



GUM TIPS

The Koala Hospital Newsletter



Issue 2007 No. 4

December 07

Koala Preservation Society of NSW. Inc. PO Box 236 Port Macquarie NSW 2444 Australia
(02) 6584 1522 Fax (02) 6584 2399

Web Page: www.koalahospital.org.au Email: info@koalahospital.org.au



Salamander Bay Josie

INCLUDED IN THIS ISSUE

- Ø Cover Story – Salamander Bay Josie
- Ø Bushfires – the bushfire season is upon us
- Ø Technically Speaking – University of Sydney signs up for another three years
- Ø Friends -
- Ø Crash Landing – 60 years ago
- Ø Rescuing and Releasing Koalas
- Ø Hospital Report – Koala admissions



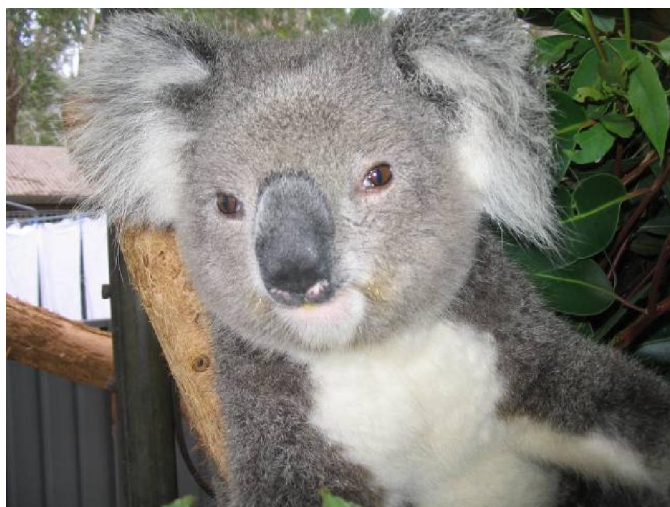
Happy Christmas from all of us at the Koala Hospital

Salamander Bay Josie

In early October we admitted a fluffy eared female koala from the N.A.T.F. (Native Animal Trust Fund) wildlife licenced group from the Port Stephens/Hunter area of NSW. We have often helped this wonderful group of volunteer wildlife carers over the years when they have had too many animals to cope with, or when they have koalas that may need that “extra bit of investigation/care” or whatever. Alternatively, we might have a time where we are snowed under (eg: bushfires) and may need their help too – its all about networking and sharing amongst each other.

Whilst in Salamander Bay, Josie was brought to a NATF wildlife carer, as a result of a dog attack. Josie had suffered an unusual injury, where the dog had virtually “degloved” (removed all the skin virtually down to muscle) her left hind leg right up to the stifle. After a number of weeks of treatment bathing, scrubbing and dressing the wound (which was consistent with the same treatments used in burns injuries), the area began to heal really well.

Dog attack wounds do not normally exhibit in this fashion (usually punctures and/or lacerations) so it was interesting that the healing pattern really did follow that of a burns injury. As the skin granulated and healed, it started to cause the surrounding skin areas to contract up, with Josie ending up with digits (toes/claws) and foot pulling up and shortening. Josie also began to place weight right on the back of her heel, as she could not use her foot properly.



N.A.T.F. felt it was time for Josie to get some important “physio” of climbing some trees but still be confined into a yard area. The facilities in Port Stephens are limited for this sort of post healing work. Hence why Josie ended up at the Koala Hospital for “rehab”.

Since Josie has been here, she has spent most of her time “up the tree” in her yard, even after slipping down the trunk on her first attempt!! Chris Livingston (our wonderful vet) was not happy with the pressure sore that had developed on her heel bone (which as a result of the contracture was sticking out at an odd angle) so it was surgically removed. It has healed well, and has relieved Josie of some pain and it has enabled her to place her weight a little better.

Josie has come on in leaps and bounds (literally). Josie escaped from her rehabilitation yard twice, and got into another yard (empty), which was no mean feat leaping from the tree onto a fence. Josie was observed moving along the ground placing full weight on her foot, and using it successfully. So in discussion with NATF we decided Josie was better off going back to her home range and be a “wild koala” once again. It was so good to have a successful outcome !!!

