

## “Talk to the paw— that’s not *my job*”

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**SPECTACULAR**  
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[CI: 98.0–100%]

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**zoetis**



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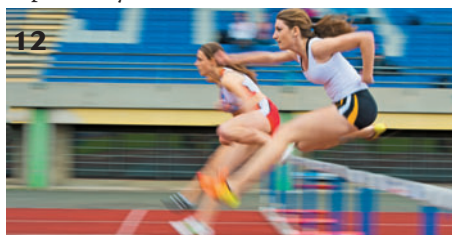
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It's time to make way for service that leaves pet owners purring. Consider this advice to come up to scratch when clients visit your practice.

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### CLIENT RELATIONS

#### Take the sting out of a diabetes diagnosis

Support pet owners by using these tender communication techniques to ease the burn of this challenging disease.

**page 21** By *Mandy Stevenson, RVT*

### TEAM SAFETY

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Sick over work—literally? Use these tips to control zoonoses in the workplace.

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## Team meeting in a *Virtual* BOX

Get the full scoop on how to make strong pet insurance recommendations—as well as a complete set of lesson plans to hold educational team meetings in your practice—at [dvm360.com/teammeeting](http://dvm360.com/teammeeting). You'll find critical tools, including how to select the policies your practice will recommend as well as step-by-step tips to complete claim forms and practice each team member's role in client communication.

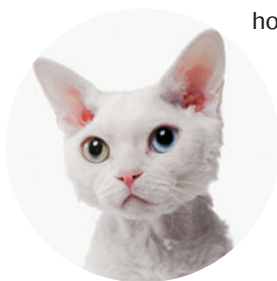
## A spoiled dog ... and a forgotten cat

Steve Dale, CABC, explains why it's so important to ask pet owners if they have cats you're not seeing. Visit [dvm360.com/spoiledog](http://dvm360.com/spoiledog) to read

how a loving pet

owner's misunderstandings about

her pets' needs led her to make mistakes in the care she didn't know enough to ask for.



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## Facebook *foibles and* Twitter *treats*



Dr. Andy Roark, MS, explains why it

really is OK to be funny on your veterinary practice's social media outlets at [dvm360.com/laughatwork](http://dvm360.com/laughatwork). You can see Dr. Roark speak on social media at CVC Aug. 23 to 26 in Kansas City, Mo. Visit [thecvc.com](http://thecvc.com) to learn more.



unconventional



## Ease clients' euthanasia pain

It's never easy to say goodbye, but Dr. Robin Downing says you can make things better by empowering and informing pet owners throughout the difficult event. See her tips at [dvm360.com/euthanasiatips](http://dvm360.com/euthanasiatips).



# THE REAL-BEEF CHEWABLE. REAL EASY PREVENTION.

It's easy to see how the Real-Beef Chewable supports your recommendation for year-round heartworm disease prevention. HEARTGARD® Plus (ivermectin/pyrantel) is:

- The only heartworm preventive that comes in the Real-Beef Chewable
- The heartworm preventive dogs love to take<sup>1,2</sup>
- The #1 most requested heartworm preventive<sup>3</sup>
- Backed by the Plus Customer Satisfaction Guarantee<sup>4</sup>

**Heartgard®**  
(ivermectin/pyrantel) **Plus**



<sup>1</sup> Of dogs showing a preference in three studies, dogs preferred HEARTGARD® Chewables over INTERCEPTOR® (milbemycin oxime) Flavor Tabs® by a margin of 37 to 1; data on file at Merial.

<sup>2</sup> Of dogs showing a preference in two studies, all dogs preferred HEARTGARD Plus Chewables to TRIFEXIS™ (spinosad + milbemycin oxime) beef-flavored chewable tablets; Executive Summary VS-USA-37807 and VS-USA-37808.

<sup>3</sup> Opinion Research Corporation, Heartworm Prevention Medication Study, 2012. Data on file at Merial.

<sup>4</sup> Ask your Merial Sales Representative for full guarantee details.



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**IMPORTANT SAFETY INFORMATION:** HEARTGARD® (ivermectin) is well tolerated. All dogs should be tested for heartworm infection before starting a preventive program. Following the use of HEARTGARD, digestive and neurological side effects have rarely been reported. For more information, please visit [www.HEARTGARD.com](http://www.HEARTGARD.com).

See brief summary on page 04.

Power of  
**12**  
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# Heartgard® Plus

(ivermectin/pyrantel)

## CHEWABLES

**CAUTION:** Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

**INDICATIONS:** For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

**DOSAGE:** HEARTGARD® Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

Dog Weight	Cheewables Per Month	Ivermectin Content	Pyrantel Content	Color Coding On Foil Backing and Carton
Up to 25 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 100 lb use the appropriate combination of these chewables.

**ADMINISTRATION:** Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease preventive program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

**EFFICACY:** HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*).

**ACCEPTABILITY:** In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

**PRECAUTIONS:** All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

**Keep this and all drugs out of the reach of children.**

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

**ADVERSE REACTIONS:** In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

**SAFETY:** HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

**HOW SUPPLIED:** HEARTGARD Plus is available in three dosage strengths (See DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merial at 1-888-637-4251.



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## Mission

To inspire receptionists, credentialed technicians, practice managers and veterinary assistants to build strong relationships with co-workers, improve their communication skills and educate clients with confidence in order to enhance their contributions to a veterinary practice and maximize every patient's well-being.

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## Question of the month:

What tasks do team members tackle that make you grateful?



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**Brent D.** Taking over doing anything when things get busy.

**Sara G.** Helping with the doctor if I'm in the middle of something else.

**Amanda M.** I've got a couple of girls who are amazing organizers. Everything gets put away and then labeled so we can find it fast. They are a godsend.

**Liz H.** Restocking all the drawers, cabinets and bedding so I don't have to go running for something when I really need it. That's so incredibly helpful.

**Jennifer S.** Making up syringes of pain medication to go home with cats after surgeries. At 44 I can't read the lines on the TB syringes. It's time for reading glasses. Thank you to my team members for helping.

**Brandy S.** Just being on time. After working 13 hours, I'm ready to leave. And knowing that the next people on shift will be on time and ready to work makes it much easier for me to leave on time with some sanity.

**Debbi J.** Working as a team. I can always count on my girls to know what to do and when to do it.

**Jennipher B.** Keeping the fecal loops clean.

**Amy D.** Callbacks.

## Help this reader:

A question from  
dvm360.com/community

### The dos and don'ts of discounts

Has anyone tried this—offering money discounts to clients who refer new clients to the practice? We've sent referring clients different gifts over the years, but lately with declining visits in general I'm looking for a way to increase client visits and attract new clients. What's your opinion on giving a \$10 or \$20 credit to existing clients for each new referral that schedules an appointment? I don't know what else to do.

—Doctor Buzzy



### Share your answer:

Visit [dvm360.com/discount](http://dvm360.com/discount) to answer this

question and read other responses. While you're there, find out what experts say about discounts at [dvm360.com/discounttips](http://dvm360.com/discounttips).

# Fatal Oklahoma tornado claims countless animal lives

Veterinary community responds in the twister's wake.

By Julie Scheidegger

**T**wenty minutes from Moore, Okla., Dr. Dustin Brown and the staff at the Animal Medical Center—Midwest City took cover as the deadly EF4 tornado carved a line of destruction around them. “That tornado lifted right before it got to our clinic,” Dr. Brown says. After it passed, “we came back and started trying to do what we can.”

Dr. Brown headed to Moore, and he attended to horses injured in the storm. He says they saved as many as they could.

## The aftermath

The Orr Family Farm, an agricultural tourism destination and home to Celestial Acres, a large sports training facility, sustained heavy damage from the tornado. A spokesman for the property says there were animal casualties.

Dr. Brown saw countless numbers of fatally injured horses. He says there are a lot of dogs and cats in need



An 85-foot-by-200-foot indoor arena once stood in this bare space at Celestial Acres equine sports facility in Moore, Okla. There were also four barns with stalls, horse walkers, turnouts and paddocks. A spokesman with the property that included Orr Family Farms confirmed that all employees and 34 horses survived the deadly tornado that devastated Moore on May 20. But the number of equine fatalities from the storm may be more than 50.

of care as well. Brown's staff at Animal Medical has treated a few. “It's basically just triage and help the ones we can,” he says. Scores of animals are missing.

## Counting the toll

Dr. Brown says huge metal electricity towers “just snapped in half—vehicles just twisted around trees. Even the grass and everything was gone,” he says. “It was a very powerful tornado that went through. There's not much that could survive something like that.”

Dr. Rod Hall, Oklahoma's state veterinarian, managed an incident command team that coordinated efforts between the triage workers and emergency shelters. “The place the tornado hit had a lot of horse farms,” Dr. Hall says.

An overwhelming number of people from across the country offered their assistance. “It's been great to have so many volunteers—way more than we could use,” Dr. Hall says. “I wish I could just thank every one of them individually—even the ones that didn't get to come.” **FL**

Find it all here.  
**dvm360**  
.com

**What you can do**  
Learn the latest on donation sites to support the influx of animals and provide medical services for injured animals at [dvm360.com/tornadorelief](http://dvm360.com/tornadorelief).





Ask Shawn

## Fighting a five-finger discount

**W**e have an inventory item that has repeatedly been short when counted. It's a very specific eye medication ordered in limited quantities, and only a handful of clients use the medication. One of the clients has recently been sent to collections, and she happens to be related to a team member. I fear that the missing medication is walking out of the clinic in the hands of an employee. How would you recommend that I approach this employee? We are prepared to fire her for the crime, but we have no proof that she's the culprit. Help! —**Suspicious of sticky fingers**

**O**uch! This is a tough one, but if you don't have proof that the team member is stealing, there's not much you can do.

Right now it looks as though the evidence is circumstantial at best. I see two choices:

1. Put cameras in your practice, and explain exactly what's happening at a staff meeting.
2. Offer a minimal reward to anyone with proof that the

items are indeed walking out the door. Also offer the culprit a chance to confess and keep his or her job if he or she makes restitution.

I also recommend that your practice treats the drug as a controlled substance. Make all employees sign for use of the medication until the incident passes or the suspect leaves the practice.

—**Shawn**



### Need help now?

Get an answer—fast—with **Firstline** Hotline. Text your problem to **913-732-1465**. We'll send you an answer in 48 hours (business days only). Standard text messaging rates apply. You can also email us at **firstline@advanstar.com** or direct message us on Facebook at **facebook.com/FirstlineMag** or Twitter at **@firstlinemag**.

### Got a question? Ask Shawn.

Maybe you're tired of babysitting your team members. Perhaps you're looking for strategies to beat a bully. Shawn can help. **Shawn McVey, MA, MSW**, is a member of the **Firstline** and **Veterinary Economics** Editorial Advisory boards and CEO of **McVey Management Solutions** in Chicago. Email your questions for him to **firstline@advanstar.com**. Then visit **dvm360.com/mcvey** to read McVey's advice on other hot topics. And catch Shawn live Aug. 23 at CVC in Kansas City. Visit **thecvc.com** to learn more.



**OroCAM™ (meloxicam) Transmucosal Oral Spray**  
Non-Steroidal Anti-Inflammatory Drug for oral use in dogs only.

**Caution:** Federal law restricts this drug to use by or on the order of a licensed veterinarian.

**BRIEF SUMMARY:** This summary does not include all the information needed to use OroCAM safely and effectively. See the Package Insert and Client Information Sheet for complete prescribing and other information.

**For Animal Use Only**  
**For Oral Use in Dogs Only**

**WARNING**

**Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer meloxicam transmucosal oral spray to cats. See Contraindications for detailed information.**

**Description:** Meloxicam belongs to the oxicam class of non-narcotic, Non-Steroidal Anti-Inflammatory Drugs (NSAID). Each milliliter of OroCAM contains 5 mg meloxicam.

**Indication:** OroCAM (meloxicam) Transmucosal Oral Spray is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

**Dosage and Administration:** Always provide the Client Information Sheet when prescribing and dispensing OroCAM. Use the lowest effective dose for the shortest duration consistent with individual response. Due to the pump sizes, dogs weighing less than 5.5 pounds (2.5 kg) cannot be accurately dosed. OroCAM should be administered once daily at a dose of 0.1 mg/kg (0.045 mg/lb). See Bottle/Pump Assembly Instructions for Veterinarians and Administration Instructions for Owners.

**Contraindications:** OroCAM (meloxicam) Transmucosal Oral Spray should not be used in dogs that have a hypersensitivity to meloxicam or known intolerance to NSAIDs. Do not use OroCAM in cats.

**Do not use OroCAM in cats. Acute renal failure and death have been associated with the use of meloxicam in cats.**

**Human Warnings:** Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans or contact with mucous membranes. Direct contact with skin, eyes, and mucous membranes should be avoided. If contact occurs with skin, the area should be washed immediately with soap and water for at least 20 seconds. In case of contact with eyes, flush immediately with water. Women in late pregnancy should avoid contact with this product.

**Other Precautions:** The use of OroCAM (meloxicam) Transmucosal Oral Spray has not been evaluated in dogs younger than six months of age, dogs weighing less than 5.5 lbs (2.5 kg), dogs used for breeding, or in pregnant or lactating dogs. Meloxicam is not recommended for use in dogs with bleeding disorders, as safety has not been established in dogs with these disorders. Concurrent administration of potentially nephrotoxic drugs should be carefully approached. Please refer to the full Package Insert for more complete information on possible interactions and other pertinent information.

**Common Side Effects:** The most common adverse reactions involved the gastrointestinal system (see the Table in the Package Insert). Non-gastrointestinal adverse reactions were rare and included increased liver enzymes, hematuria, lethargy, polydipsia, and dehydration.

The incidence of adverse reactions observed in a clinical study is tabulated in the Package Insert. The pattern suggests some gastrointestinal effects (vomiting, diarrhea) are associated with OroCAM. The clinical signs were generally mild, transient (lasted 1-4 days during the 28-day study period), and resulted in complete recovery. There were no clinical signs related to the increased liver enzymes.

**Effectiveness:** Effectiveness was demonstrated using OroCAM in a masked, placebo-controlled, multi-site field study involving client-owned dogs. In this study, 280 dogs diagnosed with osteoarthritis were randomly administered OroCAM, or a placebo. Dogs received a daily meloxicam dose or placebo for 28 days. Effectiveness was evaluated in 258 dogs and field safety was evaluated in 280 dogs. After 28 days the treatment group showed a success rate (improvement of clinical signs) of approximately 73% and the placebo group showed a success rate of about 47%.

See full Package Insert for more details, as well as for results of safety studies.

Oro-061 March 2013 © Abbott Laboratories

## ASK the experts



# When clients DISS THEIR DOGS

***Q** Sometimes when we mention a pet needs to lose weight, clients blame the animals. How do we keep these conversations positive?*

**P**et owners can be pretty sensitive about their pets' weight, especially if they recognize they feed too many cookies or dish up too many desserts for their furry friends, says Dr. Ernie Ward, founder of the Association for Pet Obesity Prevention. Instead of trying to curb these doggy disses and feline smack downs, think of this as a conversation opener. Consider this example:

**Mrs. Jones:** "Scooter, you garbage gut! You ate too many cookies, and now you've got me in trouble."

**You:** "Mrs. Jones, that's one of the things I want to talk to you about Scooter. Like most dogs, he likes to eat. Maybe we can find some healthier snacks to keep him happy."

