Greeting from the ARAV Technician

Hello my Reptilian and Amphibian shugs,

Greetings from the ARAV Technician

This month we have an article about the placement of Intravenous Catheters. If you're interested in this topic, you might want to read on.

Tips, Tricks, and Toys

At our clinic we use a 3-6 cc syringe case to prevent reptiles like iguanas from biting their tongue and the endotracheal tube during induction and recovery.

We will be holding a drawing for a FREE shirt from ARAV. Make sure to enter!

Erica Mede, CVT

Young, BD.  Comparison of Intraosseous and Peripheral Venous Fluid Administration. /2013.


References:

shown that jugular catheters provide a more rapid and wider fluid absorption route.  However, accessing the medullary cavity of the shell may require twisting motion when the stifle is flexed. If inserting into the tibia, the tibial crest will serve as landmark, while with the femur, the anterior surface of the distal femur is the point of entry. Once the medullary cavity is entered, the resistance against the needle will give way. When the needle is seated within the medullary cavity of the bone, you should be able to move the entire limb by just holding onto and moving the needle. To ensure proper placement of the needle, though, radiographs are very helpful. Fluids should be administered slowly over 10-15 minutes.

While this method provides a good route for rehydration in lizards, it is more difficult to accomplish in chelonians, and not possible in snakes. IO catheters are more difficult to place in chelonians because of the shell (especially if they withdraw into it) and the shape of the femur. The tibia can be used in very sick chelonians, and there have been reports of using areas of the shell. For an extended discussion on this topic see the text by Mader et al. (2000). In an emergency situation, fluids can be delivered via an intravenous catheter. This route provides rapid fluid absorption to quickly rehydrate the animal.