Gum Tips is the official newsletter of the Koala Preservation Society of NSW Inc.
PO Box 236, Port Macquarie 2444 www.koalahospital.org.au

Management Committee

| | | |
|----------------|--------------|--|
| President | Bob Sharpham | president@koalahospital.org.au |
| Vice President | Herbie King | vicepresident@koalahospital.org.au |
| Secretary | Mary Stewart | secretary@koalahospital.org.au |
| Treasurer | John Barber | treasurer@koalahospital.org.au |

Coordinators:

| | | |
|-------------------------------|----------------|--|
| Habitat | Chris Rowlands | habitat@koalahospital.org.au |
| Education | Julian Jules | education@koalahospital.org.au |
| Media | Carol Blecha | media@koalahospital.org.au |
| Maintenance | Brian Westoby | maintenance@koalahospital.org.au |
| Friends of the Koala Hospital | Geoff Best | friends@koalahospital.org.au |

Hospital Tel: (02) 6584 1522 Fax: (02) 6584 2399 info@koalahospital.org.au

| | | |
|---------------------|-----------------|--|
| Hospital Supervisor | Cheyne Flanagan | supervisor@koalahospital.org.au |
| Adoptions | Lorraine Best | adoption@koalahospital.org.au |
| Souvenir Kiosk | Hazel Sellers | |

Gum Tips Editor: Cheyne Flanagan 6584 1522 info@koalahospital.org.au

Publisher: Bob Sharpham 6583 9973

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THE BUSHFIRES UPDATE

As summer approaches, the bushfire season is upon us so we have been proactive with our preparations.

Treating Burnt Koalas – Staff Awareness Session

We recently held a short session for interested staff (with 40 people attending – why don't we get that many people for general meetings?) on what they all can assist with when burnt koalas are admitted to the hospital post fires. It was impressed upon all who attended that every job no matter how small is a vital cog in the network of what is a very busy time. Jobs such as identification tags, preparing baskets, transporting burnt animals from the fire ground to the hospital, using nebulisers (to moisten smoke filled lungs), oral fluids, pulverizing leaf, feeding the staff and dealing with the public etc. As much as some of the various duties can be demonstrated in workshops, it will all “fall into place” when the event actually happens. It was also stressed that working with burnt animals is very different to other admission problems, and it can be hard on everyone who is involved. Hopefully all who attended went away with a better understanding of what to expect.

Rural Fire Service NSW – Bushfire Awareness Certificate

In conjunction with FAWNA NSW (the other licensed wildlife group on the mid north coast) a number of the hospital staff attended a full day course on bushfire awareness. This course is an accredited course with the Rural Fire Service of NSW, giving all who attended a three year coverage to be able to go onto fire grounds to search for burnt wildlife. Participants learnt about the “anatomy” of fires, factors such as wind changes, fuel loads, awareness of falling limbs, burnt out tree stumps, and what to do in the event of being caught in an active fire. The system of



how the rural fire service works in an active fire including the communications headquarters and the designated areas on the actual fire ground were also explained in detail which is very important for groups such as ourselves to understand. At the end of the course, we all sat an exam with everyone passing with flying colours. All participants were photographed and will be issued a RFS identification card (shortly). In discussion with the presenters/staff of the Rural Fire Service, we are in the process of putting together an agreement where in the future we will be given a status within the RFS as a “lower ranking essential service” which boils down to us not only getting access to the fire ground much earlier, but we will actually be called to attend areas where wildlife are possibly injured/burnt. This also means that we will then be “on the board” as part of the network in the Rural Fire Service communications headquarters. This positive step forward will hopefully allow us to access burnt animals much earlier.

NB: The Rural Fires Service has not only donated a number of regulation Fire overalls to us in the past, but they also donated a large number of regulation fire boots last weekend for the use of both FAWNA and the Koala Hospital, which we are all grateful for.