While it may be challenging to convince Mrs. Jones to stop giving treats, offering an alternative—giving a piece of carrot as a snack instead—is a much easier change in the beginning. If you can get pet owners talking,

you're likely to find common ground. So whatever pet owners say, listen and offer first steps, Dr. Ward says.

## Keep your message fresh

Being creative about how you deliver your message is important, Dr. Ward says. His practice has used seasonal themes, such as holding off holiday weight gain and springing forward into fitness, to give a fresh spin on weight loss programs.

It's important to stay positive, he says. Maybe only 30 of your 3,000 active clients participated in your program this time around. Just remember these people are involved—and they're probably on social media sites, where they just might brag about Mittens' success on the scale.

## Offer food advice

"Clients' No. 1 question is, 'What should I feed my pet?' and everyone should have a good answer to this question," Dr. Ward advises. "The most important decision pet owners make each day is what they choose to feed their pets, so we have to give good answers." Catch Dr. Ward live Aug. 23 at CVC Kansas City, where he'll offer tips to stay positive, ditch the practice drama and improve your client communication. Visit **thecvc.com** to learn more.





# Spray and Go

The first and only veterinary NSAID with transmucosal oral delivery for canine osteoarthritis.



## Quick and reliable delivery<sup>1,2</sup>

- Administered with a quick spray
- Consistent and accurate dose<sup>2</sup>
- Absorbed directly into the systemic circulation<sup>1</sup>
- Nothing to swallow or digest

See how it works at [OroCAM.com](http://OroCAM.com)

**OroCAM™**  
(meloxicam)  
quick and reliable delivery<sup>1,2</sup>



**Indication:** OroCAM (meloxicam) Transmucosal Oral Spray is indicated for the control of pain and inflammation associated with osteoarthritis in dogs.

**Important OroCAM (meloxicam) Safety Information:** **WARNING:** Repeated use of meloxicam in cats has been associated with acute renal failure and death. Do not administer meloxicam transmucosal oral spray to cats. See Contraindications for detailed information. **Warnings, Precautions, and Contraindications:** For oral use in dogs only. OroCAM should not be used in dogs with known hypersensitivity to meloxicam or other NSAIDs, dogs weighing less than 5.5 pounds (2.5 kg), or dogs younger than six months of age. It has not been evaluated for safety in breeding dogs, lactating dogs, or dogs with bleeding disorders. **Adverse Reactions:** Common adverse reactions include vomiting, diarrhea, increased liver enzyme values, and loss of appetite. In clinical studies, the clinical signs were generally mild, transient (lasted 1-4 days during the 28-day study period), and resulted in complete recovery. There were no clinical signs related to the increased liver enzymes. Kidney or liver damage has been reported with other NSAIDs. **Other Recommendations:** All dogs should undergo a thorough history and physical examination before the initiation of NSAID therapy. Appropriate laboratory testing to establish hematological and serum biochemical baseline data is recommended prior to and periodically during administration of any NSAID.

See Brief Summary of Prescribing Information on adjacent page 08.

To learn more about OroCAM, contact Abbott Animal Health Customer Service at 888-299-7416. Promist is a trademark of Velcera, Inc. OroCAM is a trademark of Abbott Laboratories. ORO-061 March 2013 © Abbott Laboratories.

Delivered by *promist* Technology

**Abbott**  
Animal Health

1. Placebo-Controlled Field Efficacy Trial of Meloxicam Administered Orally Via Transmucosal Oral Mist (Promist™ Technology), in Client-Owned Dogs with Osteoarthritis, Abbott Study 09-17-MC-D-CT-MP, 2011. 2. OroCAM Spray Studies Summary, Abbott Study 11-11-MC-N-DC-MC, 2011.



## PRACTICE LIFE: The ABCs of a clean team

By Brent Dickinson

*Editor's note: Practice Life is a new column designed to offer tools to help your practice manage daily challenges, big or small, more efficiently.*

In our profession, there's really no way to plan cleaning, and sometimes a can of air freshener just doesn't cut it. Follow the ABC rule: Always Be Cleaning. If you're headed to another room in your practice, take something with you that belongs there. Keep surfaces cleared and wiped down. Mop around the perimeter of rooms to avoid slip injuries but freshen odors. Take a moment to step back and see a room as your customer does. If something looks out of place or dirty, take care of it. Remember, clients are more likely to notice when a facility isn't clean. For example, consider these easy-to-overlook places:

- > Make sure to check the bathroom daily to restock towels and ensure that the floor, toilet and sink areas are clean.

- > Pet hair tends to float under elevated objects like refrigerators, surgical units and cabinets, so get the vacuum hose under there at least weekly. This hair can give off odors and also collects dust and allergens.

A secret trick to help stop odors is to tape dryer sheets under desks, behind cabinets and inside drawers. They give off the pleasant fragrance of clean laundry, which can help cut the many odors our practices generate every day. Also, don't hesitate to load up on air fresheners. Gel-type fresheners hide easily behind counter displays so your team sees them, but customers don't. All they notice is the smell of spring flowers or an island breeze, which they most likely didn't expect when walking into a veterinary facility.

Don't forget to make cleaning part of your daily routine. If you walk an elderly client and her pet to the car and notice three cigarette butts and a dog mess on the way back, pick them up! They aren't going to jump into the trash can by themselves, and clients will see them as your uncleaned mess.

**Team tip:** Keep a waste pick-up bag and a latex glove in your back pocket every day. It takes a while to get into the habit, but it will make your day easier and your practice cleaner.



Brent Dickinson is the practice manager at Dickinson-McNeill Veterinary Clinic in Chesterfield, N.J. Share your tips to keep your practice clean at [dvm360.com/community](http://dvm360.com/community).

Find it all here.  
**dvm360**  
com

### Dental corner in pictures

Scan the QR code to see a photo gallery of how a veterinary team worked together to help a cat with a fractured mandible from a car accident, or check it out at [dvm360.com/dentalphotos](http://dvm360.com/dentalphotos). Then hear Pat March, CVT, VTS (Dentistry), speak at CVC Kansas City Aug. 23 to 26. She'll lead the Focus on Dentistry: Dental Techniques for Technicians course and the Focus on Dentistry: Nerve Blocks for Dental Procedures lab. Visit [thevcv.com](http://thevcv.com) to learn more.





# Introducing the new blueprint for easy, effective treatment of otitis externa.



**Flexible Nozzle:**  
Gentle on sensitive canine ears.

**Unique Airless Delivery System:**



- One pump delivers an exact 1 mL dose every time.
- No messy drops to count. No more mystery.

**Precise dosing in any position.**  
No more wrestling matches.

**One pump, once daily, for 5 days for any size dog.**  
Eliminates dosing frustration.



**Three Powerful Actives including Hydrocortisone Aceponate (HCA)** – A potent new-generation glucocorticoid.

**easOtic<sup>®</sup>**  
(hydrocortisone aceponate, miconazole nitrate, gentamicin sulfate)  
Otic Suspension For Dogs

**Ease and otic together at last.**



If you could design the ideal treatment for otitis externa in dogs, it might just be EASOTIC<sup>®</sup> (hydrocortisone aceponate, miconazole nitrate, gentamicin sulfate) Otic Suspension for Dogs. It makes treating otitis so easy and accurate your clients will happily comply, and the novel formulation makes short work of inflammation, bacteria, and yeast. **To learn more, visit [www.virbacvet.com](http://www.virbacvet.com).**

EASOTIC Otic Suspension for Dogs is contraindicated in dogs with known or suspected hypersensitivity to corticosteroids, imidazole antifungals, or aminoglycoside antibiotics. Do not use in dogs with known tympanic membrane perforation. The safe use of EASOTIC Otic Suspension for Dogs in dogs used for breeding purposes, during pregnancy, or in lactating bitches has not been evaluated. See brief summary for additional product information.

**Virbac**

*Passionate About Animal Health*

For information call 800-338-3659

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See brief summary on page 12.

**Virbac**

## EASOTIC® Otic suspension

(hydrocortisone aceponate, miconazole nitrate, gentamicin sulfate) Anti-inflammatory, antifungal, and antibacterial

*For Otic Use in Dogs Only*

### CAUTION

Federal law restricts this drug to use by or on the order of a licensed veterinarian.

**BRIEF SUMMARY:** Please consult package insert for complete product information.

### INDICATIONS

EASOTIC® suspension is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

### CONTRAINDICATIONS

Do not use in dogs with known tympanic membrane perforation.

EASOTIC® suspension is contraindicated in dogs with known or suspected hypersensitivity to corticosteroids, imidazole antifungals, or aminoglycoside antibiotics.

### WARNINGS

**Human Warnings:** Not for use in humans. Keep this and all drugs out of reach of children.

Humans with known or suspected hypersensitivity to hydrocortisone, aminoglycoside antibiotics, or azole antifungals should not handle this product.

**Animal Warnings:** As a class, aminoglycoside antibiotics are associated with ototoxicity, vestibular dysfunction and renal toxicity. The use of EASOTIC® suspension in a dog with a damaged tympanic membrane can result in damage to the structures of the ear associated with hearing and balance or in transmission of the infection to the middle or inner ear. Immediately discontinue use of EASOTIC® suspension if hearing loss or signs of vestibular dysfunction are observed during treatment (see **ADVERSE REACTIONS**).

### PRECAUTIONS

Do not administer orally.

Concurrent administration of potentially ototoxic drugs should be avoided.

Use with caution in dogs with impaired hepatic or renal function (see **ANIMAL SAFETY**).

Long-term use of topical otic corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs (see **ANIMAL SAFETY**).

The safe use of EASOTIC® suspension in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

### ADVERSE REACTIONS

In a field study conducted in the United States, there were no adverse reactions reported in 145 dogs administered EASOTIC® suspension.

In foreign market experience, reports of hearing loss and application site erythema have been received. In most reported cases, the hearing loss and erythema were transient and resolved with discontinuation of EASOTIC® suspension.

To report suspected adverse drug events, or for technical assistance contact Virbac at 800-338-3659.

### ANIMAL SAFETY

Aural administration of EASOTIC® suspension to 12 week old Beagle dogs at 1, 3, and 5 times the recommended dose (1 mL/ear/day) for 15 days (three times the treatment length) was associated with alterations of the hypothalamic-pituitary-adrenal axis as evidenced by the ACTH stimulation results. Other findings considered to be related to treatment include the development of aural hyperemia; the presence of renal tubular crystals and possibly renal tubular basophilia and atrophy; elevated liver weights; the development of otitis externa and media; and elevations in alanine aminotransferase, alkaline phosphatase, total protein, albumin, and cholesterol levels.

**STORAGE INFORMATION:** Store at temperatures between 20° C-25° C (68° F-77° F), with excursions permitted between 15° C-30° C (59° F-86° F).

**HOW SUPPLIED:** EASOTIC® suspension is supplied in a polyethylene canister, with a soft applicator canula.

Distributed by:

Virbac AH, Inc.  
Fort Worth, TX  
76137 USA

NADA 141-330, Approved by FDA.

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## PEARLS of practice

## THE VHMA FILES:

# Got an idea? Run with it!

## On the road to practice improvement, carefully crafted solutions that involve the team win the race.

*By Christine Shupe, Executive Director, VHMA*



**A**re you ready to step up at your practice? The Veterinary Hospital Managers Association (VHMA) recognizes excellence and innovation among veterinary hospital managers through success stories that inspire others to reach further. Consider Nancy Hay, CVPM, RVT, a practice manager with a veterinary hospital in North Ogden, Utah. She recently devised and implemented a strategy for addressing a decline in patient visits at her veterinary practice. Read

on to find out what she learned in the process.

### The back story

Nancy was hired as a practice manager when the economy was growing and the hospital's client base was strong. As economic conditions deteriorated, she noticed client visits declined. To improve the health of patients and increase client visits, Nancy and her colleagues outlined a strategy to get clients to commit to preventive care. Within a few



months, the hospital made significant strides toward successfully implementing this plan.

### Overcome hurdles

Nancy has worked since 2005 at the full-service hospital, which provides preventive, urgent and emergency care. In recent years, the number of gravely ill pets arriving at the hospital had increased dramatically. She attributed this to the economy: Clients were deferring preventive and routine care because they couldn't afford it. Her goal was to identify strategies to encourage patients to commit to preventive pet care by introducing wellness plans.

Wellness plans at veterinary practices are sometimes administered by companies, but Nancy suggested offering plans with three distinct levels of care that would be provided through the hospital. Each plan allowed a predetermined menu of annual medical services as well as installment payment options.

Nancy encouraged the team to promote the plans. Team members received training and incentives. As an example, for each pet they sign up, team members are offered \$20, which is added to a team fund and divided among team members. Clients received incentives, too, such as half priced initial memberships for additional pets in the same

household as well as coupons for discounted visits to pass along to new clients.

Nancy is quick to credit her team members for their role in making the plans a success. Veterinarians and team members must believe in a program to work as a team and meet goals.

### A win-win situation

Nancy's efforts benefited the hospital, patients and clients. In the process, she learned valuable professional lessons:

> **Look for problems, but craft solutions.** Disturbed by the number of critically ill patients, Nancy acted on her concerns.

> **Don't be deterred by problems that appear overwhelming.** Nancy knew the problems she was seeing were due to factors outside her control. Although she couldn't fix the economy, she could still make a difference.

> **Focus on rewarding good work.** Nancy is a firm believer in incentives to inspire colleagues. She also believes in offering incentives to clients whose efforts improve the practice's well-being.

> **Involve the team.** Nancy credits team members for their willingness to contribute to the success of the new initiative.

> **Let your creativity flow.** Nancy was on the right track when she proposed the well-

ness plans, but for the plans to help patients and the business, she needed to spread the word. With a tight budget, she relied on creative marketing. This included grassroots advertising through community groups, rewards and incentives and mentions on the practice's website.

> **When the rules change, change your plan.** Nancy understood that the rules of veterinary medicine were changing. Rather than play by the old rules, she had to come up with a game plan that was responsive to the new reality.

> **Don't allow challenges to halt progress.** Nancy admits that at times the design work to develop the plans was mind-numbing, but the final monthly payment plans had a positive effect on the practice's viability. The wellness plans were first offered in January 2012. During the first year, gross sales increased by 5.4 percent. Wellness plans accounted for 4.6 percent of income.

Are you ready to join the race? The first step is to gain acceptance for your idea. Visit [dvm360.com/VHMA](http://dvm360.com/VHMA) for tips to get off the starting line.



*Christine Shupe is executive director of the Veterinary Hospital Managers Association. The association is dedicated to serving professionals in veterinary management through education, certification and networking.*



## MICROCHIPS: What's your role?

Help make sure you're spreading the microchip message and improve the chances lost pets will find their way home:



### >>Receptionist:

When pet owners call to schedule an appointment, ask if their pets are microchipped. When clients visit, offer them a handout, such as "FAQs about Microchipping" at [dvm360.com/microFAQ](http://dvm360.com/microFAQ).



### >>Practice manager:

Offer training at team meetings. Review how microchips can save the day at [dvm360.com/microresist](http://dvm360.com/microresist). Then learn how to market microchips with tips from [dvm360.com/micromarket](http://dvm360.com/micromarket).



### >>Technicians and assistants:

When you're taking the pet's history, ask if Fluffy or Bowser ever strays from the house. You can use the sample script at [dvm360.com/microscript](http://dvm360.com/microscript) to guide your conversation.



### >>Veterinarian:

Reinforce the microchipping message by sharing success stories of pets reunited with their families. You may also share microchip statistics from [dvm360.com/microstats](http://dvm360.com/microstats).



