

KAN-101.03-SOP Procedure, medical protocols, kittens

Summary: The purpose of this protocol is to guide the medical care for kittens (cats less than 6 months of age) in foster care and at Cat World. It affects Cat World staff, foster staff, veterinarians, veterinary technicians, and fosters and covers the following:

1. Vaccination and preventative
2. Exams
3. Infectious diseases
4. Common kitten illnesses

Operational Procedure:

1 - VACCINATION AND PREVENTIVE

- Kittens receive vaccinations and preventatives at the time of intake and additional treatments as scheduled.
- Staff will enter treatments and preventives into the medical software (if access) or will provide information for data entry in a timely manner to staff that do have access.

FVRCP - Feline Rhinotracheitis virus, Calicivirus, Panleukopenia Virus

- Modified live FVRCP vaccine is given in the right forelimb.
- Begin at 4 weeks of age, booster every 2 weeks until greater than 20 weeks of age.
- If younger than 4 weeks on intake, schedule first vaccination at 4 weeks of age.

Rabies Vaccine

- Right rear limb
- Give at 12 weeks of age (3 months), booster in one year.
- If younger than 12 weeks of age on intake, schedule first vaccine at 12 weeks (3 months).

FelV Vaccine

- If going into group housing, FelV/FIV test prior to move.
- If going into **long term** group housing, vaccinate with FelV as early as 8 weeks (based on vaccine label and when housing status is determined), booster in 3 weeks, then one year later.

Deworming: Pyrantel & Ponazuril

- Begin prophylactic deworming at 2 weeks of age
- Repeat every 2 weeks until 12 weeks of age.
- Pyrantel dose: 0.1ml/lb
- Ponazuril 50mg/kg once
 - Dependent on suspension concentration – verify concentration.
 - See dose chart.

Lifesaving Centers – All-Centers Operations Manual

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Flea Preventive

- Prophylaxis on intake: revolution by weight if 6 weeks of age or older.
- If fleas present, revolution can be given extra-label (consult tech for dosing).

Pro-Biotic

- Kittens that have started weaning may be started on Fortiflora or ProBi prophylactically until 12 weeks of age.
- Fortiflora: under 1.5kg - ¼ packet twice a day; over 1.5kg ½ packet twice a day
- Pro-bi: under 1kg - 0.1ml twice a day; over 1 kg - 0.2ml twice a day

2 - EXAMS

Intake Exams

- Foster staff or Hope House technicians are responsible for a general intake exam.
- Intake exams should include:
 - body weight, body condition (ideal, thin, emaciated)
 - condition of skin and any lesions or external parasites such as fleas or ticks, etc.,
 - ocular or nasal discharge
 - any abnormalities of ears, eyes, nose, mouth, color of gums
 - if teeth are present (verify age)
 - hydration
 - any breathing abnormality noted (fast rate, severe congestion, cough)
 - any abdominal distention or abnormality
 - ability to urinate and defecate and appearance of urine/stool (normal, describe abnormalities)
 - ability to move/crawl/walk and any orthopedic or musculoskeletal issue (limping, swollen leg, etc.)

Medical Records

- All exams and treatments will be entered into the medical software.
- If treatments are started by a staff person without access to the software, then information should be provided for data entry as soon as possible.

Tech and Vet Checks

- Foster staff may address basic concerns based on protocols after receiving training.
- For concerns beyond the foster staff's scope, contact Hope House for a tech appointment.
- If the condition warrants a doctor consultation or exam, Hope House will contact the clinic directly.
- For emergency conditions and treatments, see below.