The Binnacle/Port Macquarie Rifle Range, Port Macquarie Airport Fire – 21/11/07

Completing the course with the RFS was timely, as five days later a large deliberately lit fire occurred in koala habitat in the above area. We were granted access to the safer areas (already burnt) immediately and a team of five accredited staff spent the day undertaking a “search and rescue” (Peter, Ashley, Jan, Matt, and Cheyne). Thankfully, we did not find any burnt fauna at all, sighting a male koala, and a female with a back joey, plus a big male Eastern Grey kangaroo – all in good condition in unburnt country adjacent to the fire ground. It was excellent experience for those “newies” to bushfire work with Jan learning first hand how burnt swampy country can be ankle deep water one minute, and extremely deep the next (good one Jan). No one got lost this time, and a very blackened and very tired crew returned to the hospital late in the afternoon.

Cheyne Flanagan

Technically Speaking

News from the Koala Infectious Disease Research Group



Our Koala Infectious Diseases Research Group is very appreciative to the Executive of the Koala Preservation Society of NSW and the staff of the Koala Hospital at Port Macquarie for permitting our group access to the Koala Hospital and its patients over the past three years. We are presently in the phase of analysing the data we have collected during this time.

Our research group is now preparing to continue our investigation into improving koala health through the Koala Hospital at Port Macquarie over the next three years.

The investigation which is officially entitled '**Investigation into intestinal absorption of xenobiotics by the koala**' has the following aims:

Investigate why koalas absorb oral drugs poorly by

investigating the efficiency by which koalas metabolise and excrete drug agents and

investigating the anatomy and physiology of the gastrointestinal tract of the koala to explain why oral gastrointestinal absorption is so poor. This later component of the investigation will be performed by collection and examination of tissues from the gastrointestinal tract from cadavers that die from natural causes.

Construct pharmacokinetic profiles of the anti-inflammatory drug meloxicam, antibiotics and antifungal drugs used to treat koalas to ensure they are being dosed at effective dose rates and frequencies to ensure the maximum health benefit

This investigation has direct benefits to koala health by understanding more about the anatomy and physiology of the gastrointestinal tract and determining the effectiveness of drugs regularly used in this species to treat disease and determine the best dose, dosing frequency and route of administration.



The University of Sydney Faculty of Veterinary Science

Report on the activities of "Friends" since commencing in February 2007.

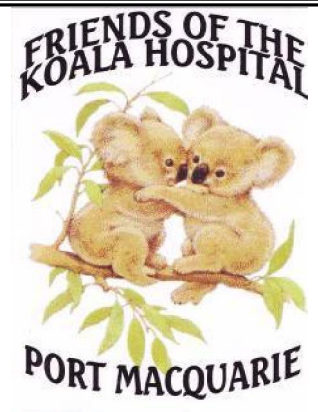
- * BBQ Cruise aboard "Whalewatcher" * 2 Cruises aboard the Chinese Junk
- * Education Displays at Port Central (6 Days) * EcoExpo (2Days)
- * Woodworkers' Guild Exhibition (3 Days)
- * The Port Central display resulted in a donation sufficient to purchase the new floor scales for the treatment room.
- * Sausage Sizzle at Long Point Winery for Koala Hospital Volunteers.
- * Attend markets regularly at Westport High School and Laurieton selling Raffle Tickets, encouraging adoptions, taking donations and distributing Hospital brochures.
- * Quilt Raffle...(\$1900 so far) * Christmas Hamper Raffle (\$150 so far)

By my calculations, "Friends" have banked in excess of \$6000 in the past 10 months.

We have also provided a Guest Speaker at Port Macquarie Probus Club, Laurieton View Club, and Camden Haven Quilters "Big Morning Tea"

Additionally, "Friends" are looking after most of the donation boxes and have opened up more than 8 new locations. The receipts from these activities are NOT included in the \$6000.

Geoff Best...Chairman



WWII Crash Landing – “Adopt a Koala Aftermath”

The Holiday Coast Pictorial has extensively covered the WWII crash landing of a Catalina flying boat at Laurieton (near Port Macquarie) in issues September 2006, October 2006, August 2007 and September 2007.

Mitch Mackay the Port Macquarie Hastings Council Heritage Officer, had planned to have Patty Thomas, the last surviving member of what was the Bob Hope entertainment entourage performing for serving Allied defence forces in the Pacific during the war, come to Australia as part of History week in September 2007.

