

A veterinary nurse's experience in The Cook Islands

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The Esther Honey Beach

In 2008 I was lucky enough to be able to spend six weeks as a volunteer at the Esther Honey Foundation Veterinary Clinic on Rarotonga, the largest Island of the Cook Islands. It was both an enjoyable and challenging experience, enabling me to learn and work in very different circumstances than those in New Zealand.

The Esther Honey Foundation small animal veterinary clinic was established 14 years ago after Cathy-Sue Ragan-Anun- sen visited and saw that there was no small animal veterinary care in the Cook Islands. The clinic is staffed by volunteers from all over the world. The volunteers stay in the 3 bedroom house attached to the clinic. The clinic consists of four very small rooms which included two surgeries, consult and food preparation room. Some of the important roles of the clinic include running a de-sexing program, the education of local people in health and care of their pets as well as day to day veterinary care. The Esther Honey Foundation is funded by donations only, so an important part of the clinics role is to promote itself in both the community and with visitors.

Esther Honey Clinic

One of the unusual cases seen in the Cook Islands is fish poisoning. Most of the fish in the lagoon are toxic to mammals

as they consume the algae *Gambierdiscus toxicus*. As many of the cats and dogs on Rarotonga live on a scavenging diet, fish from the lagoon is often consumed. During my stay there were approximately 10 cases of toxic fish poisoning. The animals all required intensive nursing, as many were unable to move or eat unassisted.

In one case, Daisy, an adult dog, presented with the symptoms of muscle contractions, over-extending/arching of her neck, inability to weight bear, unresponsive to pain in her extremities, as well as being unresponsive to her surroundings. Other symptoms can be vomiting/diarrhoea, ataxia and seizures.

The treatment plan for Daisy included feeding activated charcoal to help counteract the toxin and fluid therapy as she was already dehydrated. Pain relief and muscle relaxants were administered to make Daisy more comfortable and help control the seizures. In addition Daisy received physiotherapy to ease cramped muscles and maintain blood flow to the extremities.

At first improvements in Daisy's condition were very slow, progress began with small head movements and a wag of