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Medical Emergencies

- If an animal is exhibiting signs of an urgent/emergent medical issue, staff should notify the medical team or clinic immediately; for non-urgent issues, the standard protocol for notifying the medical team should be followed.
- If there is a question regarding urgency, staff should consult team lead or manager for guidance; if unavailable call Hope House or clinic.
- *Emergency priority:* Call/radio and bring the animal immediately to Hope House if there is a doctor present or to the clinic.
 - Temperature below 97 (see Fading Kitten below for immediate intervention)
 - Seizure or convulsions (see Fading Kitten)
 - Minimally or non-responsive when stimulated
 - Unable to stand.
 - Not eating at all and minimally active.
 - Respiratory distress (abdominal effort, open-mouthed breathing)
 - Swelling of the face/neck
- *Urgent priority:* Call Hope House techs to evaluate as soon as possible; if unavailable, call clinic.
 - Kitten significantly less active than normal but still responsive
 - Wobbly, instable, or other neurological signs (see Fading Kitten)
 - Kitten not eating but still active.
 - Pale gums but still active.
 - Vomiting with any other signs (decreased activity, diarrhea) or vomiting more than once.
 - Non weight bearing on a limb
 - URI with cloudy surface of the eye or with additional signs (decreased activity, dehydration)
 - Abdominal distension with decreased activity or appetite
 - Open wounds
 - Temperature above 105
 - Diarrhea with blood
- *High priority:* Observation that is addressed within 24 hours or less.
 - Weight loss
 - Slight decrease in activity, still eating normally.
 - Decreased appetite but still eating on its own.
 - URI with severe congestion, marked colored discharge, or conjunctivitis.
 - Abdominal distension with no defecation, activity level normal

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- *Medium priority:* Observation that is addressed within 48-72 hours.
 - Diarrhea with no weight loss and kitten is bright and active, eating normally
 - Mild URI signs (clear discharge or minimal colored discharge), kitten is bright and active, eating normally
 - Limping but bearing weight
 - Abdominal distension with no other signs

3 - INFECTIOUS DISEASES

See protocols for Ringworm and Panleukopenia.

4 - COMMON KITTEN ILLNESSES

Constipation

- Ensure adequate stimulation is being performed as needed if the kitten is an orphan.
- For > 24 hours without defecation, administer SCF: 20 ml/kg (see below)
- For > 48 hours without defecation, trained staff may administer warm water enema (<300g body weight: enema with 0.5ml; >300g body weight: enema with 1ml)

Subcutaneous Fluids

- Lactated Ringers (LRS) can be given as needed for dehydration and/or constipation.
- Warm fluids prior to administration.
- Administer 10 mls LRS per 1 pound subcutaneously.
- Date fluids once punctured and discard partially used bags over 2 weeks old.

Feline Upper Respiratory Infection (URI)

Exam:

- Approved staff will perform an exam on any kitten with URI signs; findings will be documented in the medical record as a tech exam.
- Clinical signs and exam will guide the first rounds of treatment if the case is uncomplicated and if kittens are otherwise healthy.
- The exam will include:
 - Assessment of hydration
 - Temperature, pulse, respiration, mucous membrane color and CRT
 - Oral exam for ulcers
 - Body condition assessment
 - Appetite/history assessment
 - Weight

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Treatment:

- If ocular discharge is present:
 - If only clear ocular discharge, begin idoxuridine ophthalmic drops TID for 7 days.
 - If discharge is yellow or opaque or if conjunctivitis (redness, swelling) is present, also begin terramycin ophthalmic ointment BID for 7 days.
- If nasal discharge, congestion, and/or sneezing:
 - For clear nasal discharge or sneezing, start nebulization with saline.
 - Colored, opaque, or bloody nasal discharge alone lasting a short period is not an indication to start antibiotics; antibiotics should be started in cases where other signs are also present or if signs are persistent.
 - For persistent (>2 days) colored, bloody, or opaque nasal discharge, or colored, bloody, or opaque discharge in conjunction with fever, anorexia or lethargy, antibiotics are indicated.
 - Start doxycycline 5mg/kg PO BID x 7 days for kittens older than 4 weeks of age. Follow with baby food or 6ml of water.
 - For kittens younger than 4 weeks that need antibiotics, amoxicillin/clavulanic acid (Clavamox) can be used at 14mg/kg PO BID.
- For fever greater than 102.5 but less than 104.5 degrees:
 - Give subcutaneous fluids: LRS 20ml/kg 1-2 times daily as needed (unless not absorbing fluids administered previously)
- For mild clinical dehydration (tacky mucous membranes, prolonged skin tent):
 - Give subcutaneous fluids 1-2 times daily as needed: LRS 20ml/kg
- For decreased appetite:
 - Give mirtazapine PO every 72 hours as needed:
 - <1kg body weight: 1.875mg (total dose per cat)
 - >1kg body weight: 3.75mg (total dose per cat)
 - Maropitant (Cerenia) 1mg/kg SC SID for up to 5 days in a row (if needed for longer, then skip one day and restart a 5 day course)
- For oral ulceration and/or lameness in conjunction with URI:
 - Calicivirus is a likely contributor to the URI.
 - Consult a veterinarian to begin buprenorphine at 0.02mg/kg SC or PO twice daily
- For ocular/nasal signs that are persistent after doxycycline treatment or that recur after doxycycline:
 - Initially, extend/repeat doxycycline course.
 - Famciclovir 40-90mg/kg PO BID x 14 days.