Due to her age, now 85, Patty’s doctor advised her not to make the trip. Not to be outdone, Mitch’s family gave him the trip as a present to meet Patty in the USA.

Mitch took a number of gifts to the former Hollywood dancer, from our friendly town – which included an **adoption certificate for a wild koala from the Koala Hospital**. We asked Mitch for an update on the present and his response is below:

Q: What prompted you to choose an “adoption” amongst the presents you took?

A: The ‘adopt a wild koala’ certificate is very unique. I felt this was a great way for Patty to have a permanent reminder of our area.

Q: What prompted you to choose a wild koala named Moondara Moonshine?

A: Moondara Terrace is in the Lighthouse Beach area, the area in which I live. The name “Moonshine” was a bonus as it reflects the lovely and gentle nature of this charming lady.

Q: What was the reaction from Patty with such an unusual gift?

A: Patty was overjoyed. The rest of her family thought the idea was great and to think that she is probably the only person in the area in which she lives that has an “adopted koala”. That makes it even more special.

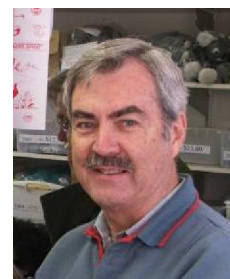


Patty has fond memories of her brief stay in our lovely area. The friendliness that the Laurieton community showed her and the others that made up the Bob Hope troupe has remained in her thoughts all these years. Patty now has another member of our “local community” to remind her of our area.

Perhaps this story will serve as a reminder to our readers that if you are seeking a most unusual gift for someone in Australia or overseas – the adoption is both a unique and very welcome gift.

From the President

As the end of year approaches and we get ready for Christmas, 75 of our volunteers got together at the Koala Hospital for a traditional Aussie BBQ. It was great to relax and enjoy each others company, give well deserved recognition to the volunteers and remind ourselves of what we have achieved for our koalas. Without the financial support of our local and overseas friends as well as the ‘hands on’ work by our staff and volunteers, there would not be a koala hospital. Enjoy all the good things of Christmas and look forward to a great New Year.



Bob Sharpham
President



BBQ Pics

Far Left: Chris Rowlands brings founder Jean Starr up to date with habitat.

Left: Brian Westoby cooking up a storm.



THE SUPERVISORS' REPORT

Since the last Gum Tips, it has been rather quiet (which is good??) with only a few “bursts” of admissions. Thankfully, the number of dog attacks has been minimal – are dog owners being really responsible? Is the message getting out there? Yes, we think so, as we are getting lots of calls to relocate koalas in backyards where dogs are residing. Its great to see that the public is really making an effort to care for the wild koalas who inhabit their area.

Sadly, we wish we could say the same for speeding motorists. The toll from motor vehicle accidents is still unacceptable – one is too many. With the Christmas holidays coming up, and the local Port Macquarie population swells with all the tourists in town, unfortunately the rise of admissions to the hospital for koalas suffering motor vehicle impact injuries is also likely to arise.

In sharing assistance with NATF (Native Animal Trust Fund) in the Port Stephens area, we have had some more admissions of interesting cases from them. An unusual dog attack injury (see this issue) with a successful release back to the wild, and a very sad advanced case of hyperkeratosis (an overgrowth of skin cells) that we occasionally see – cause unknown (with lots of hypotheses) that has got Sydney University veterinary pathologists scratching their heads (not from the itch but from wondering).



Admission numbers for the year is hovering towards the 200 mark, which is comparable to the last two years figures. When we take out the fact that we were bringing in all relocations last year for screening (as part of the Sydney uni drug trial) - a practice we normally do not do, and the previous year to that the Taree koalas were also included in our data, then sadly its looking very much like we have quite a jump in admissions for this year overall. The cause?

Motor vehicle impacts as stated above. We need to somehow improve our education of motorists to both slow down in wildlife areas, and to observe.

Staff numbers are excellent here with good numbers on each shift.

On behalf of the koalas, we would like to say a big thankyou to all the wonderful volunteers who keep this hospital and the Koala Preservation Society functioning – without whom we would simply not have a Koala Hospital. We also say a big thankyou to all the wonderful people who have donated financially to the running of the Koala Hospital – we are externally grateful.

