

The Common Swift population in the UK is suffering a serious decline but veterinary nurses can help! by Gillian Westray and Tim Partridge

ABSTRACT: The objective of this article is to give triage information for Swift casualties and details of where to obtain further assistance with all aspects of rehabilitation.

We have been rehabilitating these birds for a number of years and now work closely with www.swift-conservation.org. This work is important, as Swifts have lost half their UK population in the last 15 years, largely, we believe, because of changes in the way we now build and insulate our houses. Swifts' survival in the UK now hangs in the balance; extinction within the next 20 years being now the reality.

Please do spare a moment to look at this website and you will appreciate some of the problems these wonderful birds are facing and our commitment to help them in practical ways.

Many of our patients have been handed in to veterinary surgeries, but sadly some receive incorrect treatment which can compromise recovery. This is because they are quite unlike other birds in the care they need, but are not difficult when you know their very specific requirements. They have the added satisfaction of a potentially high success rate, 85 per cent being quite achievable.

Once the young leave their nest they require no parental care, so providing they are the correct weight and have immaculate feathers, rehabilitated Swifts have a good chance of survival. There are many dubious protocols around, but the method we use replicates nature as far as is reasonably possible. Hilde Matthes, a respected German Swift Carer, recaptured one of her fosterlings a year later, after it had migrated to Africa and returned to her town in Germany, thus proving her treatment regimen.

The Swift is such an elusive bird, usually only seen on the wing and often confused with Barn Swallows and House Martins. They have many similarities but the care needs to be adjusted for each species. To avoid a case of mistaken identity, study the following photographs. They illustrate the three birds as both nestlings and fledglings at approximately the same ages.



Figure 1: Common Swift nestling. All brownish black with some white round beak and chin. Very large pink gape, very short feathered legs with forward pointing toes



Figure 2: House Martin nestling. White rump and underparts Short white feathery legs, yellow gape. The smallest of the three birds



Figure 3: Barn Swallow nestlings. Pinkish chin and underparts, yellow gape, unfeathered legs. Slightly larger than a House Martin

Common factors of all three species

- Summer visitors migrating to Africa for the winter months
- Insectivorous, only feeding on the wing
- Moults on their wintering grounds
- Time and condition for release far more critical than for indigenous species
- They should not leave the nest before being able to fly, any young falling or fledging too soon are not generally fed by the parents, so unlike many

other birds if they cannot safely be returned to the correct nest they need to be rescued.



Figure 4: Common Swift fledgling. Fine white edge to primary feathers, can cling vertically, but unable to perch



Figure 5: House Martin fledgling. Black (juveniles brownish) and white



Figure 6: Barn Swallow fledglings. Bluish black with pink chin, paler pink underparts and tail spots

Differences

- Swallows and House Martins are fed by their parents for a short time after fledging
- Once fledged, Swifts require no parental care
- Swifts do not perch; their forward facing toes only allow them to cling to a vertical surface. Unless forced down by bad weather, they are continually on the wing until entering their nesting cavity for breeding or establishing a nest site

- Nestling Swifts can survive longer periods of time without food owing to their sophisticated metabolism
- Swifts exercise in the nest space to build their muscle tone, this in combination with attaining the ideal weight and primary feather length gives them the ability to fly competently upon fledging. Weight and feather length is critical; should either be imperfect the maiden flight may fail.

Grounded adult Swifts

Swifts arrive back in the UK from the end of April to the second week of May; therefore any casualty before June is sure to be an adult. Not as easy to handle as a juvenile, they will be injured, starved, exhausted or any combination, therefore most likely weakened and sometimes alarmingly floppy! (Unlike other wild creatures they can be calmed by gently stroking their throat.) Bad weather will reduce the food supply and weaken the bird at the end of its migration. 35 grams being generally considered the minimum weight for any adult and over 42 grams more acceptable. Even if a patient seems recovered after resting and fluids, if underweight it will not have the strength to sustain flight and catch insects. Injuries found in adults are usually as a result of impact, once grounded; predators can inflict further damage.

Concussion cases often have a good prognosis if handled correctly; they can take up to three weeks for recovery. The same time scale may apply for bruising to soft tissue of the wings and body; but encouraging careful exercise after a prolonged rest period will be necessary to relieve stiffness and regain muscle tone.

Weather

A heat wave during June and July will usually bring in many dehydrated hyperthermic youngsters; they fall out of the nest trying to escape the heat of the

roof space. Conversely a spell of cold wet weather reduces the insect supply and the starving young fall looking for food.

