

Colic Admission Form

CASE LABEL HERE

Admission Date	
Admission Time	

Please circle answers as appropriate. If an answer is unknown, please leave the field blank.

Premises Details			
Yard Name		Post Code	
Address			

Signalment								
Gender	Gelding / Mare / Stallion	Pregnant?	Y / N	Days of Gestation		days		
<i>If female:</i>		Nursing?	Y / N	Age of Foal		months		
Breed	TB / TBX / WB / Cob / Welsh / Shetland / Miniature / Draft / Arab / ID / IDX / Other:							
Age		years	Weight		Kg	Height		hh
How long has the horse been in the owner's possession?				years		months		

General History				
Type of Work	General Riding / Racing / Eventing / SJ / Breeding / Dressage / Retired / Other:			
Level of Work		hours/week	Intensity of Work	None / Light / Medium / Intense
Management	Private Stable / Livery Yard / Racing Yard / Professional Yard / Other:			
Currently Stabled?	Y / N	Hours Stabled Per Day		hours
Main Carer	Owner / Private Groom / Professional Yard Staff / Loaner / Other:			
Number of Carers During Last 2 Weeks				
Other Horses at the Property?	Y / N	If so, how many?		
Stereotypic Behaviour	None / Wind Sucking / Weaving / Box Walking / Crib Biting			
Bedding	Shavings / Straw / Paper / At grass / Pellets / Hemp / Other:			
Forage	Hay / Soaked Hay / Haylage / Grass / Silage Other:			
Forage Frequency		times per day		
Hard Feed	None / Coarse Mix / Pellets/Cubes / Oats / Bran / Barley / Sugar Beet / Corn / Carrot / Mash / Alfa Alfa / Apple / Grass nuts / Chaff / Other:			
Hard Feed Frequency		times per day		
Supplements Given?	Y / N			
Supplements Details				

Worming History		
Worming Strategy	Every 6-12 weeks / Every 13 weeks - 6 months / Every 6-12 months / Targeted	
Weeks Since Last Worming		weeks
Last Worming Product Used		
Faecal Egg Count Performed in Last 6 Months?	Y / N	
<i>If yes: Faecal Egg Count Result</i>	Normal / Abnormal	
Tapeworm ELISA Performed in Last 6 Months?	Y / N	
<i>If yes: Tapeworm ELISA Result</i>	Normal / Abnormal	

Please circle answers as appropriate. If an answer is unknown, please leave the field blank.

Dental Care	
Is There a Dental Care Routine?	Y / N
Dentist	Vet / Dental Technician / Other: <input type="text"/>
Dental Care Frequency	6 monthly / 12 monthly / More than 12 monthly
Light Source Used?	Y / N
Mouth Gag Used?	Y / N
Known Dental Problems?	Y / N
<i>If yes: Please Give Details</i>	<input type="text"/>

Changes In The Past 30 Days	
Changes In Feeding?	Y / N
<i>If yes: Type of Change</i>	Hard feed introduction / Change hard feed type / Change forage type / Change forage source / Supplement introduction / Change supplements / Other: <input type="text"/>

Changes In Stabling/Turnout?	Y / N
<i>If yes: Type of Change</i>	Decrease in turn-out / Increase in turn-out / Change of pasture / Box rest / Other: <input type="text"/>

Transportation?	Y / N
<i>If yes: Transportation Duration</i>	<input type="text"/> hours
<i>If yes: Days Since Transportation</i>	<input type="text"/> days

Medical Problems Other Than Colic?	Y / N
<i>If yes: Other Medical Problems</i>	Diarrhoea / Fever / Laminitis / Respiratory / Lameness / Urinary infection / Other: <input type="text"/>

Medications Received?	Y / N
<i>If yes: What Medications Received</i>	Sedation / Anthelmintic / NSAID / Corticosteroids / Buscopan / Antibiotics / Other: <input type="text"/>

Other History	
Number of Previous Colic Episodes in Past 12 Months:	<input type="text"/>
Did a Vet Attend?	Y / N
Previous Colic Surgery?	Y / N
<i>If yes: Details of Previous Colic Surgery (e.g. Date)</i>	<input type="text"/>
<i>If yes: Diagnosis</i>	<input type="text"/>
Non-Abdominal Surgery in Past 6 Months?	Y / N
<i>If yes: Details of Non-Abdominal Surgery (e.g. Date)</i>	<input type="text"/>

Please circle answers as appropriate. If an answer is unknown, please leave the field blank.