We wish you all a safe and peaceful Christmas and a prosperous 2008.

Cheers, **Cheyne Flanagan**
Hospital Supervisor.



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by adopting a wild koala for a friend – www.koalahospital.org.au



RESCUING AND RELEASING KOALAS



Many people often ask us how on earth we manage to get sick or injured koalas out of huge eucalypt trees. Do we climb the trees they ask? Not if we can help it!

Koalas can negotiate their way around the lofty branches many many metres high up with great skill and ease, often precariously hanging from what seems to be the thinnest most fragile branches possible. This inbuilt behaviour often makes koalas very difficult at times to rescue.

The Koala Hospital has a specially trained team of rescue people (who even go out in the wee small hours on cold and frosty nights) who have learned at times to use this nimble koala behaviour to their advantage. The rescuers equipment consists of one or two long extendable poles (depending on how many rescuers are available at the time) with either a noisy plastic bag, cobweb broom head, or even a floppy towel attached on the end of the pole. This method usually requires another person standing at the base of the tree with a big thick canvas bag at the ready to grab and enclose the koala with.



Once all the rescuers and equipment are in place the extended pole with its “scary” end is placed above the head of the koala. The koala’s natural defence mode is to move away from this odd object as quickly as possible, and all being well, they then shoot down the tree as quickly as they can – and with luck straight into the hands of the rescuer with the bag. Of course, this is “text book” rescuing in action, and the vast majority of rescues do not go on cue.

Koalas often outsmart the rescuers by jumping from branch to branch, and as the extended poles are cumbersome and heavy, by the time the poles are repositioned the koala leads the rescuers on a merry chase. Or even worse, they manage to climb so high that they are beyond pole reach. Here is where the Koala Hospital presses on the kind services of local tree loppers or Country Energy (the electricity supplier), who arrive with their “cherry picker” (a hydraulic tower and bucket) that sends a worker and rescuer up *very* high and the koala is often retrieved successfully this way.



Sometimes the koala gets too stressed by the whole situation, or is beyond anyone’s reach. The Koala Hospital a number of years ago adopted Dr Steve Phillips (a 20 year veteran koala

researcher) magic invention “the koala trap”, which is a fence made of corflute sheeting (real estate sign material) and a footplate trap set up in one panel. The trap works extremely well, but is limited by the understory vegetation surrounding the tree in question plus how close the associated trees are located. This trap has about an 80% success rate of capture, with patience being a strong virtue employed also. In other locations where the trap is not possible, we have to simply watch and wait over a number of days to try to get the animal, and occasionally they vanish overnight never to be seen again.



Releasing koalas – is basically the foundation of why we are here at the Koala Hospital. Adult koalas are always released back where they were initially collected (within reason), and only young sub adult animals are released into new uninhabited locations. The happy volunteer takes the ready to be released bagged koala to the base of the most beautiful healthy delicious looking eucalypt tree, and opens the bag, and swells with pride at releasing this rehabilitated koala back

to a good tree. So what does the koala do? It usually sniffs at this healthy beautiful tree, and runs off about 50 metres away and shoots up a tree that has the most terrible leaf, covered in dead branches, and looks like its ready for the scrap heap.



We are still trying to fathom koala psychology on this one, but would hazard a guess that the previous occupant of the tree left some form of calling card

(scent marking), that warns the newly released koala to “go elsewhere”.

As mentioned in previous Gum Tips, koalas have been found in some odd places such as top floors of three storey car parks, escalators in shopping centres, sitting on fuel pumps at marinas, outside coffee shops

and lounge rooms in peoples homes. As the habitat continues to decrease, the numbers of koalas needing to be rescued increases as koalas have to travel further and further distances in search of available food trees.



Above: The canvas bag – the most important rescue tool. It not only protects the handler from being scratched or bitten, but allows for “quick grabbing” of the koala. Most koalas settle down quietly becoming less stressed, when placed in a bag for transport and further handling.

Left: A demonstration of capturing a koala using the extendable poles (one pole bringing the koala down and one pole blocking access to side branches), a hoop net for difficult catches and the canvas bag for capturing the koala.



