





Rachel M. Hirota, Venus Casagrande, Stephanie Chen, Hugues Beaufrère, DVM, PhD, DACZM, DABVP (Avian), DECZM, and Michelle G. Hawkins, VMD, DABVP (Avian)

Clinical Techniques





Introduction

Rationale

Reversible, injectable sedation can reduce physiologic signs of stress while mitigating adverse effects commonly encountered with inhalant anesthesia

Drugs

Midazolam (MID) – short-acting benzodiazepine, reversed by flumazenil¹ Dexmedetomidine (DEX) – selective α -2 agonist, reversed by atipamezole¹ Hydromorphone (HYDRO) – full μ -opioid agonist, reversed by naloxone¹

Objectives

Evaluate the following sedation protocols followed by respective reversal agents:

- 1. MID 2 mg/kg and DEX 0.05 mg/kg IM
- 2. MID 2 mg/kg and HYDRO 0.6 mg/kg IM
- 3. MID 2 mg/kg, DEX 0.02 mg/kg, and HYDRO 0.3 mg/kg IM
- Each treatment was evaluated for:
- Onset of sedation and onset of recovery, sedation depth and quality
- Adequate sedation for performing non-invasive clinical techniques
- Physiological response to manual restraint

Hypotheses

All three treatments will produce sedation sufficient for:

- Completion of non-invasive techniques
- 2. Minimizing physiological response to manual restraint

Materials and Methods

Sedation Depth and Quality

- Time to initial signs of sedation & time to sternal/lateral recumbency
- Sedation scoring

Criteria	Scoring
Voluntary Body Movement	Absent (0)/Present (1)
Muscle Tremors	Absent (0)/Present (1)
Eyelid/Nictitating Membrane Blink	Absent (0)/Present (1)
"Whole-head" Nystagmus	Absent (0)/Present (1)
Muscle Tone (Leg, Wing, Jaw) ²	None (0) to Marked Response (3)
Response to Auditory Stimuli ²	None (0) to Full-body Response (3)

Tolerance of Clinical Procedures

- Physical examination
- 2. Venipuncture

3. Sham radiographic positioning (V/D and LAT)







Figure 1: Physical examination. Figure 2: Venipuncture at right medial metatarsal vein. Figure 3: Sham ventrodorsal radiographic positioning. Figure 4: Sham right lateral radiographic positioning.

Physiological Response to Stress

- Respiratory rate (RR) & Heart rate (HR)
- Venous blood gas parameters: pH, pCO₂, pO₂, [glucose], [lactate], acid-base

Figure 4

Recovery

 Time to initial voluntary movement, time to standing posture, & time to full recovery

Crossover Study Design

Great Horned Owls: n = 6

Sex Distribution:

4 female, 2 male

Age range: 4-25 years old

Mean ± SD body weight: $1.26 \pm 0.20 \text{ kg}$ History:

Non-releasable birds with chronic orthopedic or visual deficits, healthy based on screening physical exam and bloodwork

Midazolam 2 mg/kg IM Dexmedetomidine 0.05 mg/kg IM

Midazolam 2 mg/kg IM Hydromorphone 0.6 mg/kg IM

Midazolam 2 mg/kg IM Dexmedetomidine 0.02 mg/kg IM Hydromorphone 0.3 mg/kg IM

Week 1

Dexmedetomidine 0.05 mg/kg IM Midazolam 2 mg/kg IM Hydromorphone 0.6 mg/kg IM

Midazolam

2 mg/kg IM

Midazolam 2 mg/kg IM Dexmedetomidine 0.02 mg/kg IM Hydromorphone 0.3 mg/kg IM

Week 2

Midazolam 2 mg/kg IM Dexmedetomidine 0.05 mg/kg IM

> Midazolam 2 mg/kg IM

Hydromorphone 0.6 mg/kg IM

Midazolam 2 mg/kg IM Dexmedetomidine 0.02 mg/kg IM Hydromorphone 0.3 mg/kg IM

Week 3

Preliminary Results

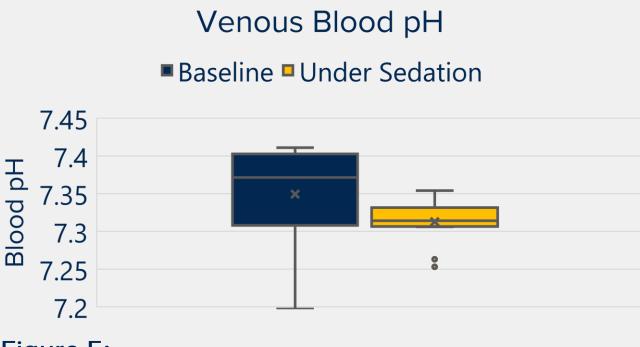


Figure 5a: Temperature Corrected (104°F)

Figure 5: Effect of sedation on ABL800 FLEX values for venous blood in Great Horned Owls from week 1 and 2 trials, with 104°F temperature correction. Box and whisker plots of the (a) pH, (b) pCO_2 , (c) pO_2 , (d) glucose concentration, and (e) lactate concentration range, median, mean, 1st and 3rd quartiles, and outliers between baseline values and values under sedation.

Figure 6: Table of observed acid-base disorders from baseline, week 1, and week 2 venous blood gas samples. All occurrences outside of avian reference interval³ (7.3-7.5 pH) described.