Summary

Considering they normally enjoy the ultimate in freedom, as casualties, Swifts are remarkably tolerant if handled correctly. Possibly they are the only wild creature whose recovery is helped by bonding with humans without compromise to their rehabilitation.

How old is your swift?

This is a rough guide. NB. If food is plentiful they grow much more quickly, so a 10% variation in both weight and growth rate is possible.

Warning!

If your Swift is significantly below the indicated weight for its age, great care must be taken. Please refer to the Triage instructions.

NB. A seriously emaciated Swift can be half the ideal weight



Swift triage – Key points

The 8 points listed below should help increase the chances of either saving the patient or reducing the risk of inflicting further suffering.

1. DO NOT under any circumstances throw the Swift into the air before full assessment!

There exists a terrible myth that a Swift cannot take off from the ground, but must be thrown into the air to fly. A healthy Swift can and this is used as one of the tests to check the recovery before release. Any Swift found on the ground has a problem and this needs to be determined. Throwing it into the air will only cause more damage and inflict suffering.

2. Place the patient in a warm, safe and calm environment

Not in a wire cage, this can cause feather damage. Ideally a towel lined box or plastic rodent cage with a heated pad protected by a towel or fleece to sit on, 30°C is ideal. Partially cover with a dark towel for privacy.

3. Assess its weight, age and condition

This is critical information to establish the correct treatment; otherwise the future survival of the patient can be compromised. A young Swift over 10 days old or an adult below 24 grams must be considered extremely critical, needing immediate warmth and fluid treatment.

4. Rehydrate

Most debilitated birds will be dehydrated when presented; the degree of dehydration commonly being between 5-10%. (Furthermore the daily maintenance requirement can be assumed to be 50ml/kg/day) The inside of the mouth should be a healthy pink colour; a greyish pallor is an indicator of dehydration or physiological shock, whilst a white pallor comes with a poorer prognosis for recovery. Serious cases of dehydration can also present with closed and sunken eyes. The more severe the degree of dehydration, the more intensive the fluid therapy should be. However, extreme care must be taken whenever opening the mouth – it is soft and fragile and should be done from the side by very gently inserting a clean

finger nail to open and then holding it open with the index finger on the roof of the mouth.

Rehydration can be achieved via subcutaneous administration (in the inguinal region) of warm sterile isotonic fluid (up to 15ml/kg per side per treatment), or via an oral rehydration fluid, such as Lectade – start by offering this from a cotton bud wiped along the side of the mouth.

Swifts feed their young by regurgitating compressed balls of insects down their throat so the young swift has a natural reflex to swallow. This can, with great care be used to advantage for administering fluid via a syringe (without needle!)

5. DO NOT FEED!

Swifts are quite unlike any other bird in many respects. Attempting to feed a dehydrated Swift of any age will most likely be fatal, so adequate rehydration should be achieved prior to feeding. Swifts are obligate insectivores; any other diet is inappropriate, may well cause deformation, and can prove fatal.

6. Feeding

Once the patient has been fully assessed and given an initial fluid intake, if it is not considered to be underweight or dehydrated, feeding needs to be addressed. Before attempting to feed any Swift, read 'Hand Rearing of Common Swifts' by Hilde Matthes, available free as a download from:

<https://gabowildlife.com/swift-rehabilitation>

It gives all the information needed to rear a young Swift, and has a photographic case study showing the stages of growth of the young and juvenile Swift.

Food supplies: Crickets and wax worms are available by Internet and mail order from: www.livefoodsdirect.co.uk

7. Antibiotics

'Cat attack' victims must be given an appropriate antibiotic as soon as possible, as deep puncture wounds to the body are often fatal.

8. Further Information

If you need person-to-person advice or cannot care for the swift yourself, a Swift carer's list can be found on the First Aid page of the website at www.swift-conservation.org/SwiftFirstAid.html

There is no room for compromise regarding the rehabilitation of a swift, so if a competent carer cannot be found euthanasia may have to be considered.

Co-authors and acknowledgements

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In 1999 Gillian started working as a volunteer at the local Wildlife Hospital, and became increasingly aware of the difficulties surrounding the rehabilitation of Swifts. In 2003 she created a small specialist unit at home and started to keep more detailed records of each patient. Year on year these are proving to be increasingly useful. Over 500 birds have been treated with a consistent 85% success rate. This is believed to have been achieved primarily by having a thorough knowledge of the species and meticulous nursing practices.

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