

Equine Medicines

Dosages are based on a 1000# adult horse

To Prevent Infection: Pen-G and SMZ

- It is ideal to use both Pen-G and SMZ for wounds
- Most strep in horses (skin wound infections) are resistant to SMZ's.
- SMZs are used for upper respiratory infections.
- SMZs are used as a follow-up to Pen-G for routine skin wounds.
- SMZs may be used on humans at the dosage of 1 tablet per 100# body weight.

Dosage

1. Give 30 cc Pen G, for an adult 1000# horse, twice a day, in the butt or chest muscle, using 2 locations for each 15 cc.
 - a. Stand off to the side so you don't get kicked, should the horse kick out.
 - b. Aspirate the syringe and **SLOWLY** administer. Pen G is thick and administration is painful for the horse.
 - c. **DO NOT** give penicillin in a blood vessel as that will cause the horse to seize or go crazy, running and bumping into things.
2. Administer Pen-G twice daily for 3 days.
3. After the 3 days of Pen-G, Administer 10 tabs SMZs orally, for an adult 1000# horse, twice daily for 5 days.
4. Total days of antibiotic administration is 8 days.

To Control Inflammation thereby Decreasing Pain

- Bute (phenylbutazone) and Banamine (flunixin meglumine) are the most common non-steroidal anti-inflammatory drugs (NSAIDs).
- They are in the same category as aspirin and ibuprofen and are very effective against fever, swelling and inflammation from injuries and infections, laminitis (founder), and musculoskeletal pain.
- Bute Paste and Banamine Paste take many hours to be effective; it takes up to 8 hours for these to "peak" in effectiveness when given orally.
- In a pinch, Bute Paste and Banamine Paste can be used interchangeably. Note that "bute paste" is a 2x/day drug and works better for muscle/skeletal pain (i.e. wounds, trauma swelling, lameness) and "banamine paste" is a 1x/day drug and works better for visceral pain (i.e. colic).

Banamine (flunixin meglumine)

- Banamine is a Non-Steroidal Anti Inflammatory Drug (NSAID)
- It decreases inflammation thereby decreasing pain
- Banamine is very effective against visceral pain and is the medication of choice for colic.
- IV administration is ideal as Banamine peaks in 2 hours
- Oral administration of liquid banamine and banamine paste peak in 8 hours
- Note: Banamine slows G.I. mobility so be aware of this when used for colics

Dosage

- Administer 10cc Banamine IV for an adult 1000# horse
- The same dose of liquid Banamine may be administered orally, but will take 8 hours to peak.
- 10 cc of Banamine paste may be given instead but will take 8 hours to peak
- **If Necessary**, to provide longer term inflammation control it is ok to 'stack' **IV banamine** and **oral bute paste**.

Bute (phenylbutazone)

- Bute is a Non-Steroidal Anti Inflammatory Drug (NSAID)
- It decreases inflammation thereby decreasing pain
- Bute is very effective for musculoskeletal problems
- Bute should not be used for colic as it is less effective than Banamine and can limit the types of medication your veterinarian can use for treatment.
- Bute paste peaks in 8 hours

Dosage

1. Administer 2 grams of Butazoladin Paste, for an adult 1000# horse, twice daily for the first 3-5 days as needed.
2. Administer 1 gram bute paste, for an adult 1000# horse, twice daily thereafter as needed.

To Control Pain and/or Provide Sedation

- Note: Rompum slows G.I. mobility so be aware of this when used for colics

Dosage

1. Administer 2-5 cc Rompum IV or IM for an adult 1000# horse
2. Start with 2 cc, can then give up to 5 cc.

To Prevent Dehydration

Dehydration prevention starts at home before the trip

- Top grain with 2 Tablespoons Lite Salt for a few days prior to the trip
- Accustom the horse to hay cubes by feeding SOAKED cubes for a few days prior to the trip

Dehydration prevention continues at the Trail head and on the trip

- Feed SOAKED hay
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- Bring water from home for the first night
- 'Mask' unfamiliar water with orange Gatorade
- Administer Electrolytes **ONLY** if the horse is drinking well.

How to Administer an IV Injection

1. Stand on the left side of the horse's neck (If left handed, swap 'left' and 'right')
2. Identify and fix in your mind the Jugular furrow
3. Occlude the jugular with the left thumb
4. Use your right fingers to stroke the jugular and make a mental note of the location
5. Soak the area with rubbing alcohol
6. Hold the needle by the hub between the thumb and index finger
7. Place the needle in alignment with the jugular at a 20 degree angle to the skin and apply gentle pressure with the side of the needle to the skin
8. Assertively push the needle through the skin at a 20 degree angle to the hub
9. Blood should drip out of the hub. Rotate the needle 90 degrees if no blood is dripping
10. Attach the prefilled syringe and aspirate blood into the syringe
11. **Slowly** push the plunger, periodically aspirating additional blood into the syringe until all medicine is delivered.
12. Removed syringe and needle and apply gentle pressure with alcohol soaked gauze until bleeding stops.