

Silkie Flock Treatment Reference — Buckin’ Duck Ranch

Fast triage for adult bantams and chicks
Silkies are typically 2–3 lb (0.9–1.4 kg). Always weigh the bird and dose by actual body weight.



Quick reference, not veterinary advice Compiled from commonly cited backyard-poultry dosing references. Confirm the diagnosis and dose with an avian veterinarian, follow the product label, and calculate weight-based medicines from the bird’s current weight.

Prescription reminder: Since June 2023, medically important antibiotics for poultry in the U.S.—including tylosin and oxytetracycline—require a veterinary prescription.

Treatment matrix

Read down for one condition · Headers stay visible on screen

Care point	Coccidiosis	Wry Neck (Torticollis)	Mites	Respiratory Issues	Failure to Thrive
Signs to watch for	- Bloody or watery droppings - Lethargy, pale comb - Puffed-up chicks - Weight loss	- Head twisted, tucked, or thrown back ("stargazing") Symptom, not a disease: possible vitamin E/selenium or B1 deficiency, head injury, Marek's, or Newcastle - Silkies' vaulted skulls increase injury risk	- Restlessness, feather loss - Pale combs from anemia - Weight loss - Check vent, under wings, and coop cracks at night; red mites hide by day	- Sneezing; rattly breathing/rales - Nasal discharge - Swollen face or eyes - Drop in laying - Consider CRD/Mycoplasma, coryza, ILT	- Weight loss - Lethargy - Poor feathering - General decline
First-line treatment	Amprolium (Corid)	Vitamin E 400 IU gel cap, squeezed into beak ¼ human B-complex tablet - Scrambled egg daily for food-level selenium	Permethrin poultry dust 0.25% worked into feathers at vent, under wings, neck - Or permethrin 10% concentrate, diluted per label, sprayed on birds and entire coop	Tylosin (Tylan) soluble powder in drinking water - Or Tylan 50 injectable given ORALLY Avoid IM injection; it can cause tissue necrosis	- Coccidiosis—treat as at left - Worms—fenbendazole - External parasites—check mites/lice - Crop—check first thing in morning - Egg binding in hens
Dosage	Corid 9.6% liquid: 2 tsp/gal water for 5 days, then ½ tsp/gal for 7–14 days Corid 20% powder: 1.5 tsp/gal for 5 days, then ⅓ tsp/gal for 7–14 days	Vitamin E: 400 IU once daily B-complex: ¼ tablet once daily Do not exceed 25 mcg supplemental selenium; excess is toxic. Egg is the safer route.	Elector PSP: 9 mL/gal water; wet vent and crest feathers and premises Ivermectin 5 mg/mL pour-on: 0.1 mL per 2 lb on skin (off-label; vet guidance)	Tylan powder: 1 tsp (5 g)/gal water for 7 days (some vet references use ~2 g/gal) Tylan 50 oral: 35 mg/kg—~0.6 mL for 2 lb; ~1.6 mL for 5 lb	Fenbendazole (Safeguard): 0.23 mL/lb orally once daily for 5 days ~0.5 mL for a 2-lb silkie Nutri-Drench: ~1 mL per 3 lb orally daily
Frequency	- Mix fresh daily Medicated water must be the ONLY water source	Vitamin E + B-complex once daily; offer scrambled egg daily.	- Repeat full flock and premises treatment at 7-day intervals for 2–3 rounds - Products kill live mites, not eggs	- Soluble powder: sole water source, mixed fresh daily - Tylan 50 oral: once daily	Fenbendazole and Nutri-Drench once daily; weigh and record status daily.
Duration	5-day full-strength course, then 7–14 days at reduced concentration.	Daily until signs resolve—commonly 1–4+ weeks. Improvement is often seen within days.	2–3 rounds, 7 days apart - Scaly leg care every 2–3 days for 2 weeks	- Tylan water: 7 days - Tylan 50 oral: 3–5 days	Fenbendazole: 5 days. Continue nursing support until weight, appetite, hydration, droppings, and crop function stabilize.
Second-line / alternatives	Sulfadimethoxine (Albon/Di-Methox) per label.	Poly-Vi-Sol WITHOUT iron: a few drops daily - If no improvement: vet exam; options may include an anti-inflammatory for injury and Marek's testing	Elector PSP (spinosad) as above Ivermectin pour-on as above; off-label in U.S. Scaly leg mites: warm soapy soak, then petroleum jelly or vegetable oil	- Vet options: doxycycline or Denagard (tiamulin) per label VetRx gives symptom relief only; it is not an antibiotic - Antibiotics do not treat viral disease	- Fecal float is fastest definitive diagnosis for coccidia and worms - Check crop for sour or impacted crop and evaluate hens for egg binding
Supportive care	- Dry bedding, heat, electrolytes - Individually dose birds that will not drink by dropper No thiamine/B vitamins during amprolium; resume B vitamins and probiotics afterward	- Quiet, warm nursing area - Hand-feed and water every few hours while supporting head - Tube-feed if unable to eat - Soft bedding; easy food/water access - Check crop in mornings; crop disorders can mimic wry neck	- Remove and bag all bedding—do not compost - Spray coop cracks, roosts, nest boxes - Monitor for anemia; recheck weekly	- Electrolytes and warmth - Improve ventilation - Reduce dust and ammonia - Get vet diagnosis if birds do not improve	- Warm hospital pen around 85°F - Scrambled egg, electrolytes - Tube-feed (e.g., Kaytee Exact) if bird will not eat - Track weight, crop emptying, intake, droppings
Quarantine & monitoring	Treat the whole flock; spreads via droppings - Isolate severely ill birds for nursing care - Watch drinking closely	- Isolate to prevent pecking - Monitor intake, hydration, crop, neurologic signs - Escalate if no improvement	- No per-bird quarantine—flock-wide treatment - Treat every bird and premises simultaneously	Quarantine sick birds immediately - Monitor whole flock daily - Mycoplasma-positive birds remain carriers for life: consider a closed flock; culling may be warranted in chronic cases	- Quarantine until cause is identified - Weigh daily and log food/water intake and droppings
Egg withdrawal	None listed on the amprolium label.	No standard withdrawal for the listed vitamin/food support.	- Permethrin and Elector PSP: no egg withdrawal - Ivermectin: commonly cited 7–14 days; off-label—confirm with vet	Observe product-label withdrawal times; confirm with prescribing vet.	Fenbendazole: commonly cited 14 days after last dose; not labeled for layers—confirm with vet/FARAD.

