

Underage Kitten Protocol (0-8 wks)

OVERVIEW

Because of the wealth of knowledge gathered from years of experience at the SDHS Nursery and in our Foster programs, as well as through the high quality of care that we are able to provide, most underage kittens who come to SDHS have a good outcome and survive to be adopted. However, some underage kittens do not thrive and do not have a good chance of surviving, even with the very best care.

To ensure that kittens are on the appropriate pathway, their overall health status must be determined upon intake and re-evaluated during daily rounds while in care, and through regular check-ups while out in foster. Every kitten will be evaluated and if determined to be treatable/manageable they are considered candidates to be admitted or to remain in the nursery or in foster care. If at any time a kitten appears to not be thriving they must be brought to the attention of the nursery and/or foster leadership team immediately. If they are determined to be unhealthy/untreatable and are not a candidate to become a UU Select, they will be urgently euthanized so as to not prolong undue suffering.

ASILOMAR CONDITIONS LIST

Every SDHS pet is evaluated according to the Asilomar Conditions list. Underage kittens are evaluated as follows:

Medical	Puppies and kittens under eight weeks who are physiologically <u>normal</u> in their growth for their age	Thriving	TM
Medical	Puppies and kittens under eight weeks who are physiologically <u>abnormal</u> in their growth for their age	Not thriving	UU

THRIVING KITTENS

Kittens designated as treatable/manageable (TM) may remain in the nursery or in foster care.

Thriving kittens are defined as:

1. Weighing within 80 percent of standard weights (see Kitten Weight Chart below – note that normal birth weight is 100 grams).
2. BAR (bright, alert, responsive).
3. Able to maintain normal body temperature for their age (with assistance of heating device age appropriate).
4. Having normal bodily functions for their age (urination, defecation).
5. Eating and drinking appropriately for their age.
6. Accepting of food within normal parameters for their age.
7. Able to maintain normal hydration without supplemental fluids.
8. Able to move, play, and posture normally for age/stage of development.
9. Free of injury or illness (other than mild URI).
10. Free of severe parasite infestations (maggots, fleas, ticks, worms, mites, etc.).

NOT THRIVING KITTENS

Unhealthy/untreatable (UU) kittens are assessed individually. If they are not candidates for the nursery or foster, they will be urgently euthanized so as to not prolong undue suffering.

UU Select kittens: While all kittens will be evaluated based on the criteria contained within this protocol, select cases with special circumstances will be reviewed by the operations leadership team for potential alternative or special processing based on the details of the case and available resources.

If a kitten is designated as UU Select, the kitten can remain in care at the nursery or in foster only if goals are in place to ensure target milestones are being met. Likewise, kittens designated as UU Select who are otherwise healthy (no URI, severe anemia, etc.) are candidates for transfer to rescue partners. Contact the director of Rescue and Recovery or the appropriate designee for kittens who may qualify for transfer.

Not-Thriving kittens are defined as:

1. Carrying a poor prognosis for normal development and growth.
2. Typically having one or more significant challenges noted either upon admissions or after being in-care.
3. Not demonstrating all of the normal/thriving milestones.

Note: all kittens within a litter must be evaluated as individuals, and each kitten must meet criteria as TM or UU Select to be admitted to the nursery or into foster care. Any kittens within the litter who are considered UU are to be removed from the litter and routed towards urgent humane euthanasia, unless identified as a UU Select. All remaining TM kittens from the litter will route to the nursery or to foster care.

Examples:

Moribund (dying or near death/death is imminent)

- Kitten typically has pale or blueish pigment, cold, not moving, unresponsive, agonal (gasping to breathe).
- These kittens will often have a condition or combination of conditions that carry a grave prognosis and will be urgently euthanized.

Premature

- Bright pink, umbilical cord still attached, often wet, and may be "gummy" in appearance (especially on ears and paws).
- Premature kittens entering care with a queen are to be assessed separately per the Queens with Kittens protocol.

Physical abnormalities or injuries

- Abnormalities of the mouth (cleft pallet), skull, digestive tract (incomplete, no anus present), heart (severe murmurs).
- Leg deformities on one or multiple legs (if kitten is likely not able to use litter box or ambulate as the kitten grows).
- Traumatic injuries such as broken bones, head trauma, traumatic full or partial amputations of limbs and strangulation of limbs by umbilical cords will be assessed on a case by case basis.
- Neurological disease that prevents the animal from thriving.