Current Colic History			
When was the horse last seen to be normal?	Date		Time
When was the colic first observed?	Date		Time
Signs of Colic	Rolling / Muscle tremors / Trouble swallowing / Sweating / Teeth grinding / Flank watching / Pawing ground / Getting up and down / Kicking belly / Lying still / Crouching / Other:		
Owner's Perception of Pain Severity (ask owner to mark a cross on the line below)			
Pain free = 0 _____ 10 = Severe pain			
Number of Vet Visits			
Drugs Administered	Flunixin / Phenylbutazone / Other NSAIDS / Alpha 2 / Butorphanol / Mineral Oil / Buscopan / Other:		
Response to Treatment	None / Improved / Deteriorated		

Clinical Examination						
Attitude	Normal / Painful / Quiet / Unwilling to move					
Pain Severity (mark a cross on the line below)						
Pain free = 0 _____ 10 = Severe pain						
Body Condition Score	1	2	3	4	5	6
	Very Poor	Poor	Moderate	Good	Fat	Very Fat
Other Signs	Salivation / Muscle fasciculations / Poor tail tone / Sweating / Other:					
Cleanliness of the Horse	Clean clipped / Clean unclipped / Moderate / Filthy					

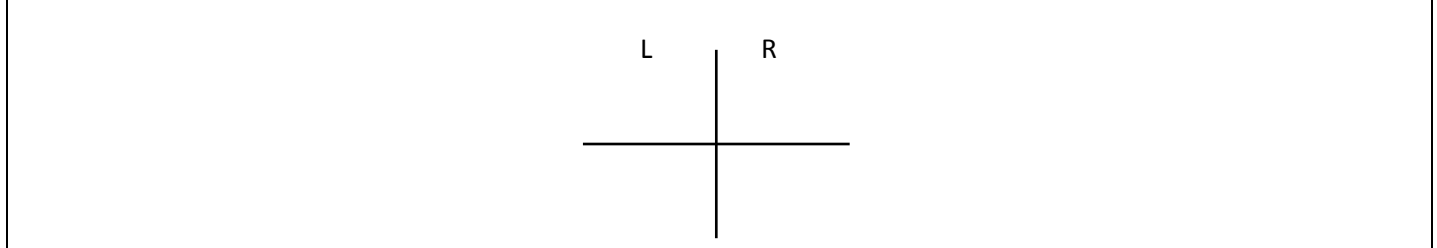
Cardiovascular System							
Heart Rate		beats/min		Pulse Quality	Normal / Weak / Bounding		
Mucous Membranes	Normal / Congested / Cyanotic / Pale / Jaundiced						
CRT		secs.	PCV		%	TP	
						g/l	Blood Lactate
							mmol/l
Rectal Temperature		°C		Respiratory Rate		breaths/min	

Please circle answers as appropriate. If an answer is unknown, please leave the field blank.

Gastrointestinal System

Abdominal Distension? Y / N

Auscultation Normal / Increased / Reduced / None



Rectal Exam Findings	Normal rectal findings	Distended small intestine	Gas distended large colon
	Large colon impaction	Small colon distension	Left dorsal displacement
	Right dorsal displacement	Caecal impaction	Pregnant/Enlarged uterus
	Gas distended viscus	Tight taenia band	Small intestine impaction
	Other:		

Nasogastric Tube Passed? Y / N

If yes: **Gastric Reflux?** Y / N

If yes: **Gastric Reflux Net Volume** litres

Paracentesis Performed? Y / N

If yes: **Gross Appearance** Normal / Turbid / Sanguinous / Blood contaminated / Gut contents / Chylous / No fluid obtained / Other:

Peritoneal WBC		$\times 10^9$ /litre	Peritoneal TP		g/litre	Peritoneal Lactate		mmol/l
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Abdominal Ultrasound Performed? Y / N

Ultrasound Findings Amotile SI / Distended SI / Increased volume of fluid / Colon distension / Unremarkable / Other:

Initial Management

Initial Management Surgical / Medical / Euthanased After Exam

Provisional Diagnosis