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- Daily Appointment Reminders → Reduces Client no-shows
- My 12 Month → Encourages overdue clients to call
- My Wellness → Keeps pets on a wellness program
- Birthday Greetings → Builds client loyalty
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- Newsletters → Educational articles delivered monthly
- My Surveys → Hear what your clients are saying
- My Site → VetShout shares your positive surveys with review sites maintaining your online reputation



# www.vetshout.com



# “Talk to the paw— that’s not *my job*” and other myths

It’s time to adjust your cat-titude to make way for service that leaves pet owners purring. Consider this advice to come up to scratch when clients visit your practice.

By Brian Conrad, CVPM

**H**ave you ever gotten your hackles up because someone asked you to do something that wasn’t in your job description? It used to be when you visited a

clinic you’d find a veterinarian, a veterinary assistant and maybe someone up front answering phones. Often it was a slower pace and everyone was responsible for everything. ➤

## Tweet this



Where are the service bottlenecks at your practice? Share where you get blocked on Twitter @FirstlineMag #bottleneck.

We now walk into clinics and find much more specific job titles: client service representatives, exam room assistants, pharmacy technicians, nutrition advisers and even credentialed technicians with accredited specialties. The idea of one person doing everything in the clinic doesn't really make sense anymore, nor is it possible in most circumstances.

Unfortunately, with these changes we also see a familiar problem set in: "This is my area of responsibility and I don't stray from it." Or worse, "This is my area of responsibility—keep out!"

This can be frustrating for team members and managers but even more frustrating for clients. Think of the last time you went grocery shopping and waited a long time to check out. You were tired, short on time and getting angrier by the minute. Worse, as you scanned the front of the store, you saw two to three employees standing around talking. This took your anger to another level of infuriation. Why in the heck couldn't they be doing something to help? Imagine how you'd have felt to see those employees bag groceries, guide shoppers to shorter lines and even offer to help place items on the checkout counter for you?

So what caused those grocery store employees to think it was OK to stand there and chat as you waited in line feeling miserable, thinking, "I'm never going to get home for dinner"? What causes our team members to think it's OK to hang out in the back while the phone rings off the hook and our appointments are running 45 minutes behind? Let's take a look at a couple of the common situations that tend to trigger the phrase, "That's not

my job!" These are just some of the attitudes that distract us from our goal of working together to serve clients.



### Separate the lazy daisies

Let's talk about the glaring answer first: pure laziness. While a coworker may be lazy, often this behavior is a symptom of something greater. True, there are some of us working in veterinary clinics who are here just for a paycheck. If that sounds like you,

I encourage you to rethink your career choice and look for something that stirs your passion. You aren't going to find happiness in "just a job," and it's going to be obvious to you and everyone else that you don't really care.

### Tame the turf wars

"They don't help me. Why should I help them?" Before you say this, let me remind you we aren't in grade school, and you're not going to be hearing the third period bell ringing anytime soon. So it's time to grow up. If you make a concerted effort to help others, over time most people will

reciprocate. Don't become frustrated when you put forth the effort and it isn't immediately returned. Human behavior changes over time, so have

some patience. Put the scorecard away. A cohesive team doesn't keep track to make sure everything's even Steven. If a month goes by and there seems to

be one or two people who hold back, meet with them and share your thoughts.





# smart is

*feeling confident in your protection.*



Dogs should be tested for heartworm prior to use. In a small percentage of treated dogs, digestive, neurologic and skin side effects may occur. For more information, please see product insert on page 17.

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# smart is

protection against 5 parasites for the price of 3.

**sentinel**<sup>flavor</sup>  
tabs<sup>®</sup>  
(milbemycin oxime + lufenuron)



HEARTWORMS



ROUNDWORMS



HOOKWORMS

+



WHIPWORMS



FLEAS

**Heartgard**<sup>Plus</sup>  
(ivermectin/pyrantel)



HEARTWORMS



ROUNDWORMS



HOOKWORMS

**Sentinel<sup>®</sup> (milbemycin oxime/lufenuron) Flavor  
Tabs<sup>®</sup> are now available at a price comparable  
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so you can offer your clients a wider spectrum  
of protection — all in one monthly tablet.

smart is **sentinel**<sup>flavor</sup>  
tabs<sup>®</sup>  
(milbemycin oxime + lufenuron)



Let them know what your plan is to help out and describe how their help would not only benefit you but also clients and pets. You might start with a gentle prompt, like this:

**You:** “In the past few months, I’ve been trying to improve how I work by pitching in when I see ways I can help. What can I do to help you?”

In many cases, this will encourage others to reciprocate and ask what they can do to help you, too.

## Address the grumpy cats

Burnout and the phrase “It’s not my job” go hand in hand. If you find yourself muttering those very words under your breath, it’s time to give yourself a time out and re-evaluate what’s going on. Has the leadership team placed too much on your plate? This can easily happen when we become the “yes” man or the “yes” woman—we always tell every-

one that we can do it or take it on.

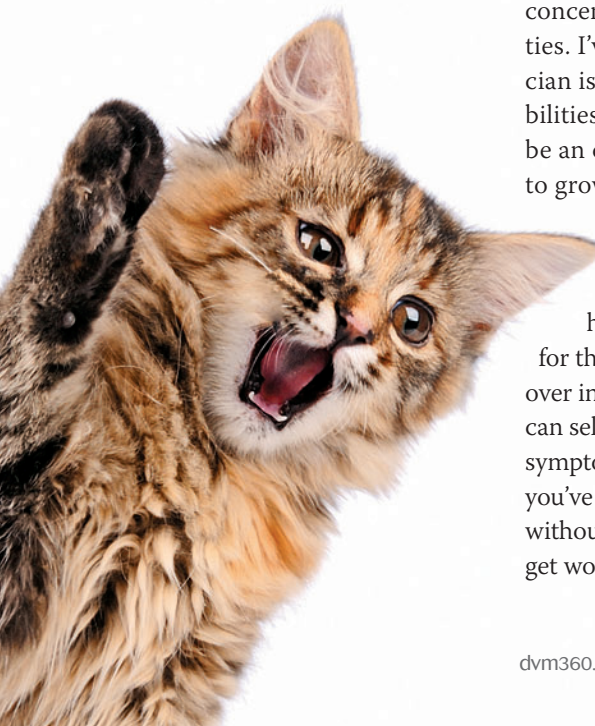
Remember, as you take on new challenges and projects in the clinic, you must delegate some of your old ones. If you’re struggling with this, sit down with your practice manager or owner and come up with a plan. Consider this example of how you might approach your manager:

**You:** “I appreciate the chance to talk with you. I’ve been feeling a little overwhelmed recently, and I wondered if you could help me identify your top three priorities for me. I want to focus on those areas first and make sure you’re getting what you need.”

Or you may offer a solution:

**You:** “I appreciate the chance to talk with you. I’ve been feeling a little overwhelmed recently, and I hope you can help me choose which tasks to delegate so I can concentrate on new responsibilities. I’ve noticed our new technician is looking for more responsibilities, and I thought this might be an opportunity for both of us to grow in our positions. What are your thoughts on this?”

Maybe your personal life has become overwhelming for the moment and is carrying over into the workplace. Only you can self-diagnose, so do it. Burnout symptoms are real, and it isn’t that you’ve done something wrong. But without corrective action, it will only get worse. You will eventually cross a



NADA 141-084, Approved by FDA

Brief Summary—For full product information see product insert.

**Caution:** Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

**Description:** SENTINEL® (milbemycin oxime/lufenuron) Flavor Tabs® are available in four tablet sizes in color-coded packages for oral administration to dogs and puppies according to their weight.

Milbemycin oxime consists of the oxime derivatives of 5-dehydromilbemycins in the ratio of approximately 80% A<sub>1</sub> (C<sub>22</sub>H<sub>36</sub>NO<sub>7</sub>, MW 555.71) and 20% A<sub>2</sub> (C<sub>22</sub>H<sub>34</sub>NO<sub>7</sub>, MW 541.68). Milbemycin oxime is classified as a macrocyclic anthelmintic.

Lufenuron is a benzoylphenylurea derivative with the following chemical composition: N-[2,5-dichloro-4-(1,1,2,3,3,3-hexafluoropropoxy)-phenylaminocarbonyl]-2,6-difluorobenzamide (C<sub>21</sub>H<sub>12</sub>Cl<sub>2</sub>F<sub>6</sub>N<sub>2</sub>O<sub>3</sub>, MW 511.15). Benzoylphenylurea compounds, including lufenuron, are classified as insect development inhibitors (IDIs).

**Indications and Usage:** SENTINEL Flavor Tabs are indicated for use in dogs and puppies, four weeks of age and older, and two pounds body weight or greater. SENTINEL Flavor Tabs are also indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*, for the prevention and control of flea populations, the control of adult *Ancylostoma caninum* (hookworm), and the removal and control of adult *Toxocara canis* and *Toxascaris leonina* (roundworm) and *Trichuris vulpis* (whipworm) infection. Lufenuron controls flea populations by preventing the development of flea eggs and does not kill adult fleas. Concurrent use of an adulticide product may be necessary for adequate control of adult fleas.

**Dosage and Administration:** SENTINEL Flavor Tabs are given orally, once a month, at the recommended minimum dosage of 0.23 mg/lb (0.5 mg/kg) milbemycin oxime and 4.55 mg/lb (10mg/kg) lufenuron. Dogs over 100 lbs. are provided the appropriate combination of tablets.

SENTINEL Flavor Tabs are palatable and most dogs will consume the tablet when offered by the owner. As an alternative to direct dosing, the tablets can be hidden in food. Administer SENTINEL Flavor Tabs to dogs, immediately after or in conjunction with a normal meal. Food is essential for adequate absorption of lufenuron.

SENTINEL Flavor Tabs must be administered monthly, preferably on the same date each month. In geographic areas where mosquitoes and fleas are seasonal, the treatment schedule should begin one month prior to the expected onset and should continue until the end of “mosquito and flea season.” In areas with year-round infestations, treatment should continue through the entire year without interruption.

If a dose is missed and a 30-day interval between dosing is exceeded, administer SENTINEL Flavor Tabs immediately and resume the monthly dosing schedule.

**Warnings:** Not for use in humans. Keep this and all drugs out of the reach of children.

**Precautions:** Do not use SENTINEL Flavor Tabs in puppies less than four weeks of age and less than two pounds of body weight. Prior to administration of SENTINEL Flavor Tabs, dogs should be tested for existing heartworm infections. Mild, transient hypersensitivity reactions manifested as labored respiration, vomiting, salivation, and lethargy have been noted in some treated dogs carrying a high number of circulating microfilariae.

**Adverse Reactions:** The following adverse reactions have been reported in dogs after giving milbemycin oxime or lufenuron: vomiting, depression/lethargy, pruritus, urticaria, diarrhea, anorexia, skin congestion, ataxia, convulsions, hypersalivation, and weakness.

**Efficacy: Milbemycin Oxime**  
 Milbemycin oxime provided complete protection against heartworm infection in both controlled laboratory and clinical trials.

In laboratory studies, a single dose of milbemycin oxime at 0.5 mg/kg was effective in removing roundworm, hookworm, and whipworm. In well-controlled clinical trials, milbemycin oxime was also effective in removing roundworms and whipworms and in controlling hookworms.

**Efficacy: Lufenuron**  
 Lufenuron provided a 99% control of flea egg development for 32 days following a single dose of lufenuron at 10 mg/kg in studies using experimental flea infestations. In well-controlled clinical trials, when treatment with lufenuron tablets was initiated prior to the flea season, mean flea counts were lower in lufenuron-treated dogs versus placebo-treated dogs. After 6 monthly treatments, the mean number of fleas on lufenuron-treated dogs was approximately 4 compared to 230 on placebo-treated dogs.

When treatment was initiated during the flea season, lufenuron tablets were effective in controlling flea infestations on dogs that completed the study. The mean flea count per lufenuron-treated dog was approximately 74 prior to treatment but had decreased to 4 after six monthly doses of lufenuron. A topical adulticide was used in the first eight weeks of the study to kill the pre-existing adult fleas.

For technical assistance or to report suspected adverse events, call 1-800-332-2761.

Manufactured for: Novartis Animal Health US, Inc.  
 Greensboro, NC 27408, USA

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NAH/SEN-FCT/BS/6  
 06/08

 **NOVARTIS**  
 ANIMAL HEALTH



line, and then there's no going back for a positive outcome.

### Calm the 'fraidy cats

Fear is another reason we fail to pitch in. You might be scared to try something new and embarrass yourself in front of a client—or worse a co-worker—and wind up being the butt of the clinic jokes for the next week. You worry you'll step on someone's toes if you venture outside your comfort zone. In both cases, communicate with your team. Ask them for help. This can-do attitude will go far. A positive approach sounds something like this:

**You:** "I looked on the schedule and I see Rex needs blood work and radiographs. I've done blood work but I've never done radiographs. Can you show me how to do this task this time and next time I can do it for you?"

A lukewarm approach sounds like this:

**You:** "How can I help?"

When you say this, the other person often thinks, "I don't have time to stop what I'm doing to show you what to do."



And they often respond, "I don't need help," because it just seems easier to finish the work themselves rather than explain how to do the task.

So take a few minutes to think about the education you can pursue on your own to help your team members more around the practice. Many websites offer free team training from topics that range from pet restraint to client communication. When coworkers see you're making effort to learn, they respond in positive ways.

### Paws to consider

As you find yourself starting to want to take on more responsibility, I applaud you. But tread lightly. Do be proactive in helping team members in other areas of the hospital. But also realize you don't know what

you don't know.

Recently one of our incredible team members was working hard to stay busy during an appointment lull one afternoon. She noticed multiple boxes of inventory had arrived. Though it isn't her job to unpack the supplies, she wanted to help—especially since some of the boxes appeared to be on ice. The third box she unpacked was from a company she recognized, but she didn't know how to store the item inside. Knowing other products manufactured from this company are kept in the freezer, she placed the items in the freezer with the other lab supplies. In fact, this item belonged in the refrigerator and not the freezer. About 30 products were ruined at a cost of more than \$500. An expensive lesson to remember: Know what you're doing before doing it. Ask for help. When you have the attitude, "This task needs to be completed and I'm willing to do it—can you show me how?" this will open the door with your coworkers. It will also teach you for the next time so you won't need to ask how.

Finally, make sure you're all in. Don't try to fake it or find yourself taking shortcuts to temporarily appease your clients



isn't as scary as it sounds.

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*"Our goal must be to work together to make each other look good and keep clients happy at our practices. After all, that's why we're here."*

or fellow team members. It will literally bite you in the butt. We once had a receptionist tell a client that her pet's ashes hadn't returned and to come back in next week to pick them up. The client responded: "But it's already been three weeks." The receptionist could have taken ownership of the client's concerns but instead took the easy way out and instilled false hope. She asked the client to come back a week later only to again find no urn and no ashes. Had the receptionist taken control of the situation and done a little extra leg-work, she would have found the body still in the freezer awaiting further direction. You can only imagine the client's reaction. It's very hard to instill any client confidence at this point.

If you're telling yourself, "It's not the receptionist's

fault the body wasn't correctly labeled," you're right. But if you're also telling yourself, "The receptionist didn't have an obligation to research the concern," you're part of the problem. We're all going to make mistakes. Our goal must be to work together to make

each other look good and keep clients happy at our practices. After all, that's why we're here.

