). Cover to prevent further foreign matter entering wound.

Penetrating chest wounds:
Muzzle before treating.
Only remove an object if it has not penetrated any deep tissue. If it is imbedded in deep tissue, find a way to prevent any movement of the object.
If a dog has run into an object and backed away leaving a hole, take immediate action. It is important to seal all penetrating chest wounds. Allowing air to escape could lead to a collapsed lung. Use antibiotic ointment or Vaseline® and a pad to cover. Plastic wrap or plastic bags may also be wrapped around the chest for transport to the vet clinic.
Check the ABCs and prepare for shock.

NAPPS NOTE: All professional pet sitters should learn the pressure points to stop the bleeding to an extremity. In the front leg put your thumb on the outside and fingers in the armpit and apply pressure over the brachial artery. The rear leg – apply pressure over the femoral artery (same place you check for pulse). If the tail has been injured place pressure on top and bottom near the base. If a head wound, apply pressure under the jaw near the ear over the carotid artery. Treat for shock.

39. REVERSE SNEEZING

Reverse sneezing is a rapid, loud inhalation sound that might be frightening to those that have not witnessed previously. The dog will forcefully inhale with continued snorting sounds. It is believed to be caused by an irritant to the soft palate and/or throat. The irritant may range from post nasal drip or rapid drinking to exercise intolerance or pulling on a leash.
It is often seen in short-snubbed nosed dogs. There is no real treatment for this syndrome. Some animals have found relief if their caretaker massages the throat area thus relaxing the spasms.

**NAPPS NOTE:** *If you notice the reversed sneezing in a client’s dog you might wish to explain the syndrome to them. You might also want to suggest a harness as opposed to a collar when walking on leash.*

40. **SEIZURES (101-102)**

- Most seizures are of unknown origin.
- Seizures can be as mild as looking dazed or involve falling, twitching, crying, paddling, snapping, or loss of bowel and urine control.
- Situate the dog to lie flat safely on its side. Keep your hands free from the mouth. DO NOT hold the dog's tongue (not true that they will swallow). Do not cover with a blanket as overheating is possible. You may cover with a sheet to shut out outside stimulation.
- Stay calm and quiet and allow the dog to remain unbothered. Seizures only last a few seconds to a few minutes. Seizures longer than 2 minutes require veterinary care and possibly medication. The medication often will not cure the seizures but it will control the frequency.
- Dogs may be disoriented when coming out of a seizure. If possible apply corn syrup (Karo®) or honey to the gums to increase blood sugar.

**NAPPS NOTE:** *Experiencing your first seizure is frightening. Remember the animal is feeling no pain. Remain quiet and keep the dog safe but untouched. The seizure will pass quickly even though it may seem like an eternity. Most seizures last less than two minutes. Most don't hurt the dog. Document the frequency (date and time) as well as length of the seizures for veterinary follow-up. Pet sitters should contact the owner and, based on consultation, make arrangements to seek veterinary care.*

41. **SLIPPED DISC (104-105)**

Invertebral disc disease is often seen in dachshunds, basset hounds, and other long bodied breeds that have a genetic predisposition. Symptoms include an arched back, crying, and inability to move and walk properly. Trembling and lack of bladder or bowel control may follow. Hind leg motion is often diminished.
Veterinary care may provide some pain relief medication. Prevent jumping and stair walking. Take care in lifting the dog to prevent further injury. Hot and cold compresses may be relaxing. Veterinary Chiropractic treatments are often beneficial.

42. URINARY BLOCKAGE (107-108)

Urinary blockage can result from stones lodged in the urethra or bladder. Blockage causes urine retention and toxin buildup. This is a medical emergency. Symptoms: Squatting and crying, licking and swelling the genital area, loss of appetite and vomiting. Transport the dog by walking or lifting in a manner that does not put any pressure on the bladder. Veterinary care should be sought immediately.

43. VAGINAL / UTERINE DISCHARGE (108-109)

A discharge that has both pus and blood may be a uterine infection called pyometra. It is often seen in an unspayed female dog. Emergency veterinary intervention is needed to prevent the uterus from rupturing and possibly death. Pyometra is usually a bacterial infection which may be treated with antibiotics. Symptoms: Swelling and licking in the vulva area, increased water intake and urination, loss of appetite and sometimes vomiting.

NAPPS NOTE: Always find out from your clients whether or not their dogs are spayed or neutered. Ask to be informed as to when a non-spayed female will have her heat cycle. This will help rule out urinary infections and pyometra if the urine is slightly tinged with blood. Watching during a heat cycle might also prevent an “accidental” breeding.

44. VENEMOUS BITES (109-111)

NAPPS NOTES: Learn to recognize what poisonous snakes are in your area of the country (poisonous toads, scorpions, etc.). Convey to your clients that obedience training may save a curious dog from a bite or other harm. Dogs are more sensitive to snake venom than cats. 