Environmental factors

- Hypothermia - kittens who are cold may not be responsive. Attempts should be made to warm kitten, but failure to return to, and maintain, normal body temperature for age within 2-4 hours.

Underweight

- Less than 100 grams in weight at any age.
- Over 100 grams but not within 80 percent of the standard weight (see Kitten Weight Chart below) for estimated age category.
- Has a BCS of 3/9 or lower.
- Exhibiting ongoing weight loss with or without other symptoms.
 - NOTE: Weight loss for 48 hours must be reported to nursery management immediately.

KITTEN WEIGHT CHART

Kittens must be a minimum of 100 grams on day one to meet criteria for admission to Nursery and/or Foster programs, except as noted above for UU Select. Kittens who are under 100 grams or who are not a minimum of 80 percent of normal weight for their age are considered UU.

Please note that the chart below is to be used to determine whether a kitten is of appropriate weight **after** the kitten has already been aged using all other indicators available (eyes, ears, teeth, etc.) The weights contained in this chart are not to be used for the purposes of determining a kitten's age.

Week 1	Day 1 100 100	Day 2 108 100	Day 3 116 100	Day 4 123 100	Day 5 132 106	Day 6 140 112	Day 7 148 118
Week 2	Day 8 156 125	Day 9 164 131	Day 10 172 138	Day 11 190 152	Day 12 198 158	Day 13 206 165	Day 14 212 170
Week 3	Day 15 228 182	Day 16 248 198	Day 17 268 214	Day 18 288 230	Day 19 308 246	Day 20 328 262	Day 21 330 264
Week 4	Day 22 344 275	Day 23 358 286	Day 24 372 298	Day 25 386 309	Day 26 400 320	Day 27 414 331	Day 28 430 344
Week 5	Day 29 446 357	Day 30 462 370	Day 31 478 382	Day 32 494 395	Day 33 510 408	Day 34 526 421	Day 35 540 432
Week 6	Day 36 556 445	Day 37 572 458	Day 38 588 470	Day 39 604 483	Day 40 620 496	Day 41 636 509	Day 42 650 520
Week 7	Day 43 668 534	Day 44 686 549	Day 45 704 563	Day 46 722 578	Day 47 740 592	Day 48 758 606	Day 49 775 620
Week 8	Day 50 794 635	Day 51 813 650	Day 52 832 666	Day 53 851 681	Day 54 870 696	Day 55 889 711	Day 56 910 726

Bold = Kitten's Age in Days

Black = Goal Weight

Red = 80% Weight Threshold

NOT THRIVING KITTENS (CONTINUED)

Critical care/ongoing medical intervention

- Severe diarrhea (persistent, loose/watery, possibly bloody) that does not resolve within three days of medical intervention. NOTE: During first 10 days after admission, loose stool is common due to stress and diet change.
 - Requires overnight offsite medical care, blood transfusion, oxygen support.
 - Kittens who require more than three enemas over a 72-hour period of time in order to defecate, or cannot defecate normally for other reasons such as damaged or non-function anal sphincter, rectal prolapses, sucking on genitalia by littermates causing functional damage or blockage.
 - Kittens requiring ongoing subcutaneous fluid intervention in order to maintain hydration.

- Kittens requiring tube feeding.
- Kittens four weeks and older who require ongoing medical intervention (i.e. bacterial infection not responding to treatment).
- NOTE: The use of medications in kittens under four weeks old is not routinely recommended due to the risk of damage to immature vital organs. However, medications may be used at appropriate dosages at a veterinarian's discretion/recommendation.



Severe URI

- Resulting in increased respiratory effort or overt difficulty breathing.
- Requires nebulization support for greater than 72 hours.
- Kittens under four weeks of age with severe URI signs (fever, lethargy, anorexia, dehydration).

Needs cannot be met

Needs cannot be met by normal housing/feeding resources (i.e. ringworm, Panleuk, etc.).