### Easier than herding cats

At your next team meeting, split into small groups with a representative from different parts of the hospital in each group. Talk about what you appreciate about each other and find helpful that others do for you. Come together and summarize for each other. And when you see someone helping you out, make sure to notice and say something. When we feel appreciated, we're much more likely to repeat the behavior. Your goal: eliminate "That's not my job" from your practice. **FL**

Team tool

### Brainstorm bottleneck scenarios

Use this team activity to identify areas where your team can work together to improve practice workflow and client service.

Brainstorm and vote on the top 3 scenarios. Spend 15 minutes meeting a list of ideas about client service bottlenecks in your hospital. Start with the most common scenarios, then discuss and brainstorm.

- 1. The services waiting for discharge opportunities for patient procedures, such as surgery or treatment and recovery (don't see)
- 2. Transportation for client care (e.g., after surgery or treatment)
- 3. Client waiting for a procedure or treatment (e.g., waiting for a procedure or treatment)
- 4. Client waiting for a check-up

Remember practice workflow isn't just about the client. It's about the practice and the staff. It's about the client's experience and the staff's experience.

Let the bottlenecks in your practice:

Share the bottlenecks of service and identify with the client team. Once you have a list, write solutions to address each of these bottlenecks.

How can we solve or address these bottlenecks?

Find it all here.

**dvm360**.com

**Bust your bottlenecks**

Visit **dvm360.com/myjobtool** for a free activity to help your team identify and open up the areas where service bottlenecks at your practice.



*Brian Conrad, CVPM, has been the practice manager for Meadow Hills Veterinary Centers in Kennewick, Wash., since 1999. He earned*

*his CVPM designation in 2003 and has served on the VHMA Board of Directors since 2009. Conrad will speak at CVC Kansas City Aug. 23 to 26. To learn more or to register, visit*

**thecvc.com.**



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# dermatology

A special monthly package designed to help boost client compliance and make it easy for your team to educate pet owners about regular pet wellness care.



GETTY IMAGES / LUIS ALVAREZ

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- >> The next step
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# *How to perform and interpret* **DERMATOPHYTE CULTURES**

*By Kimberly S. Coyner,  
DVM, DACVD*

Use this guide to maximize your success with this indispensable in-house test.

**D**ermatophyte cultures can be challenging to perform and interpret. However, knowing how to best collect samples for culture, select and incubate culture media, and identify media culture changes and fungal colony morphology will help you avoid a misdiagnosis.

## **COLLECTING CULTURE SAMPLES**

**Hair pluck** To obtain samples for dermatophyte culture, use a sterile hemostat to pluck hairs from around the periphery of a newly formed or expanding skin lesion, avoiding areas that may have been recently medicated. Ideal hairs to select are those in areas of active crusting and hairs that appear damaged or misshapen.<sup>1</sup>

**Toothbrush technique** Hair plucks can potentially miss infected hairs and may not sample infected epithelium adequately, so it is ideal to also obtain samples using the Mackenzie brush technique. For this technique, use a new toothbrush to rub gently over the suspect area, including the skin and haired margins of alopecic or scaly lesions (*Figure 1*).<sup>1</sup> Brush the unaffected area first, and then brush the lesions to avoid spreading spores to unaffected areas and to avoid losing spores from affected areas. Then gently embed the toothbrush bristles into the

fungal culture media (*Figure 2*), taking care not to embed the bristles too deeply, which risks displacing the culture media when the bristles are removed. Use a sterile hemostat to remove hair and debris caught among the bristles, and place the material on the culture medium surface.

The Mackenzie brush technique is helpful to screen for asymptomatic carriers and to obtain samples from animals undergoing antifungal treatment in which skin lesions have clinically resolved. In these cases, stroke the toothbrush over the entire body, concentrating especially on areas with prior lesions and, in cats, on the face, ears, and paws. It is recommended to brush for one minute or to brush the length of the animal 10 times.<sup>2</sup> In animals undergoing antifungal therapy, repeat cultures every two or three weeks, and continue treatment until two negative culture results are obtained.<sup>2</sup>

In cases of suspected onychomycosis, the toothbrush can be used on the affected claw fold. Additionally, samples of claw fold fur can be obtained with a sterile hemostat, and the proximal affected nail can be sampled by using a scalpel blade to shave off small pieces of keratin. (Precognizing the nail with alcohol is recommended to help reduce accumulated saprophytic or environmental fungal organisms.) If an avulsed claw is considered for fungal culture, discard the distal part of the nail, and obtain samples by scraping the proximal concave surface of the claw.<sup>1</sup>

You can obtain toothbrushes in bulk from online distributors. They can be used once and discarded or gas sterilized for repeated use.



Figure 1. The Mackenzie brush technique is used to collect samples for dermatophyte culture.



Figure 2. The toothbrush bristles have been gently pressed onto the fungal culture media.

## SELECTING AND INCUBATING CULTURE MEDIA

Dermatophyte test medium contains Sabouraud's dextrose agar with cycloheximide, gentamicin, and chlortetracycline as antifungal and antibacterial agents that will retard the growth of contaminant organisms. The pH indicator phenol red is also added.

Dermatophytes preferentially metabolize protein in the culture medium, releasing alkaline metabolites that turn the yellow fungal culture

medium to red at the same time the dermatophyte colony appears. Most other fungi initially use carbohydrates and produce acidic metabolites; these saprophytic fungi can eventually consume protein and cause media color change, but it occurs several days after fungal growth appears.<sup>1,3</sup> Daily observation and logging of fungal growth correlated with media color change is, thus, important in correctly interpreting dermatophyte test medium culture results.

Culture plates are recommended over vials, as the vial openings are usually too narrow to pass toothbrush heads for inoculation or to easily sample fungal colonies for microscopic analysis.<sup>4</sup> To facilitate fungal sporulation and identification, it may be helpful to use a dermatophyte test medium plate that has a separate area of plain Sabouraud's agar or rapid sporulation medium, which does not contain inhibiting agents. For example, the Dermatoplate-Duo (Vetlab Supply) culture plate has dermatophyte test medium on one side and enhanced sporulation agar on the other side.

According to recommendations from a fungal culture media manufacturer, culture media should be stored at 36 to 77 F (2 to 25 C) and protected from light before inoculation.<sup>5</sup> The plates should be warmed to room temperature (77 to 86 [25 to 30 C]) before inoculation. Before and during the inoculation procedure, the plates should be handled in a manner that minimizes exposure of the media to the environment. Do not use expired plates or any plates that exhibit drying, cracking, discoloration, microbial contamination, or other such signs of deterioration. Excessive condensation may appear in plates that have been damaged by exposure to temperature extremes.<sup>5</sup>

Fungal cultures should be incubated at room temperature (77 to 86 F [25 to 30 C]) with 30% humidity.<sup>1,5</sup> If room temperature is not maintained, use an incubator, or send the samples to a reference laboratory for culture.<sup>4</sup>





Figure 3. The dermatophyte culture plate exhibits *Microsporum canis* growth (the white-to-pale-yellow fungal colonies at the top of the culture plate) that is at risk of being overgrown by the gray saprophytic fungal colonies on the bottom of the plate. Daily fungal culture observation with or without sampling suspect dermatophyte colonies and inoculating them on a new culture plate is important to ensure that saprophytes do not overgrow the dermatophytes and potentially cause a false negative culture result.

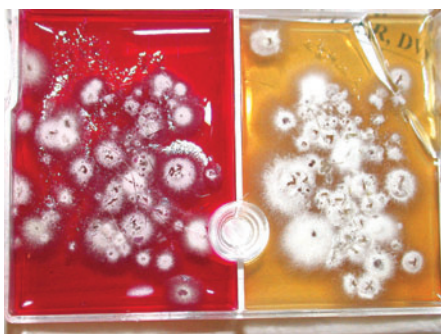


Figure 4. *Trichophyton mentagrophytes* culture often produces a white-to-cream-colored powdery surface. This culture plate has been incubated with inadequate humidity, causing cracking and separation of the culture media on the right side.

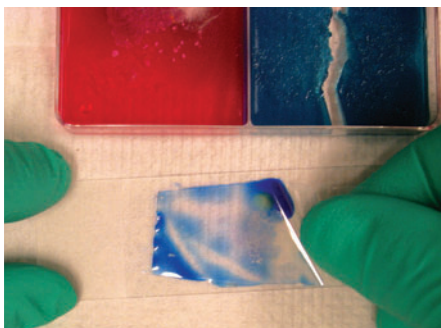


Figure 5. To obtain a sample for microscopic fungal identification, touch the tape to the top of the fungal colony and then carefully apply the tape to a slide on top of a drop of blue stain.

Most organisms will appear within seven to 10 days; however, plates should be kept for 21 days, especially when no growth is seen initially or when the sample has been obtained from a pet receiving antifungal therapy. According to a fungal culture media manufacturer, dermatophyte culture plates may be incubated in full light, although some authors recommend incubation in the dark to avoid UV light-induced inhibition of fungal growth.<sup>1,5</sup> In dry climates, it is suggested that plates be placed in plastic bags or containers to prevent dehydration of the media, which can inhibit organism growth.<sup>5</sup> After 48 to 72 hours, begin examining the plates daily for characteristic media color changes and fungal growth.

## IDENTIFYING DERMATOPHYTES

Understanding macroscopic fungal colony morphology is an important first step in determining whether a dermatophyte is present. *Microsporum* and *Trichophyton* species—the most common dermatophytes in dogs and cats—are white, light yellow, tan, or buff-colored cottony-to-powdery-appearing colonies (Figures 3 & 4). Dermatophyte colonies are never black, green, or gray.

Additionally, with positive dermatophyte culture results, determining the number of

macroscopic colonies gives you information about the severity of infection and, in animals undergoing antifungal treatment, information about the response to therapy.<sup>4</sup>

Microscopic evaluation of suspect fungal growth is also important since some environmental fungi can mimic dermatophytes in gross colony morphology and in their ability to turn the media red<sup>1</sup> and because some strains of *Microsporum canis* may not produce media color change.<sup>6</sup> Microscopic examination can be done in the clinic, or the entire culture plate can be sent to a reference laboratory for fungal identification (usually at a reduced cost compared with fungal culture).

## Microscopic identification process

Because the organisms are zoonotic, wear gloves to avoid transmitting dermatophyte spores to your hands. Gently touch a small piece of clear acetate tape to the surface of the fungal colony, and then apply the tape to a glass slide over a drop of blue stain (methylene blue, lactophenol cotton blue, or the blue Diff-Quik solution [basophilic thiazine dye]) (Figure 5). Examine the slide under 100X to 400X magnification to identify the characteristic dermatophyte macroconidia.

In the early stages of growth,

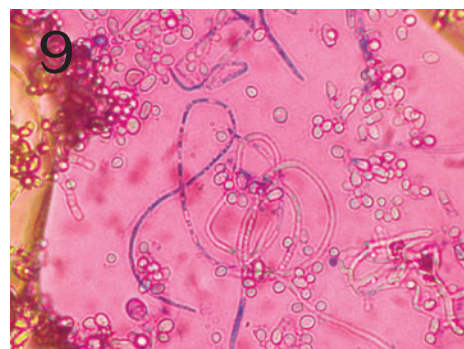
only fungal hyphae with no macroconidia may be seen, especially in cases of *Trichophyton* species infections. Incubate these cultures longer to allow spore development for more reliable identification.

### Microscopic dermatophyte characteristics

*Microsporum canis* spores are large, spindle-shaped, and thick-walled with six or more internal cells (Figure 6) and often have a terminal knob. If *M. canis* is identified, then other animals in the household should be screened via dermatophyte culture using the toothbrush technique to determine whether they are asymptomatic carriers. All pets with positive culture results should be treated with topical antifungal therapy, with or without systemic treatment. Culture-positive animals should be isolated from culture-negative animals if possible.

*Microsporum gypseum* produces large spindle-shaped spores with thin walls, no terminal knob, and six or fewer internal cells (Figure 7).

*Trichophyton mentagrophytes* produces long cigar-shaped macroconidia with thin walls (Figure 8). Spiral-shaped hyphae and numerous grapelike clusters of microconidia are also characteristic of *Trichophyton* species (Figure 9).<sup>1</sup>



Saprophytic fungi will form hyphae and often small spores, but do not form macroconidia.

In cases in which the fungal species cannot be easily identified in the clinic, submit the dermatophyte culture to a veterinary reference laboratory for fungal identification.

### CONCLUSION

Diagnosing dermatophytosis in companion animals can be difficult. However, with appropriate quality control and practice, your in-house dermatophyte cultures will be more successful—and you may even reduce the need to send samples to a reference laboratory.

Nevertheless, if optimal culture media storage and der-

matophyte culture incubation conditions, daily observation of fungal colony growth and media color change, and subsequent microscopic identification of suspect fungal organisms are not feasible in your clinic, then submitting samples of surface skin debris and hair (placed in a sterile red top tube) from suspect cases to a veterinary reference laboratory for fungal culture is recommended to avoid misdiagnosis. Even some veterinary dermatologists elect this option to minimize the chance of false negative or false positive dermatophyte culture results.

**For references and more, visit [dvm360.com/dermatophyte](http://dvm360.com/dermatophyte).**

Figure 6. *Microsporum canis* macroconidia and fungal hyphae (Diff-Quik, 400X).

Figure 7. *Microsporum gypseum* has numerous macroconidia with no terminal knob and thinner walls and fewer internal cells than *M. canis* has (Diff-Quik, 400X).

Figure 8. *Trichophyton mentagrophytes* is characterized by cigar-shaped macroconidia, which may be few in number, and numerous globose microconidia (Diff-Quik, 400X).

Figure 9. Spiral hyphae are often characteristic of *T. mentagrophytes* (Diff-Quik, 400X).



# Video { Dermatology and your clients

Dr. Laird Goodman offers suggestions on how to control—not cure—dermatologic conditions in pets, plus, how to set realistic expectations for clients.



To play this video on your mobile device, scan the QR code, above.



**W**atch Laird Goodman, DVM, CVA, owner and hospital director of Murrayhill Veterinary Hospital in Beaverton, OR, offer his take on the best way to tackle dermatology issues with clients.

Since dermatologic conditions are often chronic, Dr. Goodman stresses how important it is to stay positive in your approach with clients. Spend an ample amount of time preparing clients for the reality—often, dermatologic di-

agnoses don't have a quick fix. Still, by acknowledging the client's feelings and showing that you empathize with their frustrations, you'll gain their both their trust and their compliance with your treatment protocol.

Share this video with your team so you'll all be up to date with the latest in dermatology and client communication. And as always, check out this video and much more when you visit [dvm360.com/dermatologytoolkit](http://dvm360.com/dermatologytoolkit).

Scan the QR code, right, to watch a video with Dr. Gene Nesbitt giving tips for a great dermatology visit that could result in business benefits for your practice.





# IMAGE QUIZ:

## A bulldog *with* erythematous plaques

**T**his 8-year-old bulldog has a history of slowly progressive, minimally pruritic erythematous crusted plaques on its trunk and ventrum.