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Barbara Barrett

HOSPITAL REPORT



| ADMISSION | NAME | REASON | RESULT |
|-----------|-----------------------------|------------------------------------|---|
| 6.11.00 | Kempsey Carolina F | Head Trauma—Motor Vehicle Accident | Permanent Resident |
| 11.10.01 | Bonnie Fire F | Bushfire Victim | Permanent Resident |
| 22.10.04 | Tractive Golfer M | Underweight – scoliosis of spine | Treating |
| 21.01.06 | Wiruna Lucky F | Cataracts both eyes | Treating |
| 21.05.07 | Livingstone Clover M | Hind (L) leg injury | Transferred to Australia Walkabout Wildlife Park 02.10.07 |
| 24.07.07 | Ocean Jane | Motor Vehicle Accident | Self Release 05.10.07 |
| 01.08.07 | Tinkerbelle 145 gram F joey | Malnourished – Home Care | Treating |

| ADMISSION | NAME | REASON | RESULT |
|-----------|-------------------------|--|---------------------|
| 14.08.07 | Perks Chris M | Eye injury - disoriented | Euthanased 21.11.07 |
| 31.08.07 | Tablelands Mick M | Bilateral conjunctivitis | Released 21.09.07 |
| 01.09.07 | Brindabella Sophie F | Suspect Wet Bottom | Released 07.09.07 |
| 03.09.07 | Oxley Kizza F | Motor Vehicle Accident6 | Released 07.09.07 |
| 04.09.07 | Banksia Mann M | Conjunctivitis | Released 20.0-9.07 |
| 09.09.07 | Chisholm Yalkara M | Suspect Dog Attack | Dead on Arrival |
| 10.09.07 | Kundabung Pap M | Motor Vehicle Accident | Dead on Arrival |
| 12.09.07 | Lighthouse Barry M | Conjunctivitis | Release 26.09.07 |
| 12.09.07 | Ocean Flyer F | Fell from power pole | Released 13.09.07 |
| 12.09.07 | Pacific Sam M | Hyperkeratosis | Released 20.09.07 |
| 13.09.07 | Seamist Sam M | Moribund | Euthanased 13.09.07 |
| 13.09.07 | Pacific Highway Vina | Motor Vehicle Accident | Released 09.10.07 |
| 14.09.07 | Mareeba Patrea F | Decomposed body | Dead on Arrival |
| 15.09.07 | Opal Austin M | Found on Ground | Released 17.09.07 |
| 16.09.07 | King Norm M | In dangerous area | Relocated 16.09.07 |
| 19.09.07 | Jupiter Cheryl M | Running on busy road | Released 22.09.07 |
| 21.09.07 | Ocean Joseph M | Motor Vehicle Accident | Treating |
| 22.09.07 | Ocean Underpass | Motor Vehicle accident | Dead on Arrival |
| 23.09.07 | Gordon S.E.S. M | Motor Vehicle Accident | Dead on Arrival |
| 25.09.07 | Westport Lily F | Chlamydia – Wet Bottom | Released 26.10.07 |
| 26.09.07 | H.C. 100 M | In dangerous area – checked | Released 27.09.07 |
| 27.09.07 | Scampies Todd M | Motor Vehicle Accident – checked | Released 28.09.07 |
| 30.09.07 | Oceanview Terry M | Unknown | Dead on arrival |
| 01.10.07 | O'Briens Peter M | Left eye problem | Released 02.10.07 |