Fall & winter additions

Prevention, recognition, treatment, and escalation

Care point	Fowl Pox	Marek's Disease	Worms (incl. gapeworm)	Poultry Lice	Bumblefoot	Vent Gleet	Sour / Impacted Crop	Avian Influenza	Frostbite / Cold Stress
Signs to watch for	Dry: scabby, wart-like lesions on comb, wattles, eyelids Wet: yellowish mouth/throat plaques; can be fatal - Peak risk while mosquitoes remain active in fall	- Progressive leg or wing paralysis - One leg forward, one back - Tumors; weight loss	- Weight loss, pale comb, diarrhea Gapeworm: gasping/gaping that can mimic respiratory disease	- Restlessness; feather damage - Visible lice or nits on feather shafts near vent - Often worse when birds crowd and dust-bathe less	- Limping - Swollen foot pad - Dark scab on pad - Feathered feet hold moisture	- Messy, pasty vent - Yeasty or sour smell - Soiled vent feathers	- Crop still full first thing in morning - Squishy with foul breath (sour) or hard (impacted) - Lethargy, poor intake	- Sudden deaths - Head/comb swelling - Respiratory distress - Drop in laying - Fall waterfowl migration through Texas raises exposure risk	- Pale or blackened comb tips, wattles, toes - Huddling; reluctance to move - Silkie plumage is not waterproof; feathered feet stay wet - Highest risk: damp birds during a hard freeze
First-line treatment	No cure. Supportive care: keep lesions clean and dry; do not pick scabs. Offer soft food and easy water access for wet form.	No treatment. Isolate immediately; recognition, humane removal, and confirmation are the priorities. Vaccine is for day-old chicks or in ovo—not adult breeders—and prevents tumors but not infection or shedding ("leaky" vaccine).	Fenbendazole (Safeguard) orally. Confirm with a fecal float when possible.	Permethrin poultry dust 0.25% or 10% spray diluted per label; treat every bird and the premises.	Early stage: Epsom-salt soak, clean and wrap the foot, then house on soft, dry bedding.	Isolate; use an Epsom-salt soak and gently clean the vent area. Use antifungal treatment only per veterinary or product-label direction.	Isolate. Withhold solid food for 24 hours while providing water/electrolytes; gently massage an impaction. Sour crop needs veterinary antifungal guidance.	No treatment. Reportable disease—contact the state veterinarian immediately if suspected.	Move bird to a dry, sheltered area. Warm gradually; keep tissue clean and dry. Do not rub frostbitten tissue.
Dosage	No drug dosage. Discuss wing-web fowl-pox vaccination with a veterinarian for prevention.	Not applicable. Vaccine is preventive, not a treatment.	Safeguard liquid: 0.23 mL/lb orally (~0.5 mL for a 2-lb silkie).	- Permethrin: use product label Elector PSP: 9 mL/gal water	No standard medication dose for early care. Advanced cases require a veterinarian.	Follow veterinarian/product label for antifungal choice and dose.	No home antifungal dose—choice and dosing should be veterinary-guided.	Not applicable.	No medication dose. Supportive warming only; a vet should assess deep tissue damage.
Frequency	Clean only as needed without disturbing scabs. Check mouth, breathing, food, and water at least twice daily.	Observe flock daily for additional neurologic signs or weight loss.	Fenbendazole once daily.	Repeat whole-flock and premises treatment at 7-day intervals.	Soak, clean, rewrap, and inspect daily; keep bandage clean and dry.	Clean gently as needed; monitor droppings and intake daily.	Check crop each morning before feeding; it should be empty.	Follow state-veterinarian instructions; monitor the flock closely without moving birds or equipment.	Check birds, water, and bedding several times during cold snaps.
Duration	Support until lesions resolve and scabs shed naturally; wet-form birds need close support throughout illness.	Permanent infection risk. Use diagnostic results and veterinary guidance for flock decisions.	5 consecutive days.	2–3 rounds, 7 days apart.	Continue until swelling, heat, and lameness resolve; escalate promptly if worsening.	If not clearly improving within about 1 week, seek a veterinary exam.	Reintroduce soft foods gradually only as crop emptying normalizes; escalate if it remains full.	As directed by animal-health authorities.	Until fully dry, warm, mobile, and eating; damaged tissue may take weeks to declare its extent.