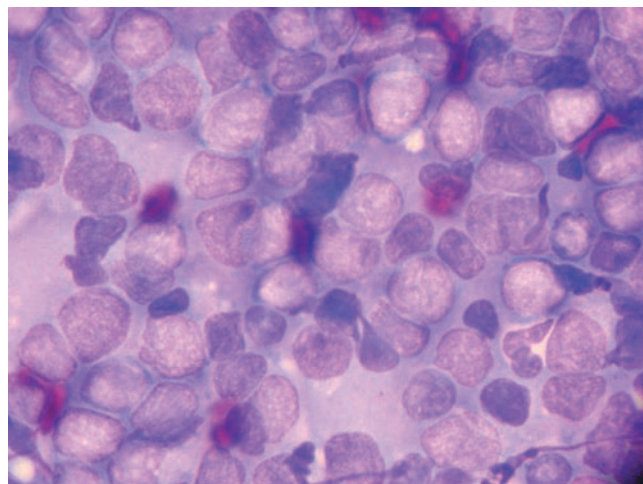
An aspirate was obtained for cytologic examination, and the results are shown below.

### What is your diagnosis?

- a) Mast cell tumor
- b) Lymphoma
- c) Plasmacytoma
- d) Histiocytoma



Turn the page to find the answer.





### Answer C: Lymphoma is correct!

Cytology of cutaneous lymphoma shows neoplastic lymphocytes ranging in size from small to large, with round, indented, or convoluted nuclei. Basophilic cytoplasm is scant to moderate. Uniformity of the lymphoid population without significant inflammation or plasma cell infiltration is suggestive of cutaneous lymphoma, but biopsy is required for definitive diagnosis. Biopsy will help differentiate between epitheliotropic and nonepitheliotropic lymphoma, which can affect the chemotherapy choices and prognosis.

Visit [dvm360.com/dermatologytoolkit](http://dvm360.com/dermatologytoolkit) for more interactive online image quizzes and brush up on your diagnostic skills.



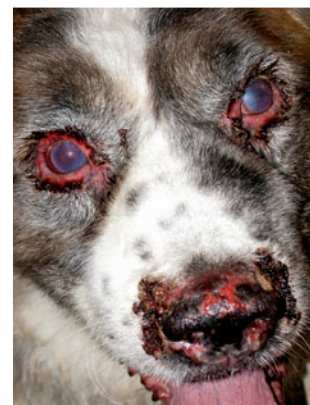
### IMAGE QUIZ: A pitbull with *bullous lesions*

This young pit bull has erythematous bullous skin lesions that occasionally drain and are mildly pruritic. Antibiotics and corticosteroids have been prescribed with only partial improvement. Can you solve the case?



### IMAGE QUIZ: The case of the *crusty cat*

This 8-year-old neutered male domestic shorthaired cat has a two-month history of pruritic generalized crusting dermatitis that has been poorly responsive to antibiotics and bathing. Head to [dvm360.com/dermatologytoolkit](http://dvm360.com/dermatologytoolkit) for more on this case.



### IMAGE QUIZ: The case of the *blind Akita*

A 4-year-old neutered Akita was presented for evaluation of acute onset of blindness and skin lesions characterized by inflammation, depigmentation, and crusting of the eyelids and nasal planum. What's your diagnosis?



# Help clients tackle *dermatology dilemmas*

Social media can be more than skin deep. We've scraped together these tweets and posts so you can raise awareness about dermatology.

**F**eeling frustrated with Facebook? Not sure how Twitter can be of service to you? Not to worry—we're here to help your practice get the right message out to clients on key pet healthcare topics like dermatology.

By serving up a mix of statistics and reminders, you're encouraging your clients to join in the conversation—and learn something, too!

Visit [dvm360.com/dermposts](http://dvm360.com/dermposts) to get your hands on the Facebook posts and tweets (at right) for your practice's Facebook and Twitter pages. For more ways to customize your message, visit [dvm360.com/socialmediatoolkit](http://dvm360.com/socialmediatoolkit).



Use your mobile device to scan the QR code at left and send your first tweet right now.



Did you know that allergies are caused by the immune system overreacting, not a weakened immune system. Got another question? Come in and ask us!

**Fact:** Both canine and feline sarcoptic mites can cause lesions in people. This is one reason why regular veterinary visits are so important. Help us help you keep mites off of your pets!

Have you noticed an odor coming from Bella's ears? This could mean something is not right. Let us take a look and we'll tell you what's going on.

**DYK?** There's no accurate blood/skin test that can diagnose whether a pet has a food allergy. The best way we can make a diagnosis is to change your pet's food to an appropriate elimination food-trial diet. Come in and we'll tell you all about it!

**Q:** "How do I decontaminate my environment while treating my pet for ringworm?" You should vacuum, disinfect, and steam clean the affected environment and discard infected bedding. What other questions are on your mind?



Have you noticed any discharge from your #pets' ears? This is not normal—let the veterinarian take a look. #petcare #pethealth

If your #pet's dermatology issues (scratching until bleeding, losing hair, etc.) have you stumped, we'll play detective! #pethealth

**DYK?** Some breeds are more likely to develop medical problems because of their ear structure. Let's look at your #pet's ears! #pethealth

If your #pet is up all night scratching, call us! We can treat the problem and help her—and you—get some shuteye. #pethealth

Is your #pet always messing with her ears? Let's take a look and make sure everything is OK in there! #petcare #pethealth





# Educate clients WITH YOUR IPAD

Use this exam-room module to help clients understand your dermatologic diagnoses.



**D**ermatology diagnoses can be tricky—often times there is no simple solution or quick fix for chronic conditions. But by opening up the lines of communication between you, your team and your clients, you'll increase compliance and ensure

that clients' pets receive the best possible care.

One surefire way to educate clients is to use the ready-made client modules on the **dvm360** iPad app. The dermatology client module offers interactive quizzes, videos, and easy-to-process information that clients

will find both interesting and educational. So next time you want to give your communication a bit of a boost, download the free app and hand the iPad over to your clients—you might be surprised at how readily they embrace your tech-savvy approach.

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**INTERESTED?** Update your app via iTunes to check out our client education tools right now. Don't have it yet? Visit [dvm360.com/ipadapp](http://dvm360.com/ipadapp) on

your iPad to download, or search "dvm360" in the Apple App Store. As always, the dvm360 app and client modules are free to download.

# Practicing Veterinarians Share Best Practices for Treating Skin Infections

Quickly and effectively treating skin infections can be challenging for you and frustrating for your clients. Depending on pet owners to appropriately administer medication can mean you lose valuable time resolving the infection and providing the best treatment for the patient.

Timothy Smaha, DVM, of Banfield Pet Hospitals in Columbia, S.C., suggests an alternative approach to treating skin infections. “When presented with a skin infection in a dog or cat, my first treatment choice is an injectable antibiotic,” Smaha said. “I use Convenia® (cefovecin sodium), because with one injection I can be assured of accurate delivery of the medication and fast resolution of the infection.

“With a course of oral antibiotics, there are too many mitigating factors,” he continued. “Even well-intentioned pet owners often don’t give medication at the recommended intervals—or miss doses altogether. With time-dependent antibiotics, dosing according to schedule is important. When I give the injection in clinic, I am offering the best medicine and maintaining control over the treatment.”

David Bird, DVM, of Morehead Animal Hospital in Morehead City, N.C., agrees. “Even when oral medications are appropriately dosed by pet owners, it is not unusual for them to discontinue use when they see an improvement,” he said. “This leaves the possibility that the infection will not resolve and could be a factor in a therapeutic failure.”

“CONVENIA reaches peak plasma concentrations within six hours and stays above the minimum inhibitory concentration (MIC) for up to 14 days in the tissue,” Bird said.

**Two-year-old American Staffordshire terrier with an acute moist pyoderma on ventral neck area, treated only with CONVENIA 8 mg/kg.\***



Photos: Timothy Smaha, DVM

**“I want a medication to have three attributes for treatment of skin infections: fast-acting, long-lasting, with accurate dosing. We do not have an alternative to CONVENIA that hits all three.”**

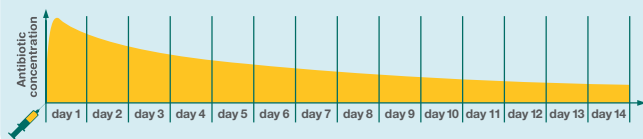
Timothy Smaha, DVM, Banfield Pet Hospitals, Columbia, S.C.

Along with the ability to quickly resolve the infection, both Bird and Smaha choose an injectable product over an oral antibiotic because of the accuracy of dosing. “When giving oral antibiotics, the accurate dose for a dog may fall between tablet sizes, which may result in the dog not getting the right therapeutic levels of the drug in its system,” Bird explained. “With an injectable, very precise dosing is achieved, regardless of the patient’s weight. That accuracy combined with the assurance that the pet has received the complete dose of medication are important reasons why I choose an injectable antibiotic.”

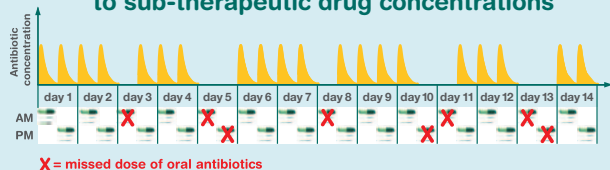
Smaha added, “I want a medication to have three attributes for treatment of skin infections: fast-acting, long-lasting, with accurate dosing. We do not have an alternative to CONVENIA that hits all three.”

Both doctors concur that there is one additional benefit to treating skin conditions with an injectable antibiotic, and that is the peace of mind it brings to clients. As Smaha pointed out, “I like the fact that in most cases, results are seen quickly—that makes clients happy. Happy clients and healthy pets is what practicing best medicine is all about.”

## CONVENIA: Guaranteed compliance assures best chance for optimal drug concentrations



## Oral antibiotics: Non-compliance may lead to sub-therapeutic drug concentrations



## IMPORTANT SAFETY INFORMATION

CONVENIA is not for use in dogs or cats with a history of allergic reactions to penicillins or cephalosporins. Similar to other cephalosporins, side effects for both dogs and cats include vomiting, diarrhea, decreased appetite/anorexia and lethargy. The safety of CONVENIA has not been determined in lactating or breeding animals. For more information, please see Brief Summary of Full Prescribing Information on page 12.

\*Case included an initial skin cleansing with a dilute topical antiseptic.

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**zoetis**™



No.1

## Canine health condition: Atopic or allergic dermatitis

Policyholders spent more than **\$58 million** in 2012 treating the ten most common medical conditions affecting their pets.

VPI searched its database of more than 485,000 insured pets.

They tallied

**68,000+**

canine claims for atopic or allergic dermatitis.

The average claim fee to treat this condition was

**\$96 per office visit**

Source: Veterinary Pet Insurance (VPI)

### Brief Summary of Prescribing Information

## convenia®

(cefovecin sodium)

Antimicrobial for Subcutaneous Injection in Dogs and Cats Only

**CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.**

#### INDICATIONS:

##### Dogs

CONVENIA is indicated for the treatment of skin infections (secondary superficial pyoderma, abscesses, and wounds) in dogs caused by susceptible strains of *Staphylococcus intermedius* and *Streptococcus canis* (Group G).

##### Cats

CONVENIA is indicated for the treatment of skin infections (wounds and abscesses) in cats caused by susceptible strains of *Pasteurella multocida*.

**CONTRAINDICATIONS:** CONVENIA is contraindicated in dogs and cats with known allergy to cefovecin or to  $\beta$ -lactam (penicillins and cephalosporins) group antimicrobials. Anaphylaxis has been reported with the use of this product in foreign market experience. If an allergic reaction or anaphylaxis occurs, CONVENIA should not be administered again and appropriate therapy should be instituted. Anaphylaxis may require treatment with epinephrine and other emergency measures, including oxygen, intravenous fluids, intravenous antihistamine, corticosteroids, and airway management, as clinically indicated. Adverse reactions may require prolonged treatment due to the prolonged systemic drug clearance (65 days).

**WARNINGS:** Not for use in humans. Keep this and all drugs out of reach of children. Consult a physician in case of accidental human exposure. For subcutaneous use in dogs and cats only. Antimicrobial drugs, including penicillins and cephalosporins, can cause allergic reactions in sensitized individuals. To minimize the possibility of allergic reactions, those handling such antimicrobials, including cefovecin, are advised to avoid direct contact of the product with the skin and mucous membranes.

**PRECAUTIONS:** Prescribing antibacterial drugs in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to treated animals and may increase the risk of the development of drug-resistant animal pathogens.

The safe use of CONVENIA in dogs or cats less than 4 months of age and in breeding or lactating animals has not been determined. Safety has not been established for IM or IV administration. The long-term effects on injection sites have not been determined. CONVENIA is slowly eliminated from the body, approximately 65 days is needed to eliminate 97% of the administered dose from the body. Animals experiencing an adverse reaction may need to be monitored for this duration.

CONVENIA has been shown in an experimental *in vitro* system to result in an increase in free concentrations of carprofen, furosemide, doxycycline,

and ketoconazole. Concurrent use of these or other drugs that have a high degree of protein-binding (e.g. NSAIDs, propofol, cardiac, anticonvulsant, and behavioral medications) may compete with cefovecin-binding and cause adverse reactions.

Positive direct Coombs' test results and false positive reactions for glucose in the urine have been reported during treatment with some cephalosporin antimicrobials. Cephalosporin antimicrobials may also cause falsely elevated urine protein determinations. Some antimicrobials, including cephalosporins, can cause lowered albumin values due to interference with certain testing methods.

Occasionally, cephalosporins and NSAIDs have been associated with myelotoxicity, thereby creating a toxic neutropenia<sup>1</sup>. Other hematological reactions seen with cephalosporins include neutropenia, anemia, hypoprothrombinemia, thrombocytopenia, prolonged prothrombin time (PT) and partial thromboplastin time (PTT), platelet dysfunction and transient increases in serum aminotransferases.

#### ADVERSE REACTIONS:

##### Dogs

A total of 320 dogs, ranging in age from 8 weeks to 19 years, were included in a field study safety analysis. Adverse reactions reported in dogs treated with CONVENIA and the active control are summarized in Table 2.

**Table 2: Number of Dogs\* with Adverse Reactions Reported During the Field Study with CONVENIA.**

Adverse Reaction	CONVENIA (n=157)	Active Control (n=163)
Lethargy	2	7
Anorexia/Decreased Appetite	5	8
Vomiting	6	12
Diarrhea	6	7
Blood in Feces	1	2
Dehydration	0	1
Flatulence	1	0
Increased Borborygmi	1	0

\*Some dogs may have experienced more than one adverse reaction or more than one occurrence of the same adverse reaction during the study.

Mild to moderate elevations in serum  $\gamma$ -glutamyl trans-ferase or serum alanine aminotransferase were noted post-treatment in several of the CONVENIA-treated dogs. No clinical abnormalities were noted with these findings.

One CONVENIA-treated dog in a separate field study experienced diarrhea post-treatment lasting 4 weeks. The diarrhea resolved.

##### Cats

A total of 291 cats, ranging in age from 2.4 months (1 cat) to 21 years, were included in the field study safety analysis. Adverse reactions reported in cats treated with CONVENIA and the active control are summarized in Table 3.

**Table 3: Number of Cats\* with Adverse Reactions Reported During the Field Study with CONVENIA.**

Adverse Reaction	CONVENIA (n=157)	Active Control (n=163)
Vomiting	10	14
Diarrhea	7	26
Anorexia/Decreased Appetite	6	6
Lethargy	6	6
Hyper/Acting Strange	1	1
Inappropriate Urination	1	0

\*Some cats may have experienced more than one adverse reaction or more than one occurrence of the same adverse reaction during the study.