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- Cerenia nose drops once daily for 7 days, then 2-3 times weekly until resolved.
- If persistent signs of bacterial infection (see above for indications) after two rounds of doxycycline, azithromycin at 5mg/kg PO SID x 5 days, then EOD x 5 doses.
- Consult a veterinarian (verbal, or exam) if any of the following are noted:
 - Complete anorexia or vomiting
 - Fever > 105 degrees
 - Significant lethargy
 - Significant weight loss for multiple days in a row
 - Any other exam findings or clinical signs suggestive of more complicated or severe disease
 - Clinical signs persisting longer than 10 days without improvement after multiple empirical treatments are performed.
 - Recurrence of URI within 5 days of completion of treatment

Diarrhea

Treatment:

- Diarrhea +/- dehydration **with no other signs**
 - GI upset likely due to dietary change
 - Monitor appetite and hydration status daily
 - If not already started, start probiotics at doses listed in Preventatives section.
 - Verify preventative deworming (ponazuril, pyrantel) have been given.
 - Reassess after 1-3 days. If still having diarrhea, start:
 - Fenbendazole (Panacur) 50mg/kg PO SID x 5 days
 - Ponazuril 50mg/kg PO SID x 3 days.
 - Vitamin B12 SC once (0.1ml for <1lb, 0.2ml for large kittens)
 - SCF as needed based on hydration.
 - If not resolving after fenbendazole/ponazuril, if 6 weeks and older, start metronidazole 10mg/kg BID for 5 days. If under 6 weeks, consult a vet before starting metronidazole.
- Diarrhea or soft stools **with weight loss, vomiting, decreased appetite, or fever**
 - All of above and:
 - Run Parvo snap test and Giardia snap test.
 - If positive for parvo (panleukopenia), see above panleukopenia protocol.
 - If positive for giardia, start fenbendazole (Panacur) as above and (if 6 weeks or older) metronidazole (10 mg/kg BID) for 5 days.

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- If negative for both:
 - see above regarding isolation depending on level of concern for a false negative test; consider retesting daily.
 - Consult technician/veterinarian for more intensive care.

Weight Loss

- Weight loss immediately after the move to foster care is common due to increased activity.
- If no other clinical signs are present and the kitten is extremely BAR, increase feeding and monitor only. Feeding should be increased by 25%.
- If vomiting, diarrhea, lethargy, dehydration, or fever are present, see above for additional testing/treatment based on signs.

Fading Kitten Protocol

- Fading Kitten Syndrome is a life-threatening emergency characterized by rapid decline.
- It is typically caused by hypothermia (low body temperature) and/or hypoglycemia (low blood sugar).
- Once identified, the kitten should be seen as soon as possible at the clinic.
- Fading Kitten signs:
 - Low body temperature - the kitten feels cool or cold to the touch or rectal temperature < 98
 - Pale gums
 - Extreme lethargy: unable to stand, unable to lift head
 - Labored breathing, gasping for breath
 - Meowing, crying out
 - Seizures/convulsions (due to hypoglycemia)

Treatment:

- Contact clinic/Hope House immediately or manager (to contact vet on call) if after hours.
- Apply dextrose or karo syrup to kitten’s gums/under tongue; apply every few minutes until vet evaluation.
- Apply supplemental warming – apply heating pad on low or warming disc with blanket separating heat source from kitten.

Staff Approval for Medical

Hope House technicians and clinic technicians are authorized to start treatments based on their assessment and these protocols. With additional training, the foster coordinator and foster staff may also start treatments for uncomplicated cases.

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Related documents/references:

- [Antimicrobial use Guidelines for Treatment of Respiratory Tract Disease in Dogs and Cats: Antimicrobial Guidelines Working Group of the International Society for Companion Animal Infectious Diseases.](#) Lappin, et. al.
- [Feline Respiratory Infections in Animal Shelters.](#) Crawford, Cynda.
- [Feline Upper Respiratory Infection \(URI\) Discussion,](#) UC Davis Koret Shelter Medicine Program.

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