KITTEN DIARRHEA CHART

Diarrhea and otherwise flourishing (eating, drinking, playful, normal activity for age).		No medications. Confirm all routine de-worming has been completed.
Diarrhea and not flourishing (not eating or drinking, lethargic, weight loss, poor prognosis for normal development and growth).		Confirm all routine de-worming has been completed. Treatments: <ul style="list-style-type: none"> o Fortiflora - at onset o SubQ Fluids (as needed) o Flagyl (metronidazole) on day two o Panacur (fenbendazol) on day two <p>NOTE: If diarrhea has not improved within three days after diet or environmental change has been offered (or sooner if kitten is declining), prognosis is poor and kitten will be humanely euthanized.</p>

FOSTER AND NURSERY KITTENS

The same Thriving and Not Thriving criteria apply to kittens in the nursery and those in Foster.

Foster:

- Kittens designated as UU may be sent to foster as a UU Select.
- UU Select cases will have clear target weight goals set in their medical records and the foster will be aware of these goals and the potential for Urgent HE if kitten does not thrive.
- Kittens in foster who are designated as UU must be returned for evaluation.
- Urgent HE will take place if appropriate interventions are not successful or if no appropriate intervention is available.

Nursery:

- Kittens designated as UU will not be admitted into the nursery population unless identified as a UU Select.
- Urgent HE will take place if appropriate interventions are not successful or if no appropriate intervention is available.

Pathway:

Any kitten in the nursery being monitored for concerns will have the status "Disposition Under Further Review," with the sub-status "Nursery Review."

- The Due Date Out will reflect the urgency of the concern, at a range of 24 hours to three days.
- The Due Date Out may be extended if the kitten shows improvement during the initial timeframe, but continues to require close monitoring.
- A GAN will be added to the kitten's record in Shelter Buddy any time the status and/or Due Date Out are changed.
- The Evaluation Category will be updated to Unhealthy/Untreatable during this timeframe.
- Once the kitten has shown improvement indicating a return to normal/healthy state:
 - The kitten will be returned to the regular Status of "Hold Intervention" and sub-status of "Growth and Development."
 - The Due Date Out will return to the original (which should be the expected date the kitten will be ready for surgery/adoption).
- The Evaluation Category will be updated to TM at this time.
- Should the kitten instead continue to decline:
 - Case review will be completed. Should it be appropriate due to condition, the kitten will be routed to urgent euthanasia rather than going through the standard review processing steps.

Emergency Clinics:

Nursery or foster kittens taken to emergency clinics after hours who meet UU criteria upon presentation will most likely be urgently euthanized.

Foster volunteers must call the on-call foster phone to obtain guidance prior to taking a kitten to the emergency clinic. Nursery staff at the San Diego campus may take kittens directly to the emergency clinic if it is after hours if the basic supportive care offered in the nursery (warming, SubQ fluids, dextrose) are not producing the desired effects. If staff at ESC or OSC find a kitten in distress, they are to contact their supervisor, who will then call the on-call veterinarian and/or may direct the staff member to take the kitten to the emergency clinic.

As needed, the emergency clinic will call the SDHS on-call veterinarian to obtain permission for treatment or euthanasia.

In order to avoid prolonging suffering, invasive measures such as bloodwork, oxygen support, IV or IO catheter placement, etc. will not be offered or provided without express direction from the SDHS on-call veterinarian.

HUMANE EUTHANASIA

Kittens who exhibit one or more Not Thriving conditions, show signs of pain/distress/suffering, and/or are not responding normally, carry a grave prognosis and will be urgently euthanized. These kittens must be seen by nursery management or an alternate appropriate member of the operations leadership team as soon as possible for an urgent euthanasia authorization. If needed, such cases may be triaged via phone if no appropriate medical or nursery leadership staff member is available in person. Nursery leadership or the operations leadership team designated stand-in will then start the euthanasia process immediately to include all required communications.

If a kitten's pathway is unclear, the case must be discussed with the senior director San Diego campus, or vice president of campus operations. The campus directors are considered the "owner" of all animals within his or her campus and they have final decision-making authority regarding pathways.

In these cases, the medical team supports listing conditions pertinent to the kitten(s) in question; the role of the medical team in such cases is not to make pathway determinations or to initiate treatment.

Euthanasia Process

Euthanasia of UU/Not Thriving Kittens

1. Timeline:

- a. In general, minutes to hours, depending on severity of the case. Most unhealthy kittens will be humanely euthanized.
- b. In urgent cases, the needs of the kitten outweigh the need for standard euthanasia processing and communication.

2. Duties:

- a. The Certified Euthanasia Technician (CET), nursery leadership, senior director, vice president of campus operations, or a staff veterinarian, are to complete the euthanasia including all charting and follow-up communications.