Four CONVENIA cases had mildly elevated post-study ALT (1 case was elevated pre-study). No clinical abnormalities were noted with these findings. Twenty-four CONVENIA cases had normal pre-study BUN values and elevated post-study BUN values (37–39 mg/dL post-study). There were 6 CONVENIA cases with normal pre- and mildly to moderately elevated post-study creatinine values. Two of these cases also had an elevated post-study BUN. No clinical abnormalities were noted with these findings.

One CONVENIA-treated cat in a separate field study experienced diarrhea post-treatment lasting 42 days. The diarrhea resolved.

**FOREIGN MARKET EXPERIENCE:** The following adverse events were reported voluntarily during post-approval use of the product in dogs and cats in foreign markets: death, tremors/ataxia, seizures, anaphylaxis, acute pulmonary edema, facial edema, injection site reactions (alopecia, scabs, necrosis, and erythema), hemolytic anemia, salivation, pruritus, lethargy, vomiting, diarrhea, and inappetence.

**For a copy of the Material Safety Data Sheet (MSDS) or to report a suspected adverse reaction call Zoetis Inc. at 1-888-963-8471.**

#### STORAGE INFORMATION:

Store the powder and the reconstituted product in the original carton, refrigerated at 2° to 8° C (36° to 46° F). Use the entire contents of the vial within 56 days of reconstitution. PROTECT FROM LIGHT. After each use it is important to return the unused portion back to the refrigerator in the original carton. As with other cephalosporins, the color of the solution may vary from clear to amber at reconstitution and may darken over time. If stored as recommended, solution color does not adversely affect potency.

#### HOW SUPPLIED:

CONVENIA is available as a 10 mL multi-use vial containing 800 milligrams of cefovecin as a lyophilized cake.

NADA# 141-285, Approved by FDA

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January 2013  
PAA035845A&P





# TOP 3 {dermatology questions clients ask technicians}

Use this information to successfully answer clients' questions about their pets' dermatology issues.

**Client** Why does my pet need such a high dose of antibiotics for such a long time to treat his skin infection?

**Technician:**

Most pets, especially dogs, with skin infections have what is called bacterial folliculitis, meaning the bacteria have colonized the hair follicles. This is in contrast to the classic “hotspot” a flea-allergic dog may create after an hour of scratching its rump, where the infection is usually very superficial. One of the most important reasons topical therapy alone is not adequate for pets with bacterial folliculitis is because their infections aren't entirely on the skin surface.

For a pet with a standard bacterial folliculitis, at least three weeks of antibiotics are needed, and the general rule is to treat until the pet's clinical signs have been resolved for one week.

**Client** Why can't my pet's allergies be cured?

**Technician:**

Allergies, whether they are due to fleas, food or environmental agents, are caused by the immune system overreacting, NOT a weakened immune system, a common client misconception. Studies have shown that animals with flea allergic dermatitis cannot be desensitized for fleas, so the only treatment is avoidance. The same is true of animals with food allergies.

Animals with environmental allergies, or atopic dermatitis, can be desensitized to what they are allergic to through the use of allergen-specific immunotherapy. Immunotherapy “retrains” the body's immune system, but, even when it works, animals usually require it for the rest of their lives to control the disease. In extremely rare cases and usually after years of therapy, immunotherapy can switch the body's immune response, and the animal no longer needs to be treated.

**Client** Is my pet's condition contagious?

**Technician:**

Both canine and feline sarcoptic mites—canine *Sarcoptes scabiei* and feline *Notoedres cati*—can cause lesions in people. The canine *Demodex* mites are not contagious to people, but *Cheyletiella* mites can be. Some dermatophyte infections are transmissible to people, with the most common being *Microsporum canis*.



# The facts about *pemphigus foliaceus*

Don't let a diagnosis of this common immune-mediated skin disease overwhelm clients—just give 'em the facts.

**W**hile diagnosing and treating dermatologic diseases might be an everyday occurrence for you and your veterinary team, your clients may be confused and overwhelmed when their pet is discovered to have an immune-mediated disease like pemphigus foliaceus.

Use this handout to help answer their questions and address common concerns they may have about managing and treating this condition.

## Information for owners

### Answers to your questions about pemphigus foliaceus in dogs and cats

Pemphigus foliaceus is a disease of the immune system and the skin. In fact, it is the most common immunemediated skin disease in dogs and cats. Although pemphigus foliaceus can also occur in people, it is not contagious.

Pemphigus foliaceus occurs when the immune system begins attacking the skin. Dogs and cats with pemphigus foliaceus develop skin lesions that first start as small, red spots that then rapidly form a pustule (pimple) and burst. In most cases, you may only notice the thick crusts, or scabs, that form after the pimple bursts. Some pets with pemphigus foliaceus are itchy, but most are not. A pet with pemphigus foliaceus may develop skin infections as a result of the damage to the skin or rubbing.

#### WHY DOES IT DEVELOP?

The cause of pemphigus foliaceus is unknown. In dogs, pemphigus foliaceus is seen more commonly in certain breeds such as Akitas and Chow Chows. Rarely, certain drugs may be related to the development of pemphigus foliaceus. Exposure to sunlight (ultraviolet light) can worsen the skin condition.

#### HOW IS IT DIAGNOSED?

Several tests may need to be performed if your veterinarian suspects your pet has pemphigus foliaceus, including

- Skin cytology (microscopic examination of superficial cell samples obtained from the skin) and bacterial or fungal culture to identify skin infections that may require treatment
- Blood tests and urine tests to diagnose other health conditions and help your pet's doctor determine which medications to use for pemphigus foliaceus
- Skin biopsy to confirm the diagnosis of pemphigus foliaceus by allowing a microscopic examination of all the layers of the skin

Many other skin conditions can look like pemphigus foliaceus. Multiple skin biopsy samples may need to be taken to obtain a sample that will confirm the diagnosis of pemphigus foliaceus.

#### HOW IS IT TREATED?

Medications that suppress the immune system are used to treat pemphigus foliaceus. Side effects can develop in response to these medications. Recheck examinations and tests will be required to monitor your pet's response to treatment and to monitor for side effects. Once your pet responds to the treatment, the medications will be decreased over time to find the lowest possible dose that can be used to manage your pet's pemphigus foliaceus.

#### WILL THE SKIN PROBLEMS RESOLVE?

Pemphigus foliaceus is a skin condition that typically waxes and wanes over time. For some pets, pemphigus foliaceus becomes a chronic condition that requires life-long monitoring and treatment. Very rarely, some pets will fully recover from the pemphigus foliaceus with treatment and never again develop signs of the skin condition.

The information in this handout was provided by Kathy C. Tater, DVM, DACVD, Angell Animal Medical Center, 350 S. Huntington Ave., Boston, MA 02130, and Thierry Olivry, DrVet, PhD, DECVD, DACVD, Department of Clinical Sciences, College of Veterinary Medicine, North Carolina State University, Raleigh, NC 27606.



### Online TOOL

Download this form  
to pass out to clients  
at [dvm360.com/dermatologytoolkit](http://dvm360.com/dermatologytoolkit).

## Diet trial compliance

# At-home tips for diet trials

A food allergy may be what's causing your pet's skin problems. To uncover which food or ingredient may be the culprit, you need to be committed to your pet's diet trial. To stay on track, post this hand-out, along with any other dietary information provided by your veterinarian, in a highly visible spot, such as on your refrigerator or your pet's food container.

The following points are key to the success of this diagnostic protocol:

- Feed your pet only the prescribed diet. No other foods or treats are allowed.
- Make sure all family members and friends know that your pet is receiving a special diet, and not to give outside food.
- If you need to use treats for rewards or training purposes, use some of the prescribed diet.
- If you have other pets of the same species in your house, feed them the same diet and feed them separately.
- Keep your pet out of the room during meals to avoid him or her picking up dropped food.
- If pills are prescribed for your pet, don't hide them in anything other than the prescribed diet. If giving medication is a problem, please discuss with your veterinarian.
- Flavored products, such as those found in medications, toothpaste, and certain plastic toys, must be avoided during the diet trial.
- If your pet is in the habit of eating dropped food or garbage when exercised outside, keep it on a leash.



Information provided by Hilary A. Jackson, BVM&S, DVD, DACVD, Dermatology Referral Services, 528 Paisley Road West, Glasgow G51 1RN, Scotland. This client information may be photocopied for distribution by veterinary professionals to their clients. Written permission is required for any other use.





# Ask good questions to get *better answers*

Your patients can't talk, so it's up to you to ask the right questions to get the information you need from clients.

**T**he list of questions a veterinarian and her team ask as a pet's medical history is taken may vary from clinic to clinic, based on the pet's signs and reason for visiting the practice. But no matter how different each clinic's questions are, the goal remains the same—to determine what's wrong with the pet.

This handout, with 20 good questions to ask clients about their pet's skin, ears and overall health, can be a starting point to ensure you cover all your bases and get to the root of the pet's dermatologic problem quickly.

## *Dermatology:*

# { 20 questions to ask clients

The more you know about your patients, the better. Ask clients these questions while taking a dermatology history.

1. How did you first realize the ears were a problem?
2. Did you see head shaking or scratching at the ears?
3. Have you noticed an odor coming from the ears?
4. Does another pet lick the pet's ears?
5. Have you noticed any discharge from the ears?
6. Do you clean your pet's ears?
7. If yes, do you clean them on a regular basis, or only when signs occur?
8. What signs do you notice?
9. Why do you clean the pet's ears?
10. Have you ever been told to clean the pet's ears regularly?
11. Do you clean the pet's ears during grooming?
12. Do you use any ear medications? If yes, which types?
13. Is your pet itchy anywhere else?
14. Does your pet lick or groom its paws?
15. Where does the pet or lick? Please describe all sites, even if no skin lesions are present.  
  
Some less frequently asked questions that will be helpful as the doctor makes a diagnosis include queries about the pet's gastrointestinal health:
16. How many bowel movements a day does your pet have?
17. Is your pet gassy?
18. Do you hear stomach sounds or gurgling?
19. Do you ever see blood or mucus in your pet's stools?
20. Does your pet burp?



# Environmental control of infectious disease

Take these precautions in your hospital if one of your patients is suspected of having or is known to have an infectious disease such as a methicillin-resistant or a parvovirus infection.



## Online TOOL

Download this checklist by using the QR code above or by visiting [dvm360.com/dermatologytoolkit](http://dvm360.com/dermatologytoolkit).

### 1 Upon patient's arrival to the clinic

- ☐ Isolate the patient from other patients.
- ☐ Immediately usher the patient into the examination room.

### 2 In the examination room

- ☐ Wear protective clothing (gloves and gowns or dedicated lab coats) when handling the patient or items it has been in contact with.
- ☐ Wash hands or apply alcohol-based hand sanitizer before and after patient contact, even if gloves were worn.
- ☐ Use pens and stethoscopes dedicated to the patient.
- ☐ Use disposable thermometer covers and discard them as they are used, or use dedicated digital thermometers.

### 3 After discharge

- ☐ Clean and disinfect equipment dedicated to the patient.
- ☐ Disinfect exam room tables, floors, door and sink handles, light switches, scale surfaces, cages, and medical equipment (e.g. scales, otoscopes) used with the patient. **VM**





# Dermatology DOS and DON'Ts

Lisa Petty, BS, RVT, a technician at Animal Dermatology Clinic in Indianapolis, offers these tips to keep communication lines open when you and your team are guiding clients through their pet's dermatology diagnosis.

**✗ DON'T** guarantee a specific timeline for a response to treatment or a specific outcome. For example, "His hair will grow back in six weeks and it will look beautiful" or "After he goes on allergy medicine he'll never scratch again. He'll never need another steroid. He'll never have another flare."

**✓ DO** give clients an idea of what you hope will happen and give them the success rates of different therapies.

**✗ DON'T** make a client feel bad or guilty for choosing a less expensive treatment protocol. "Our job is to give clients all the available options and let them choose what suits their budget and lifestyle," says Lisa Petty, BS, RVT.

**✓ DO** deliver what's best for clients and what's best for their pets within the scope of what pet owners tell you they can do.

**✗ DON'T** assume that people aren't taking good care

of their pets or that they don't care about their pets based on what their pet's skin looks like. "Sometimes people will see an animal walking across the street that doesn't have any hair and they assume it's been abused," Petty says. "I tell our new team members that it doesn't mean that they haven't been well cared for. It means they really do need to see us. So we can't assume they're being neglected just because their skin and hair coat don't look good."

**✓ DO** make yourself available to clients. Make sure clients know that they can call at any time with a question or problem. "We want their pets to get better as much as they do, and we want to know if their pet is having a problem. If their pet is vomiting because of a medication or doesn't like the new food that we put them on for a dietary trial, we want to know that, because it's crucial to their compliance," Petty says.

Petty says at her practice, technicians follow cases so

clients see the same team members each time. It's less confusing for pet owners, and clients know they have someone to talk to when they have problems.

"The worst thing that could happen is we send them home with medication, the pet starts to vomit or has diarrhea, and they stop the medication and don't call us—and we don't see them for a month. So they don't give anything that whole time between visits and they never call to let us know," Petty says.

**✓ DO** follow up with phone updates. "Our software is set up so we can put in reminders to call clients," she says. "And we print that list daily and call to find out how pets are doing. If the client prefers email, we use email. And email actually works really well, because there's nothing lost in translation with the message, and we can copy and paste it right into the medical record. The important thing is, we want clients to feel comfortable contacting us with any concerns they might have."





### One more tip

## "Gross" dermatology images educate clients

"I take digital photos of cytologic exam and skin scraping findings (bacteria, mites) through one eyepiece of the microscope by using the camera's macro setting," says Dr. Brett Wildermuth, DACVD, a veterinarian in San Diego, Calif.

He then shows the photos to clients in the exam room. The pictorial representation of the high numbers of "gross" bacteria drives home the necessity for antibiotic therapy and reduces complaints about antibiotic costs.



## The next step

**S**kin issues, especially those associated with allergies, are some of the most common health problems you're going to see in practice. So they're a great growth opportunity—if your team is ready to learn. More importantly, handling dermatology cases well can bond clients to your practice forever.

**1. Train your team.** A dermatology program requires your whole team's support to flourish. One good way to get your team on board with training is to invite team members to bring their own pets into the practice for exams.

**2. Make a plan.** Once team members are excited and knowledgeable, your next step is to create protocols for common dermatology issues. For example, a protocol for a first-time allergy

patient might include a standardized medical history form, an extended examination time and standard diagnostics (skin scraping, dermatology culture and skin cytology).

**3. Explain your plan.** Pet owners are more compliant if they know you have a plan, so be upfront with them from the get-go about their pet's treatment. But be realistic and outline a "plan B" in case the first approach doesn't work.

**4. Work it out.** Successful management of dermatology cases often requires ongoing focus on client education and patient workups rather than just treating the symptoms. If clients refuse the diagnostics or treatment you recommend, be prepared with alternatives that will still let you help the pet.

# CAN JAK INHIBITION BREAK THE CYCLE OF PERSISTENT ITCH?



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**CYTOKINES MAY BE THE KEY—GET THE FACTS ON JAK**

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# Take the **STING** out of a diabetes diagnosis

Be supportive of pet owners when they're faced with their cat's diabetes diagnosis. Use these communication techniques to ease the burn of this challenging disease.

By Mandy Stevenson, RVT

**D**iabetes. This single word can bite cat owners, especially if they're unprepared or they've witnessed the disease before in other pets or people they know. Although we go out of our way in the veterinary industry to prevent such disease, it's still a common illness that we see in feline patients. With proper communication and commitment, you can help cat owners manage their pet's disease.