Trial Number	Bird ID	Temp. Corr. pH	Acid-Base Eval.	pCO ₂ (mmHg)	[HCO ₃ -] (mmol/L)		
Baseline	1999- 0192	7.197	Metabolic Acidosis	31.4	11.2		
1	2008- 0001	7.253	Respiratory Acidosis	52.0	21.2		
2	2008- 0001	7.263	Respiratory Acidosis	60.0	25.1		

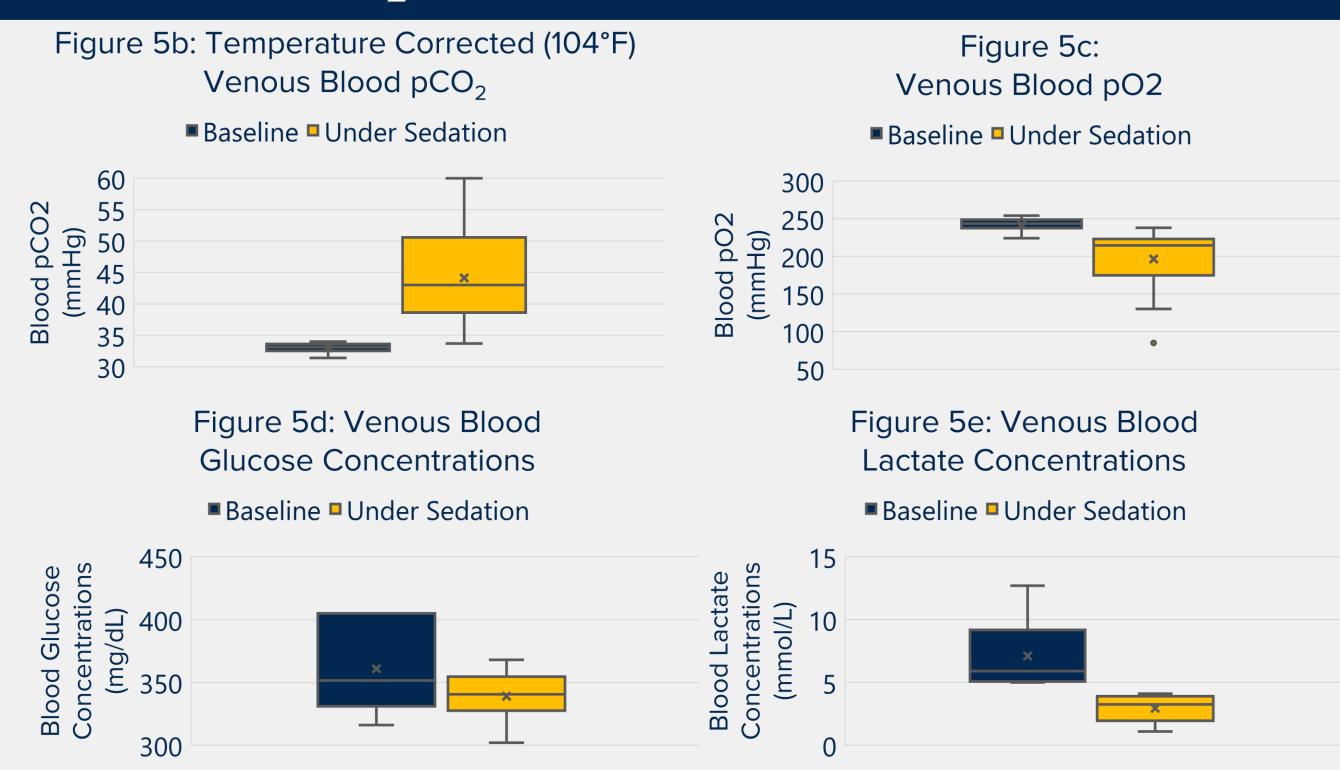


Figure 7: Table of adverse effects observed during sedation trials with definitions and prevalence in trials from

Adverse Effects	Definition	Prevalence
Prolonged recovery	Time to full recovery >4 hours Intervention: 2 nd dose of flumazenil at ≥1.5- hours post-initial reversal	75 % = 9/12 trials
Suspected seizure-like activity	Rhythmic limb extensions, may display opisthotonos	25 % = 3/12 trials
Frequent muscle tremors	Tremors present in ≥3 time points	25 % = 3/12 trials

In Progress

Control

High prevalence of adverse effects noted, particularly prolonged recovery

- Untreated control for tolerance of procedures and adverse effects
- Non-blind, non-randomized control will be compared to treatments

Analysis

Fixed effects: age, sex, treatment order, sedation protocol Random effect: subject

- Continuous data
- HR, RR, pH, pCO₂, pO₂, [glucose], [lactate]
- Linear mixed-effects models
- Binary data
- Tolerance of V/D and LAT radiographic positioning
- Logistics mixed-effects models
- Ordinal data
- Cumulative sedation score
- Ordinal logistic mixed-effects model

Discussion

Limitations

- High prevalence of prolonged recovery as well cardiorespiratory depression, suspected seizure-like activity and muscle tremors
- Lack of different sedative dosages and random, blinded control
- Lack of standard sedation scoring in avian pharmacodynamic studies Lack of species-specific reference intervals for venous blood gases
- Other physiologic measures of stress not explored:
- Cloacal temperature and plasma corticosterone concentrations

Future directions

- Pharmacokinetics of MID and DEX in GHOWs
- Pharmacodynamics of MID and DEX as sole agents in GHOWs
- Pharmacodynamics of sedative combinations in other raptor species

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