Snakebites
**Symptoms:** pain, swelling, breathing difficulties, progressive weakness, tremors, respiratory paralysis, puncture wounds

- Prepare to treat for SHOCK.
- Follow the ABC’s and transport to the vet.
- DO NOT make incisions, suck venom, apply ice or use a tourniquet.
- Don’t take time to capture the snake. Even a dead snake can have reflexes for up to an hour. A decapitated snake’s head may remain venomous for up to 1 ½ hours.
- Remove the dog’s collar.
- Remain calm and keep the dog calm.
- Carry the dog if possible to keep cool and slow down the venom circulation.
- Keep the area of the bite below heart level.
- Flush the wound profusely with pressured water if possible.
- A vacuum pump may be used as it can remove up to 30% of venom. Flush wound after pumping. A cold pack can be used with 10 minutes on and 5 minutes off to reduce swelling while transporting.
- Most pets that die from a venomous bite will die within 1-2 hours. Others will generally survive.

**Scorpion Stings:**

- Most scorpions are found in the Southwest. Most stings are no more harmful than a bee sting but they are very painful. Very few are deadly.
- Some stings are not visible while others cause vast swelling, drooling, breathing difficulty, paralysis and death.
- Apply a cold pack and make a baking soda and water paste and apply.
- Restrict movement of the dog.
- Watch for shock and follow with CPR as necessary.
- Transport to the veterinarian.
- Wounds may need to be flushed and antibiotics administered to prevent infection. Antihistamines (Benydryl®) may be prescribed to decrease swelling and keep the dog drowsy and inactive.

**NAPPS NOTE:** Scorpions are active night feeders. They can be found around house foundations and rocks where crickets reside. Scorpions will fluoresce under a flashlight at which time they can be easily removed with a heavily gloved hand.

**Spider Bites:**

- Most spider bites are uncomfortable and can be treated as you would a bee sting. Widow spiders, brown spiders and tarantulas have venomous bites.
• Widow spiders are black or brown and have an hourglass symbol on the back. Their neurotoxin venom causes cramps in the large muscles and sometimes paralysis.
• Brown spiders (Recluse and Missouri Brown) are also known as fiddlebacks due to the violin design on their backs. Their venom causes severe tissue destruction. Ulcers and blood disorders may also follow.
• Tarantulas do not have a highly venomous bite but may cause anaphylactic shock (blood circulations shuts down) in some dogs.
• Restrict movement of the dog and keep the bite below heart level.
• Wash the wound and apply a cold pack.
• Watch regularly for additional reactions or infection. Get to the veterinarian immediately for skin swelling, weakness, diarrhea, breathing difficulty, or collapse. Some reactions may appear full blown in 30 minutes while others may take a few days.
• **Brown spider bites can be deadly.**

**NAPPS NOTE:** Learn to identify venomous threats (ex. spiders, scorpions, toads, etc.) in your area. Learn the proper treatment as some bites are lethal. Provide your client with information on the offenders, especially if the client is new to the area.

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**Toad Poisoning**

• Most toad species are harmless but the Colorado River toad and certain marine toads produce substances that are absorbed through tissues in the mouth and cause heart and nervous system reactions. Some may cause seizures, some death.
• The Colorado River toad is about 7 inches long, olive to brown, cream colored belly, white warts in the corners of the mouth and orange to red warts on their back. It is often seen nocturnally during rain on the deserts of western states.
• Marine toads are generally brown with cream spots and can be up to 9 inches long. Found mostly near water.
• After the dog has mouthed a toad, IMMEDIATELY flush with water for at least 5 minutes. Keep the head elevated and take IMMEDIATELY to the veterinarian.
• Watch for signs of shock.
• Restrain but don’t muzzle if the mouth is involved.
• If CPR is needed wear gloves or place a plastic barrier between your mouth and the dog so you do not come in contact with the poison.
• For non-poisonous toad encounters a general flushing of the mouth with water is usually advised.
45. VOMITING (111-113)

Most frequent causes include eating something inappropriate or eating too much too quickly, diet change, emotional upset, or illness. Remove all food and water for 8 hours. Ice may be offered to prevent dehydration. Elderly or very young dogs should be examined by a veterinarian if vomiting persists. Pepto-Bismol® may be given (1/2 teaspoon per 5 pounds body weight to a maximum of 2 tablespoons - given 3 X daily).

NAPPS NOTE: Vomiting dogs will dehydrate easily. Add water gradually as directed by the veterinarian. Be sure to check the skin for dehydration. Fluids may need to be administered. It is wise for a pet sitter to learn how to administer subcutaneous fluids as there will always be a call for this service in the home (i.e. chronic kidney failure, liver disease or intestinal problems).

THERE IS OTHER INFORMATION IN YOUR BOOK WHICH HAS NOT BEEN MENTIONED IN THIS WRITTEN TEXT. PLEASE FAMILIARIZE YOURSELF WITH THE BOOK TO PREVENT PRECIOUS TIME LOSS WHEN REFERENCING IN AN EMERGENCY.

NOTE: THIS COURSE IS BASIC DOG FIRST AID, THE INFORMATION PROVIDED IS BY NO MEANS TO BE USED AS A SUBSTITUTE FOR PROFESSIONAL VETERINARY CARE.

ALWAYS BE AWARE IN YOUR LIFE AS A PROFESSIONAL PET SITTER. TAKE THE RESPONSIBILITY TO EDUCATE YOURSELF AND IN TURN PASS ALONG THAT KNOWLEDGE TO THE GENERAL PUBLIC. MANY LIVES MAY BE SAVED THROUGH YOUR PROFICIENCY OF PET FIRST AID. MOST IMPORTANTLY, REMEMBER TO UPDATE THIS MATERIAL ON A REGULAR BASIS.