As you know, all diabetic patients are treated and managed on a case-by-case basis. They can all experience different outcomes, depending on concurrent disease, lifestyle, personality and so on. Not all clients will choose the same treatment for many different reasons. Your practice will have its own protocols for effective diabetic treatment and may not follow the same approach in this example.

## Diabetes diagnosis: the first bite

Mrs. Sweet calls because she's concerned about her 11-year-old cat, Toonces. She says he's been drinking and urinating a lot, and he's not grooming himself like he used to.

**Mrs. Sweet:** "My friend told me he's just getting old, and not to worry. Should I be concerned?"

**You:** "Mrs. Sweet, you did the right thing by calling us. I know Dr. Cares will want to take a look at Toonces. She will thoroughly examine Toonces, including checking to see if he's lost any weight or is dehydrated. You might also watch to see if you notice Toonces isn't jumping well or if his rear legs seem flatter to the floor. Dr. Cares will also use blood work and a urinalysis to check for any abnormalities. This will help her give you

a more complete picture of Toonces's health and how we can help him feel better."

When Mrs. Sweet and Toonces arrive at the clinic, the veterinary team will perform a physical exam, blood work and urinalysis to check for internal abnormalities.

**Mrs. Sweet:** "Why does my cat need all of these tests?"

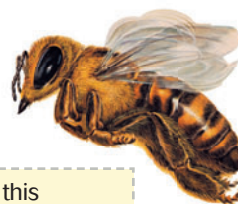
**You:** "Generally your cat's symptoms help Dr. Cares make a diagnosis, but there are other factors that can affect the success of the treatment for diabetes. For instance if Toonces has pancreatitis or an underlying kidney problem, he may not respond well to the diabetic treatment and this can complicate the situation long term. So we need to be able to rule out concurrent disease so we can offer Toonces the right care to help him feel better." ➤

## Tweet this



Share how you support diabetic cat owners on Twitter @FirstlineMag #felinediabetes.





When the doctor diagnoses diabetes, she may suggest hospitalizing Toonces for the day to perform further diagnostics, such as a blood glucose curve, administer IV fluids to correct dehydration if needed and any other testing required to treat any concurrent disease. It's not uncommon for clients to feel overwhelmed at this point, and it's vital to take the time to discuss the details of this disease and what they should expect in the future.

When a client first learns that their companion may have a lifelong chronic disease, it can be difficult to deal with. It's our job as veterinary professionals to help them understand what treatments are available and support them in any way we can. Many people know someone who's diabetic or they may be diabetic themselves. Sometimes referring to examples of people with this disease helps clients understand that with commitment and proper treatment, they can often manage their cat's condition.

Always try to discuss this diagnosis before bringing the cat into the exam room. Clients have usually been separated from the pet for some time and get very excited. You want them to focus on your information. Once you bring the pet in, give them time to visit. Then say you'd like them to practice giving the cat's injection. This usually gets them back on task.

### Help clients offer gentle treatment

In this case, Mrs. Sweet is willing to treat her cat and seems open to the long-term commitment that's required. It's a

good idea to lay out an initial estimate and try to explain what types of home care will be necessary, including insulin injections, monitoring and special diet needs. The owner's commitment becomes crucial to help successfully treat the pet.

Remember to discuss how the outcome of the treatment can depend on several things. If Toonces isn't easy to work with, it can be difficult for Mrs. Sweet to give injections at home. Also lifestyle can be an issue if Mrs. Sweet struggles to set a routine schedule. It's important to discuss all of these factors with Mrs. Sweet before making a game plan so she can make an informed decision on how to proceed.

The discharge instructions for this cat will be extensive and should be performed by an educated team member. Ideally, you'll create a reference sheet with the veterinarian's specific instructions to discuss all recommendations for home care. This allows the client to have all of the information in one place.

First discuss the insulin injections and how often Mr. Sweet needs to give them to Toonces. Show her the vial and the proper syringe she will use. Then fill the syringe with the amount of

Information from your veterinarian

## Managing your cat's diabetes

Today the veterinarian diagnosed your cat (name) \_\_\_\_\_ with diabetes. To manage this disease, your pet needs specialized home care.

Our doctor recommends your pet receive (amount) \_\_\_\_\_ of (insulin) \_\_\_\_\_ (frequency) \_\_\_\_\_ a day. Be sure your cat always eats when receiving an insulin injection and keep food available at all times. Remember, if you cat does not eat the recommended amount the doctor may alter the insulin dosage, so contact us immediately if you notice any change in your pet's eating habits.

Insulin will help manage your pet's diabetes. Your pet receives (amount) \_\_\_\_\_ of (brand) \_\_\_\_\_ (frequency) \_\_\_\_\_ a day. Doses should be given at \_\_\_\_\_ intervals. If your cat only eats some food, you may need to give less insulin. If your cat does not eat, you may need to skip the insulin. Always call for your veterinarian's recommendations.

To give an injection, roll, don't shake, the bottle for 30 to 45 seconds and fill the syringe with insulin to the correct dose line indicated above. Replace the cap on the syringe. Don't hold your thumb on the plunger or you might accidentally squirt the liquid. And remember to rotate injection sites to prevent the buildup of scar tissue. Test the skin at the administration site and administer the injection. Store insulin in the refrigerator, do not freeze, keep out of sunlight and watch for any color change. Discard date: \_\_\_\_\_

Other recommendations for your pet's health: \_\_\_\_\_

☐ Phone glucose monitoring (if indicated): Pet owner receives kit and instructions

☐ Treatment for any concurrent disease: \_\_\_\_\_

**Additional instructions:**  
Always be sure someone is designated to give the insulin to prevent double dosing. Watch for any changes in behavior—weak or sleep, exhibits an unstable gait or experiences tremors. Also watch to see if your cat's water consumption increases. If you notice any changes, call the veterinarian immediately. Keep Kero syring on hand. If you notice any changes, call the veterinarian immediately. You can rub a transport on the injection site. With a veterinarian's recommendation, you can rub a transport on the injection site. Remember that insulin can come on quickly, and watching for these signs is important.

Find it all here.  
**dvm360.com**

**Offer step-by-step instructions**  
Create clear, personalized home care instructions for pet owners of diabetic pets at [dvm360.com/diabetestool](http://dvm360.com/diabetestool).

**THE NUMBER  
ONE  
CHOICE IN  
FELINE PROTECTION  
FROM FLEAS<sup>1</sup>**

**THE NUMBER  
ONE  
CHOICE IN  
FELINE PROTECTION FROM  
HEARTWORMS<sup>1</sup>**

**REVOLUTION® (selamectin) is first in fleas.  
First in heartworms.<sup>1</sup> First on your list.**

You may know that REVOLUTION is the veterinarian's #1 choice in feline heartworm disease prevention, but did you also know that it is the #1 choice in feline flea control? Your patients deserve proven protection, and you can provide it to them by recommending REVOLUTION—the leader in feline parasite protection against fleas, heartworms, roundworms,\* hookworms† and ear mites.

**Important Safety Information:**

Do not use on sick, weak, or underweight cats. Use only on cats 8 weeks and older. Side effects may include digestive upset and temporary hair loss at application site with possible inflammation. In people, REVOLUTION may be irritating to skin and eyes. Wash hands after use. For more information, see brief summary on following page 24.



<sup>1</sup>VetInsite™ Analytics 2012. Zoetis Data on File.

\**Toxocara cati*.

†*Ancylostoma tubaeforme*.



**zoetis**



## Topical Parasiticide for Dogs and Cats

### BRIEF SUMMARY:

See package insert for full prescribing information.

### CAUTION:

US Federal law restricts this drug to use by or on the order of a licensed veterinarian.

### INDICATIONS:

Revolution is recommended for use in dogs six weeks of age or older and cats eight weeks of age or older for the following parasites and indications:

#### Dogs:

Revolution kills adult fleas and prevents flea eggs from hatching for one month and is indicated for the prevention and control of flea infestations (*Ctenocephalides felis*), prevention of heartworm disease caused by *Dirofilaria immitis*, and the treatment and control of ear mite (*Otodectes cynotis*) infestations. Revolution also is indicated for the treatment and control of sarcoptic mange (*Sarcoptes scabiei*) and for the control of tick infestations due to *Dermacentor variabilis*.

#### Cats:

Revolution kills adult fleas and prevents flea eggs from hatching for one month and is indicated for the prevention and control of flea infestations (*Ctenocephalides felis*), prevention of heartworm disease caused by *Dirofilaria immitis*, and the treatment and control of ear mite (*Otodectes cynotis*) infestations. Revolution is also indicated for the treatment and control of roundworm (*Toxocara cati*) and intestinal hookworm (*Ancylostoma tubaeforme*) infections in cats.

### WARNINGS:

**Not for human use. Keep out of the reach of children.**

**In humans, Revolution may be irritating to skin and eyes.** Reactions such as hives, itching and skin redness have been reported in humans in rare instances. Individuals with known hypersensitivity to Revolution should use the product with caution or consult a health care professional. Revolution contains isopropyl alcohol and the preservative butylated hydroxytoluene (BHT). Wash hands after use and wash off any product in contact with the skin immediately with soap and water. If contact with eyes occurs, then flush eyes copiously with water. In case of ingestion by a human, contact a physician immediately. The material safety data sheet (MSDS) provides more detailed occupational safety information. For a copy of the MSDS or to report adverse reactions attributable to exposure to this product, call 1-800-366-5288.

Flammable—Keep away from heat, sparks, open flames or other sources of ignition.

**Do not use in sick, debilitated or underweight animals. (see SAFETY)**

### PRECAUTIONS:

Prior to administration of Revolution, dogs should be tested for existing heartworm infections. At the discretion of the veterinarian, infected dogs should be treated to remove adult heartworms. Revolution is not effective against adult *D. immitis* and, while the number of circulating microfilariae may decrease following treatment, Revolution is not effective for microfilariae clearance.

Hypersensitivity reactions have not been observed in dogs with patent heartworm infections administered three times the recommended dose of Revolution. Higher doses were not tested.

### ADVERSE REACTIONS:

#### Pre-approval clinical trials:

Following treatment with Revolution, transient localized alopecia with or without inflammation at or near the site of application was observed in approximately 1% of 691 treated cats. Other signs observed rarely ( $\leq 0.5\%$  of 1743 treated cats and dogs) included vomiting, loose stool or diarrhea with or without blood, anorexia, lethargy, salivation, tachypnea, and muscle tremors.

#### Post-approval experience:

In addition to the aforementioned clinical signs that were reported in pre-approval clinical trials, there have been reports of pruritus, urticaria, erythema, ataxia, febrile rare reports of death. There have also been rare reports of seizures in dogs. (see **WARNINGS**)

### SAFETY:

Revolution has been tested safe in over 100 different pure and mixed breeds of healthy dogs and over 15 different pure and mixed breeds of healthy cats, including pregnant and lactating females, breeding males and females, puppies six weeks of age and older, kittens eight weeks of age and older, and avermectin-sensitive collies. A kitten, estimated to be 5–6 weeks old (0.3 kg), died 8 1/2 hours after receiving a single treatment of Revolution at the recommended dosage. The kitten displayed clinical signs which included muscle spasms, salivation and neurological signs. The kitten was a stray with an unknown history and was malnourished and underweight (see **WARNINGS**).

**DOGS:** In safety studies, Revolution was administered at 1, 3, 5, and 10 times the recommended dose to six-week-old puppies, and no adverse reactions were observed. The safety of Revolution administered orally also was tested in case of accidental oral ingestion. Oral administration of Revolution at the recommended topical dose in 5- to 6-month-old beagles did not cause any adverse reactions. In a pre-clinical study selamectin was dosed orally to ivermectin-sensitive collies. Oral administration of 2.5, 10, and 15 mg/kg in this dose escalating study did not cause any adverse reactions; however, eight hours after receiving 5 mg/kg orally, one ivermectin-sensitive collie became ataxic for several hours, but did not show any other adverse reactions after receiving subsequent doses of 10 and 15 mg/kg orally. In a topical safety study conducted with ivermectin-sensitive collies at 1, 3 and 5 times the recommended dose of Revolution, salivation was observed in all treatment groups, including the vehicle control. Revolution also was administered at 3 times the recommended dose to heartworm infected dogs, and no adverse effects were observed.

**CATS:** In safety studies, Revolution was applied at 1, 3, 5, and 10 times the recommended dose to six-week-old kittens. No adverse reactions were observed. The safety of Revolution administered orally also was tested in case of accidental oral ingestion. Oral administration of the recommended topical dose of Revolution to cats caused salivation and intermittent vomiting. Revolution also was applied at 4 times the recommended dose to patent heartworm infected cats, and no adverse reactions were observed.

In well-controlled clinical studies, Revolution was used safely in animals receiving other frequently used veterinary products such as vaccines, anthelmintics, antiparasitics, antibiotics, steroids, collars, shampoos and dips.

**STORAGE CONDITIONS:** Store below 30°C (86°F).

**HOW SUPPLIED:** Available in eight separate dose strengths for dogs and cats of different weights. Revolution for puppies and kittens is available in cartons containing 3 single dose tubes. Revolution for cats and dogs is available in cartons containing 3 or 6 single dose tubes.

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## CLIENT relations

insulin Toonces will receive and show it to the client. Also teaching Mrs. Sweet how to remove any bubbles that may form in the syringe helps with accuracy. Next, ask Mrs. Sweet to fill the syringe herself so she's comfortable performing this step. Remind Mrs. Smith that she should replace the product according to the doctor's recommendation and send home a box of syringes to get her started.

Always try to designate a family member who doesn't mind giving the injections. If there's only one owner, then he or she has made the decision to give injections because it's the only way to make the cat feel better.



Euthanasia is very much a reality for some people. It's important to be prepared for this conversation as a team member and be able to discuss it appropriately. We're not here to judge or make assumptions about an owner's willingness or ability to be able to manage their cat's disease. There are many factors in a person's decision to decline treatment or try an alternative management technique. Depending on a client's lifestyle or limitations, they may not be prepared or able to treat their cat. Our job is to support a client's decision and help them in any way that we can.

## Talk about food

Next, you'll need to take a few minutes to discuss the appropriate diet for this pet.

**You:** "Mrs. Sweet, we're going to send you home with a special food that will help to regulate Toonces' blood sugar. Let's talk about a feeding schedule for Toonces."

Describe in detail the diet the doctor recommends, when to feed Toonces, how much to feed him, what to do if he only eats some, what to do if he doesn't eat at all and any other specific instructions the veterinarian has for this patient.

You'll also want to take time to review the importance of monitoring. Watching Toonces' water intake, urine output and behavior is very important.

**You:** "Mrs. Sweet, it's important to watch how much water Toonces drinks, how much and how often he urinates and keep an eye out for changes in Toonces' behavior. If Toonces seems weak, exhibits an unstable gait, seems sleepier than normal or experiences tremors, this might indicate his blood sugar is too low. If you notice any changes, call us immediately. It's also a good idea to keep some Karo syrup on hand if Toonces' blood sugar gets too low. In certain cases, we may ask you to rub the syrup on the gums or give it a syringe in the mouth when you're waiting to see Dr. Cares."

