



URI Protocol for Foster Kittens

Purpose

Describe organizational practices for prevention, diagnosis, and treatment of Upper Respiratory Infection (URI) in kittens being cared for in foster homes.

Goals

- Provide low-stress supportive care with a less is more approach
- Ensure URI patients are moved through the fostering system as efficiently as possible

Transmission

- Direct contact
- Droplet transmission
- Fomites
- Airborne (less common)

Prevention

- Wear gloves when handling URI patients.
- Handle healthy animals before handling URI patients.
- Maintain a low-stress environment.
 - » Provide a hide box and areas for perching.

Diagnosis

- Diagnosis will be made via clinical signs on examination by a veterinarian.
- In cases of severe or chronic cases, a respiratory PCR test may be run.
- Severity of clinical signs will determine category of treatment.

Treatment

- Foster parents should provide the following:
 - » Offer wet, warmed food frequently for kittens eating on their own.
 - » Observe and record patient's response to treatment:
 - Weigh daily at the same time.
 - Assess patient daily for appetite, hydration, and progression of signs.
 - » For disease with nasal or ocular discharge, gently wipe discharge from nose or eyes with warm water on cotton ball as needed.

Category 1 - Mild URI with No Secondary Infection



Description

- Signs are limited to sneezing, no to minimal nasal or ocular discharge. If nasal or ocular discharge is present, it is clear.
- Cat is bright and alert, otherwise acting normally (playful, interacting with littermates, not hunched in a corner), has a good body condition score, and eating well on its own.

Treatment

- These cats may not immediately require medication. These cats can be kept with littermates and should be monitored for worsening of signs (littermates should also be monitored for clinical signs). Use veterinary discretion to determine if treatment needs to be started.
- If patient is BAR and robust, consider avoiding or delaying treatment. This may reduce patient stress and therefore allow the virus to run its course without secondary bacterial complications.
- Oral and/or ophthalmic medication may be sent home with the patient along with indications and instructions on when to start these medications, if the likelihood of clinical progression to a higher URI category is high, and/or if littermates are severely affected.

Category 2 - Conjunctivitis with No Other Signs



Description

- Signs are limited to clear or colored ocular discharge and/or squinting with no evidence of nasal discharge or, if nasal discharge is present, it is clear.
- Cat is bright and alert, otherwise acting normally, has a good body condition score, and eating well on its own.

Treatment

- These cats require ophthalmic medications. These cats can be kept with littermates and should be monitored for worsening of signs (littermates should also be monitored for clinical signs).
- Start ophthalmic antibiotic therapy (tobramycin, tetracycline, or erythromycin drops) – refer to program veterinarian for dosing.
- Oral medication may be sent home with the patient along with indications and instructions on when to start these medications, if the likelihood of clinical progression is high, and/or if littermates are severely affected.

Category 3 - URI with Secondary Infection



Description

- Signs include sneezing, colored nasal discharge, congestion. Cat may be lethargic/quiet but remains responsive.
- Cat has reduced appetite but eats on its own with encouragement.

Treatment

- Isolation from littermates may be indicated based on veterinary discretion, impact on socialization, and the ability of foster parents to realistically separate kittens.
- These cats require oral antibiotics. Start oral doxycycline according to veterinary direction.
- Administer warmed crystalloid fluids subcutaneously in clinic during presenting exam according to veterinary direction.

Category 4 - URI with Secondary Infection and Progressive Conjunctivitis



Description

- Signs same as Category 3 plus colored ocular discharge and swollen conjunctiva. Cat has decreased appetite and is starting to show inappetence.

Treatment

- These cats require oral antibiotics, additional medications, and more frequent rechecks. Isolation from littermates may be indicated based on veterinary discretion, impact on socialization, and the ability of foster parents to realistically separate kittens.
- Start oral doxycycline according to veterinary direction.
- Start ophthalmic antibiotic therapy (tobramycin, tetracycline, or erythromycin drops) according to veterinary direction.
- Administer topical mirtazapine during exam and send home two additional doses.
- Administer warmed crystalloid fluids subcutaneously in clinic at presenting exam according to veterinary direction.

Category 5 - Worsening URI Despite Treatment > 7 Days



Description

- All clinical signs progressing. Cat has decreased appetite or inappetence, dehydration, and possibly open mouth breathing.

Treatment

- These cats require oral antibiotics, nutritional support, more frequent rechecks, and potentially further diagnostics.
- If patient is severely compromised, consult with veterinarian to determine whether patient can return to foster home for continued supportive care, requires hospitalization, or if patient should be euthanized.
- If the animal has shown some response to doxycycline, but is slower in recovery than the typical kitten, continue doxycycline for another 5 days.
- Ensure foster team member has assessed foster compliance in medication administration and the role of stress as a contributing factor to prolonged disease.
- Other treatment considerations:
 - » If clinical signs do not appear responsive to doxycycline within 5-7 days, consider additional or alternative medications.
 - » If patient has prolonged disease that is not responsive to second line antibiotics, consult with veterinarian to determine if additional therapeutics may be indicated or if euthanasia should be considered.
 - » If patient has not eaten for over 2 days, see if patient is amenable to syringe feeding. If so, train foster on syringe feeding technique.
 - » Administer topical mirtazapine according to veterinary direction.
 - » Administer warmed crystalloid fluids subcutaneously in clinic at presenting exam according to veterinary direction.

Miscellaneous Supportive Treatment Considerations for Feline URI

Conjunctivitis

- Check for corneal ulcers and provide treatment if diagnosed. This may include aggressive antibiotic and/or antiviral therapy.

Dehydration

- If severe and prolonged, consider whether foster can provide subcutaneous fluids once daily at home.

Congestion

- Apply daily saline or hypertonic saline nasal drops.
- Ensure nostrils are cleaned daily and airflow is present.
- Place triple antibiotic ointment on nose if sores/irritation develop.

Inappetence >2 days

- Consider whether patient should remain in foster home. If patient remains in foster home, ensure subcutaneous fluids are being administered at least once daily.
- Offer warmed food, several varieties, and encourage cat to eat by petting and positive social contact with humans and littermates.
- Consider topical mirtazapine according to veterinary direction to enhance appetite.
- If the cat has not eaten despite supportive care and appetite stimulants by day 2-3, re-consider whether patient should remain in foster home. If patient remains in foster home, then attempt syringe feeding with a catheter tipped syringe. *Syringe feeding must be initiated much sooner in kittens than adults.*

Follow Up & Monitoring

- Veterinary evaluation is warranted:
 - » If patient was healthy or only had minimal clinical signs (clear discharge) initially, but now has worsening clinical signs (losing interest in eating, developed colored discharge, increased lethargy).
 - » If patient does not appear to respond to prescribed treatment after 5-7 days.
 - » If patient develops coughing, increased respiratory rate or effort, which could be indicate pneumonia. This could require chest x-rays.
- Always perform an FIV/FelV test on any patient with chronic/refractory disease.
 - » If positive, ensure patient has been thoroughly examined for signs of active FIV or FeLV infection.
- Resolution of clinical signs
 - » If patient has been medically treated for at least 5-7 days and has had no clinical signs for at least 2 days, patient is approved for spay/neuter or adoption.
 - » Although patients may continue to shed URI pathogens, the risk to other cats is significantly decreased after resolution of clinical signs.

Additional Resources

[Feline URI Handouts for Fosters and Adopters](#)

Webinar: [Feline Upper Respiratory Disease Basics](#)