| 03.10.07 | Ocean David | Motor Vehicle Accident | Euthanased 03.10.07 |
| 03.10.07 | Comboyne Ken M | Conjunctivitis and poor condition | Euthanased 10.10.07 |
| 05.10.07 | Roto Randy M | Self admission into yards | Released 05.10.07 |
| 06.10.07 | Cathie Ali F | Wet Bottom | Euthanaxed 10.10.07 |
| 06.10.07 | Oxley Cori F Joey | Taken into home care | Treating |
| 07.10.07 | Chisholm Dave M | Found in swimming pool | Released 09.10.07 |
| 07.10.07 | Pacific Simon M | | Released 09.10.07 |
| 08.10.07 | Salamander Boy Josie F | Dog attack | Awaiting transfer |
| 08.10.07 | Dunbogan Mastiff M | Dog attack | Died 09.10.07 |
| 08.10.07 | Tasman Lesley F | Motor Vehicle Accident | Released 25.11.07 |
| 10.10.07 | Bellevue Scrapper | Possible dog attack – observation | Released 12.10.07 |
| 12.10.07 | Dahlsford Deni F | Disoriented – checked | Released 12.10.07 |
| 14.10.07 | Oxley Michael | Motor Vehicle Accident | Died 14.10.07 |
| 15.10.07 | Allambie Splash F | Wet Bottom | Euthanased 23.10.07 |
| 15.10.07 | Crescent Head Terry M | conjunctivitis | Released 02.11.07 |
| 19.10.07 | Pacific Highway Joe M | Motor Vehicle Accident | Dead on Arrival |
| 19.10.07 | Westport Finlay M | Motor Vehicle Accident | Dead on Arrival |
| 20.10.07 | Links Tafe M | Motor Vehicle Accident | Dead on Arrival |
| 24.10.07 | Settlers Inn Casey Joey | Abandoned | Treating |
| 24.10.07 | Lindfield Holden M | Motor Vehicle Accident | Released 30.11.07 |
| 26.10.07 | Mr. X M | Unknown | Dead on Arrival |
| 27.10.07 | Garnet Leslie F | Sensitive L Rear Leg | Released 02.11.07 |
| 28.10.07 | Oxley Kaylee | Possible Motor Vehicle Accident | Released 02.11.07 |
| 28.10.07 | Dunbogan Boulevard | Observe | Released 02.11.07 |
| 05.11.02 | Cathie Gower F | Chlamydia (Wet Bottom) | Treating |
| 06.11.02 | Ocean Jane F | In dangerous area – checked | Released 06.11.07 |
| 08.11.07 | Sherwood Sam M Joey | Abandoned – dragging hing legs – Home Care | Euthanased 22.11.07 |
| 08.11.07 | Elizabeth Noddy M | Tick infested – low in tree – observation | Released 09.11.07 |
| 11.11.07 | Young Elizabeth F | Found on ground | Euthanased 11.11.07 |
| 12.11.07 | Hastings Flyer M | Motor Vehicle Accident | Dead on Arrival |
| 12.11.07 | Karalee Cal M | Mouth Injury – lymphoma | Euthanased 30.11.07 |
| 12.11.07 | Pearl Shahida F | Wet Bottom | Euthanased 15.11.07 |
| 13.11.07 | Anna Bay Luca M | Hyperkeratosis | Euthanased 28.11.07 |
| 13.11.07 | Ocean Underpass M | MVA | Died 14.11.07 |
| 16.11.07 | Lighthouse Barry M | Conjunctivitis | Treating |
| 17.11.07 | Granite Buddha M | Lymphoma | Euthanased 20.11.07 |

