Gatorland Animal Services SOPs

Feline URI Treatment

Effective Date: 11/1/2021 **Revised:**

Responsible Staff:

- Vet techs

Purpose: This SOP provides vet techs with a step-by-step procedure for treatment of cats with upper respiratory infection (Feline URI)

Feline URI Facts

- Feline URI is most commonly due to feline herpesvirus (FHV) and/or calicivirus (FCV) infections. Bacterial pathogens may also be involved.
- Typical clinical signs are sneezing, purulent nasal and/or ocular discharge, and ulcers on the corneas or in the oral cavity.
- Clinical signs can persist for 1 to 3 weeks and are more severe in kittens.
- Feline URI pathogens are **CONTAGIOUS** and mainly spread by cat-cat contact or contact with staff that are contaminated.
- The mainstay of treatment is compounded doxycycline suspension for 10 days. Other medications may be required for dehydration, eye infection, ocular and oral ulcers, or pneumonia.
- Cats can be released from isolation once clinical signs have resolved**.** Even though recovered cats may still be shedding low amounts of FHV or FCV, the risk for spread to other cats is greatly reduced if they are housed individually.

Supplies Needed in Isolation

- Disposable exam gloves
- Smock or gown to cover upper body and arms
- Thermometer and stethoscope
- Compounded doxycycline suspension
- Oral dosing syringes
- Doxycycline ophthalmic ointment
- Compounded gabapentin suspension
- Lactated Ringer's for SQ fluid ttherapy

Procedures

1. **Veterinarian exam to determine if the cat has mild, moderate, or severe URI.**
   a. Mild URI: alert, active, eating, occasional sneezing, clear discharge from nose and eyes
   b. Moderate URI: lethargic, decreased appetite, low grade fever, mild dehydration (5-7%), frequent sneezing, green/yellow discharge from nose and eyes. oral ulcers
   c. Severe URI: depressed, not eating, fever, 8-10% dehydration, sneezing, nasal congestion, rapid breathing, open-mouth breathing, green/yellow or bloody discharge from nose and eyes, drooling and difficulty swallowing due to oral ulcers, coughing
2. Cats with severe URI cannot be properly cared for in the shelter. Transfer these cats to another facility for more intensive care or consider humane euthanasia if this is not available.

3. Cats with mild URI can stay in adoption in single cat housing
    a. Place signage on cage describing the mild URI condition but still available for adoption or transfer
    b. Instruct care staff to clean these cages last and remove gloves afterward
    c. No medications
    d. Monitor during daily medical rounds for changes in appetite, sneezing, and nose/eye discharge
    e. Notify veterinarian if sneezing increases and discharges become green/yellow
4. **Move cats with moderate URI to Isolation for treatment**
    a. Start liquid compounded doxycycline [Roadrunner; 40 mg/mL suspension] at dose of 10 mg/kg [4.5 mg/lb] orally SID X 10 days
    b. Apply doxycycline ophthalmic ointment to eyes BID X 10 days
    c. Administer Lactated Ringer's fluid SQ SID X 3 days [50 mL for adults/ 20-25 mL for kittens]
    d. Veterinarian may request administration of compounded liquid gabapentin orally BID for pain due to oral ulcers
    e. Offer fresh canned food such as Hill's a/d twice daily
    f. Monitor attitude, appetite, and clinical signs daily during the morning medication rounds. Enter findings in the cat's medical record.
    g. Cats can be placed in a suitable foster home for continued care after day 3 if they are eating
5. Notify veterinarian if not eating by 3rd day, has a persistent fever (T>102,8), or condition worsens (congestion, trouble breathing, rapid respiratory rate, increased effort to breathe, coughing, bloody discharges)
6. **Schedule veterinarian recheck exam on Day 10**
    a. If clinical signs have resolved, stop medications and release from isolation or foster home unless instructed otherwise by the veterinarian.
    b. If clinical signs are still present, continue doxycycline and daily monitoring.
7. **Schedule veterinarian recheck exam on Day 14**
    a. If clinical signs have resolved, stop medications and release from isolation or foster home unless instructed otherwise by the veterinarian.
    b. If clinical signs are still present, veterinarian will determine whether to continue care in a foster home or transfer the cat to a rescue group for medical care