Second-line / alternatives	Veterinary care for wet form, obstructed breathing, or inability to eat/drink. Vaccination protects unaffected birds; it does not treat active lesions.	Submit a deceased or euthanized bird to the state veterinary diagnostic lab for confirmation.	Ask a vet for a parasite plan based on fecal results; avoid blind repeat deworming.	Elector PSP as above. Improve dust-bathing access after control.	Abscessed or advanced cases may need veterinary lancing/debridement and antibiotics.	Mixed bacterial/yeast infections are possible; a vet may need to culture or change therapy.	Veterinary crop emptying/lavage or surgery may be needed for persistent impaction.	Do not medicate or move birds without official direction.	Veterinary pain control and wound care for blackened, blistered, or swollen tissue.
Supportive care	Reduce mosquito exposure; provide soft feed and accessible water; avoid trauma to scabs.	Quiet, padded isolation; easy food and water access while arranging veterinary evaluation.	Keep litter dry; reduce contact with contaminated wet ground; schedule routine fecal floats in wet weather.	Replace bedding; clean roosts and nest boxes; ensure birds can dust-bathe.	Soft, dry footing; low roosts and cushioned landing areas; keep feathered feet clean and dry.	Probiotics and electrolytes; keep vent feathers clean and dry.	Water/electrolytes during the food hold; soft foods only when restarting; watch hydration and droppings.	Biosecurity only: exclude wild birds/waterfowl; dedicated coop footwear/clothing; never share equipment between flocks.	Dry deep bedding; draft protection with continued ventilation; keep drinking water from freezing and watch feed intake.
Quarantine & monitoring	Quarantine affected birds. Spread occurs through mosquitoes and infectious scabs. Monitor wet-form birds' intake and breathing closely.	Quarantine immediately. Discuss humane culling and confirmation with a veterinarian; protect chicks through day-old vaccination.	Separate debilitated birds for nursing. Weigh and monitor droppings; use fecal testing to assess flock burden.	Treat all birds and premises at the same time; no single-bird quarantine solves a flock infestation.	Separate if flockmates peck the bandage. Inspect foot and bandage daily.	Isolate until resolved; track food, water, weight, and droppings.	Isolate and record crop emptying, intake, droppings, and weight daily.	Stop movement. Quarantine new birds 30 days; keep wild waterfowl away. Follow official reporting and testing instructions.	Move affected birds to dry shelter; monitor flockmates, especially wet birds and those with feathered feet.
Egg withdrawal	No withdrawal for supportive care. Ask the vaccinating veterinarian about the chosen product.	Not applicable; confirm any flock-disposition instructions with the diagnostic veterinarian.	Commonly cited: 14 days after last fenbendazole dose; not labeled for layers—confirm with vet/FARAD.	Permethrin and Elector PSP: no egg withdrawal.	No withdrawal for soaks/bandaging; follow prescribed-antibiotic directions if used.	Depends on antifungal selected—confirm with vet/label.	Depends on any prescribed antifungal—confirm with vet/label.	Follow animal-health authority instructions; do not distribute eggs from a suspect flock.	No withdrawal for supportive care; follow directions for any prescribed medicine.

Ranch first-aid kit

- Corid 9.6% liquid
- Vitamin E 400 IU gel caps; human B-complex tablets
- Permethrin poultry dust and/or Elector PSP
- Safeguard (fenbendazole) liquid
- Nutri-Drench or Poultry Cell; VetRx
- Electrolytes and probiotics
- Syringes and feeding tubes; petroleum jelly
- Epsom salt; vet wrap and bandaging supplies
- Fowl pox vaccine (discuss with vet)
- Vet-guided antifungal
- Hospital pen with heat source

Quarantine protocol

30 days for all new or returning birds. Use separate equipment and footwear, and manage the quarantine group as a separate flock.

When to call a vet

- No improvement after a full treatment course
- Multiple birds dying
- Suspected Marek's or Newcastle
- Anything requiring prescription antibiotics
- Use the state veterinary diagnostic lab for necropsy after an unexplained death

Weigh first. Label everything. Record dates, doses, response, and egg-withdrawal end dates.

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