| ADMISSION | NAME | REASON | RESULT |
|-----------|-------------------------|----------------------|---------------------|
| 17.11.07 | Cowarra Pump Station F | MVA | DOA 17.11.07 |
| 19.11.07 | Opal Austin M | Fell from tree | Released 21.11.07 |
| 20.11.07 | Hart Michael M | Dog Attack | Died 27.11.07 |
| 21.11.07 | Flynns Beach Cav Park F | MVA | DOA 21.11.07 |
| 22.11.07 | Granite Murray M | Wet Bottom | Treating |
| 24.11.07 | Orr Palmerston M | Observe | Released 27.11.07 |
| 24.11.07 | Riverside Shaggy F | Blind | Euthanased 29.11.07 |
| 26.11.07 | Oxley Sooney M | Moribund | Euthanased 27.11.07 |
| 29.11.07 | Hindman Foxie F | Eye injury (old) | Released 29.11.07 |
| 30.11.07 | Obriens Peter M | Bilateral eye injury | Euthanased 30.11.07 |

PORT MACQUARIE:

| | | | | | | | | | | | | |
|-----------|-----------|---|---------|----|----------|----|------------|---|-----------|---|----------|----|
| September | Permanent | 2 | Treated | 19 | Released | 12 | Euthanased | 1 | Dead/Died | 6 | Admitted | 21 |
| October | Permanent | 2 | Treated | 27 | Released | 9 | Euthanased | 4 | Dead/Died | 5 | Admitted | 25 |
| November | Permanent | 2 | Treated | 7 | Released | 6 | Euthanased | 9 | Dead/Died | 5 | Admitted | 22 |



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OPEN DAY at the KOALA HOSPITAL



Macquarie Nature Reserve

Lord Street, Port Macquarie

Easter Saturday 22 March 2008



ADOPT-A-WILD-KOALA

www.koalahospital.org.au



Shelley Alicia

This 5.02 kg. young adult female was hit by a motor vehicle on Shelley Beach Road, Port Macquarie on 18th September, 2000. Because the good Samaritans who found her on the road were new to the area and did not know whom to contact, she was taken to their home. From there they rang the Newcastle Police Department information line who in turn contacted the Koala Hospital. On admission to the Hospital she was found to be concussed, non-responsive, in severe pain and generally in poor condition. Her back legs were very weak and an X-Ray was ordered to check for broken bones. This revealed that she had a fractured

pelvis. She was kept sedated to minimise inflammation and reduce pain and was placed into home care.

WHAT A KOALA PATIENT SEES AT THE KOALA HOSPITAL

Every Day

6 am: The leaf collector gathers up his extendable cutting poles, hard hat, clippers, and heads off in the truck to search for a variety of fresh eucalypt species to feed the sick koalas.

7 am: The Team Leader arrives to open up the Hospital and prepare for the arrival of the volunteer team. The koalas begin to stir at the movement, and then settle once again. The staff begins arriving.

7.30 -8am: Both the volunteer staff and the Supervisor arrive to start the days duties. The team leader allocates various yards to clean and change leaf to each volunteer. The volunteer administers a special milk formula to koalas that require it. The koalas become alert that “food” is on the way!! The volunteers take time out to talk to the many visitors about the koalas in the Hospital.



The Supervisor checks the status of the koalas from the day before, looking at leaf consumption, urine and faecal output over the last twenty four hours, and how they are faring.

Treatments of all the koalas begins. Medications are given, weights are taken where necessary, and injuries are bathed and treated with all clinical data recorded on each individual koala’s charts. Blood samples, swabs or ultrasound work may be done to assist in diagnosis of disease or injuries. Occasional autopsy work is undertaken also.

If time permits, the morning shift will sit down for a brief cuppa, biscuit and chat before getting back to their duties.



Where necessary a koala may be taken to the Veterinary Superintendent’s practice for X-rays or surgery, which is usually done late mornings.

Often the phone will ring for an urgent rescue of a koala hit by a motor vehicle or attacked by a dog. Other times a caller has observed a koala with diseased eyes or stained rump indicating chlamydial infection. Immediately the team leader or the supervisor will organize some of our trained personnel to go out and rescue the koala.

The koala is then brought to the Hospital for examination and assessment, and admitted as a patient either to be treated within the I.C.U. or to be taken into a private home for more intensive 24 hour care. The team on shift on that day will prepare an ICU unit, placing fresh leaf in readiness for the patient.

10.30 am – 12 pm: The morning shift has been completed, with all the koalas fed, new fresh leaf placed in containers, yards and units cleaned, and all koalas requiring treatment have been attended to. The morning shift head home.

The Supervisor attends to the necessary administrative paperwork, emails, report writing and data that assist in the running of the Hospital.

2.30 pm: The afternoon team leader arrives to prepare, prior to the afternoon team’s starting their shift. The volunteers water the eucalypt leaf, feed any formulas required, bring in the washing and give the place a general tidy up.

3 pm: The daily “walk and talk” programme commences, with a volunteer guide taking all visitors around the perimeter of the Hospital grounds, explaining the reasons for the koalas being in the Hospital, the history of the Hospital and answering any general questions from the audience.

4.30 – 5pm: All the work in the Hospital is completed for the day, the phone is changed over to the night duty officer, the Hospital is locked and shut down for the night, and the staff go home.



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