Trying to discuss the signs of low blood sugar can be tricky. You don't want to scare clients but they need to understand the importance if it occurs. If diabetic remission is pos-





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When an anxious client calls because her dog has eaten chocolate, knowledge is your lifeline. *What kind of chocolate? How much did the dog eat? What's the dog's weight?* These factors can determine if it's a minor problem or a serious emergency. That's why we developed the *Dogs and Chocolate Risk Wheel* to guide your first critical steps. For over 30 years, the ASPCA® Animal Poison Control Center has been the only center in North America dedicated solely to animals. Our team of board-certified veterinary toxicologists\* utilize our exclusive AnTox™ database to provide you with lifesaving information 24/7/365. No one else offers you all these essential ingredients.



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sible, take a moment to discuss the signs, because it can come on quickly and monitoring is key to prevent major problems. Depending on your practice protocols you may also discuss the use of home blood glucose monitors to reduce the need for excessive hospital testing that can cause stress to the cat. You may also recommend glucose detecting crystals and dipsticks the client can use in the litter box at home.

Then explain you'll schedule follow-up exams and blood work until you reach regulation. This gives the doctor more information to discuss long-term recommendations.

**You:** "Mrs. Sweet, we'll want to schedule follow-up appointments to check on how Toonces is responding to treatment. During these visits, we will conduct a physical exam and ophthalmic exam, conduct weight check, check your pet's blood pressure and perform blood work to assess the blood glucose level. We will also discuss diet, injections and any other concerns you might have."

Before Mrs. Sweet leaves, you'll offer any supportive materials the clinic recommends, such as web links or handouts on diabetic management. Encourage Mrs. Sweet to call with any questions, and give out an emergency

number for your clinic or the emergency hospital you recommend in case she needs helps after hours.

Finally, it's time to bring Toonces in and show Mrs. Sweet how to give the injections. Fill the insulin syringe with saline—or insulin if Toonces hasn't already had it—up to the correct dose line and replace the cap on the syringe. You could then show Mrs. Sweet how to tent the skin and what angle to place the syringe to hold it properly. Sometimes clients will hold their thumbs on the plunger, and they prematurely squirt the liquid, so show them where to hold their fingers to avoid this common mistake. Discuss proper injection sites for optimal absorption—on their sides if possible—and remind Mrs. Sweet to rotate sites to prevent scar tissue from forming. Once Mrs. Sweet is comfortable, give her the syringe without the cap and have her inject Toonces. Be sure to ask Mrs. Sweet if there are other pet owners in her household, and encourage her to designate someone who will give the injections so Toonces isn't double dosed accidentally. Reassure Mrs. Sweet that she will adjust to this procedure with time, and encourage her again to call with any questions.

When you call to remind clients about follow-up appointments, be sure you discuss any need to withhold food or the insulin injection for blood work, if indicated.

### Prevent future stings with follow-up care

It's critical to offer recalls for Mrs. Sweet and Toonces. This allows you to check on treatment, ask if the diet's going well and offer motivation as needed. Most of the time a client's concerns will relate to diet or injections. If the cat's appetite hasn't been good or owners struggle giving the injections, this is a good time to talk. Also regulation can be difficult in some cats, so it's imperative to be sure they understand the importance of compliance and to encourage them to ask any questions they have. Most clients are fine with giving the injections by this time. Set up the next appointment and offer to order food and supplies whenever needed.

With these steps, you can help pet owners manage the sting of a diabetes diagnosis. Your support will ultimately make managing diabetes more manageable. **FL**

*Mandy Stevenson, RVT, is a Firstline Editorial Advisory Board member and a technician at Rolling Meadows Animal Hospital in Adrian, Mo.*





# Zoom in on a perfect annual review

Whether you're the reviewer—or the reviewee—it's time to embrace a new outlook on employee reviews. Hint: The manager may be doing them wrong.

By Bash Halow, CVPM, LVT

I recently visited a practice where a manager bemoaned the fact she was weeks behind on her reviews. She motioned to a stack of papers and the current screen up on her computer. Before her bleary eyes were a series of questions followed by numbers one through five. She was agonizing over each grade. A five? A four? A three? Worse?

The longer she worked on the project, the more immobilized she became. "Will a four demoralize my team member? What do I put down for her personal appearance? How can I give her less than a five?" She asked for my advice.

"What are you trying to accomplish?" I responded. And this is where she fell silent.

The reason she and so many

managers struggle with even the *idea* of reviews is because we're often unclear of what we're trying to accomplish and why. If you don't believe me, consider the personal appearance question you see on some generic review sheets. You really waited a full year to bring up the fact that someone had a problem with his or her personal appearance? Worse,



### 4 ways to be a great reviewee

Consider this advice to stay positive when you're being reviewed.

**1 Let down your guard.** Even if you feel attacked during your review, a defensive position only makes things worse.

**2 Return to your mission.** If you feel your manager is being unfairly critical of your performance, circle the conversation back to your practice's interest in client and patient care by saying something like, "I'm sorry. I was unaware that my actions had those effects. I was trying to accomplish better client and patient care, and I now understand that you don't approve of that approach."

**3 Choose a proactive position.** Don't sit in the chair and allow criticism—or praise for that matter—to wash over you. Use the review as a chance to explore ways to change hospital service and care systems for the better.

**4 Listen.** Our reaction to criticism is often a knee-jerk apology or explanation. Rather than responding too fast, take a moment and consider the feedback. It could be right! If you're too busy explaining yourself, you may miss the chance to hear a valuable insight that could change your life—and your career.

you're going to predicate their salary on their personal appearance? What is the message you're trying to send? Cleaner people make more money? When you add up everything you and your team are trying to accomplish with client service, patient care and workplace culture, you're really going to spend part of that one hour, once a year, talking about grooming and deodorant?

Now, if you're the reviewee, you're probably thinking you have no control over the review process—and that's partially true. But reviews should be a dialogue. Don't be afraid to gently redirect the conversation to the line items on your job de-

scription. Make sure that your manager understands that your actions are a response to your understanding of those bullets. An example of a redirect might be: "I'm aware that I sometimes appear frantic. During crunch times, I start to fail and I get flustered, which becomes apparent in my actions and appearance. I would love help on how I can juggle all of my assigned duties during our busiest times so that I don't look and sound like I'm melting down."

### Clear the haze

Zoom out for a moment. Who are you? Who are these people you're reviewing? This isn't school and these people in front

of you aren't children. These adults sitting across the table from you are functioning members of society. They're probably homeowners; they may be married and they may be parents; they are probably graduates of high school or higher levels of education; and they're probably over the age of 21. Pick some calamity: a car accident, a sick child, a flood—whatever happens to them, they'll figure it out and move on. And here's the kicker. They don't need your help to do it. They'll work their way through the problem and move on with their lives.

Now, zoom back in to the review table. You're on one side and they're on the other. Are you really going to give them instructions on how to dress? Are you going to give them hollow advice like, "Be more careful?"

What success rate do you get out of the instruction, "Be careful?" These able adults sitting across from you don't need their behavior reviewed by you or anyone else. The idea itself is insulting, and to most people it's a complete turnoff.

A review is an opportunity for you and your team members to dig deeper into your respective responsibilities as you execute your practice's mission goals. Think about it for a moment. You and 15 or more individuals gather each day under one roof, endeavor to com-

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plete any number of diverse and complicated activities and try to seamlessly dovetail your efforts into an amazing client and patient experience. That's hard. And to get it right, you shouldn't be dressing down a person's character. You should be thinking about how their actions and your actions work together to accomplish goals. That's a productive, positive experience. That's teamwork.

### Focus on specifics

Use the job description as a jumping-off point. Well-written job descriptions talk about what you want people to do and how to do it. It's the "how" that you want to talk about.

Here's an example: "Client care representatives should demonstrate that they care about each client." OK, that's straightforward enough. Or is it? What do client care representatives who demonstrate

they truly care about clients look like? Sound like? What do they say on the phone, to clients in the lobby or in emails? How do they fulfill their job description if they're placed at a desk with no other support, with no break, with no training,

with no colleague who acts as a mentor or resource? A review is our chance to look at these concepts, talk them through and figure out how we

on how you can improve. Saying "I sometimes fall short on showing clients I care when the phone is ringing and I have patients arriving and discharging

*How do team members fulfill their job descriptions if they're placed at a desk with no other support ... with no training or a colleague who acts as a mentor or resource?*

can accomplish them together. We're not reviewing anyone. If anything, they're reviewing themselves. And we're learning how to work better together.

Additionally, effective reviews aren't connected to money. Annual raises are unsustainable anyway. Better to use the review process to demonstrate your genuine concern and support for an individual interested in growing. Give them the feedback they need to grow stronger not just as employees, but as people. Then offer raises based on the company's profitability or the increased responsibility the employee takes on based on successful growth.

And reviewees, don't take a back seat in reviews. Demonstrate you're interested in improving. Come armed with thoughts on how you fall short in the big picture of client and patient service and questions

all at once" shows you're self-aware and eager to improve, and it underlines a service problem you need to address at the hospital-wide level.

Reviews are an essential tool, but only if they're used to reflect on better ways to work together. When you enter reviews demonstrating you're genuinely interested in helping employees—or your practice—prosper, the results are likely to be favorable. Enter the review process as your one chance to "give 'em both barrels" and you're on track to alienate and shame. Use review time to build trust and a stronger working relationship. You'll create partnerships that help everyone look toward future summits you can climb together. And it's more fun. **FL**



*Bash Halow, LVT, CVPM, is a Firstline Editorial Advisory Board member and co-owner of Halow Tassava Consulting.*

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### Managers: No job description?

Check out the practice manager job description at [dvm360.com/managerjob](http://dvm360.com/managerjob) and use it as a template to begin building a description for your job in your practice.





# When work makes you sick

Sick over work—literally? Whether you only pick up the occasional pet mess or you're in the back treating animals every day, you need to know how to control zoonoses.

By Oriana Scislowicz, BS, LVT

Coughing, sniffing and sneezing just might earn you a few dirty looks from coworkers who want to avoid falling ill with the creeping crud every time it sneaks into your office. And it's true that during cold and flu season, viruses and bacteria spread via indirect and direct contact and aerosol exposure such as sneezing. But in veterinary hospitals, we deal with another culprit that may occur year-round: the pathogens that can spread from our patients to us.

What's more concerning is that we're often way more lax than human hospitals when it comes to protecting ourselves from the spread of these diseases from our patients. We don't wear gloves as frequently as we should, and we've likely all witnessed a dental prophylaxis being performed with a face mask and gloves but no protective eye wear—and maybe even without the mask and gloves. Controlling zoonotic exposure in veterinary practices depends

on an understanding of routes of transmission, personal protective equipment available and common zoonoses seen in the hospital. It also depends on conscientious employees with a goal of protecting themselves and others from unnecessary exposure to pathogens.

## Understand routes of transmission

The first step in protecting yourself from zoonotic disease is to be aware of the three main means of transmission for various hosts: aerosol, vector-borne and contact. Aerosol transmission usually occurs through coughing and sneezing and can be generated via procedures such as suction or bronchoscopy. Vector-borne transmission can occur via vectors such as mosquitoes, fleas and ticks. Within the hospital, it's more common that we come into contact with fleas or ticks on animals that are infested. Contact may occur

directly through examining, bathing or handling animals, or indirectly through contaminated items such as cages, soiled laundry or equipment.<sup>1</sup>

## Start with prevention

First, it's important to understand personal protective equipment and how to avoid exposure. Consider these tips:

**1 Wash your hands.** Most of us have heard a million times that this is the best way to avoid not only transmission of pathogens from our patients

but also from other coworkers and people from outside the workplace. But we still probably don't do it as often and as thoroughly as we should. You're protecting yourself in two different ways by thoroughly, and frequently, washing your hands: first, by the mechanical action of removing any organic material and cutting down the number of organisms left; and second, by killing and hindering the growth of flora with antimicrobial soap. Keeping fingernails short, not wearing artificial nails, wearing minimal

jewelry and keeping hands moisturized can reduce the nooks bacteria can slip into and stay. The Centers for Disease Control and Prevention recommends washing for 20 seconds. Try counting next time. This is more than likely much longer than the typical rushed hand washing you observe. Alcohol-based hand rubs can work when running water isn't nearby. Apply alcohol to the palms and cover all surfaces of the hand by the mechanical action of rubbing until hands are dry.<sup>1</sup> While not as ideal as hand washing with

an antimicrobial soap, it's better than holding off altogether.

## 2 Wear the right clothing.

Gloves, sleeves, lab coats, gowns and thick-soled, close-toed shoes are all essential in any hospital. When coming into contact with feces, broken skin such as sores or abscesses, vomit or urine, you should wear gloves.<sup>1</sup> The biggest lapse I've seen in practice is with urine. Often, team members without gloves will collect and handle urine samples, empty urinary bags and clean urine from patients. Remember that diseases such as leptospirosis, tularemia<sup>2</sup> and lymphocytic choriomeningitis can be spread via urine. Team members should also wear gloves during dental procedures and necropsies as well as when cleaning cages or handling lab specimens or contaminated laundry.<sup>1</sup>

Sleeves and gowns are helpful to have with patients in isolation situations, especially in cases such as those involving MRSA infection. And it's still important to thoroughly wash exposed skin underneath the gown after you carefully remove the gown. Lab coats serve as another barrier of protection, but don't rely on them as the only method of protection in these cases.

Shoes that are thick-soled, closed-toed and nonporous

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and easy to disinfect can help protect against bodily fluids that could penetrate. Also, this ensures that you expose one less part of the body to vectors of disease, such as ticks, and direct contact transmission through scratches or bites.

### 3 Use facial protection.

Any procedure that may create aerosolization of bacteria or spraying or splashing of bodily fluids should warrant the use of goggles or a facial shield.<sup>1</sup> Shields can even come attached to surgical masks so you don't need to juggle both separately. These also help because they ensure you're automatically using both forms of personal protection and not forgetting one. Common procedures where you might need this protection include lancing abscesses, flushing wounds and obstetric and necropsy procedures. Bodily fluids can easily come into contact with the mucous membranes of the eyes, nose and mouth and transmit pathogens during these procedures if you don't use proper equipment.<sup>1</sup>

4 Use respiratory tract protection. Although less commonly needed, respirators that filter smaller particles, such as the N95 respirator, may be needed in suspected cases of disease, such as *Mycobacterium bovis*, which can cause pulmonary tuberculosis in people. Do

keep in mind that when you use respirators, OSHA requires annual fit testing, training in its use and an evaluation of the health status of the user.<sup>1</sup>

## Know the risks

Next, let's take a look at some of the common zoonoses in veterinary practices. Consider these threats:

> **Leptospirosis.** It's often transmitted to people via contact with canine urine; aerosolized urine can create droplets that can transmit disease as well. The incubation period is about seven to 12 days, and symptoms often include headache, muscle aches, fever and chills.<sup>2</sup> To prevent exposure, always wear gloves when cleaning up accidents and collecting and handling urine samples, regardless of whether you suspect a patient is infected.

> **Rabies.** It's transmitted to humans via infected saliva or tissues and bites. The incubation period is about three to eight weeks, and symptoms may include headache, fever, seizures, inability to swallow and salivation.<sup>2</sup> If possible, only vaccinated personnel should handle patients that aren't up to date on their vaccinations—and especially for those that exhibit neurologic deficits. Wear full protective gear including gloves when handling these patients and when performing necrop-

sies on any patient, suspected or not. This creates another barrier between saliva and bites with live patients and with necropsies.

> **Lymphocytic choriomeningitis.** It's transmitted via saliva, urine and feces of infected mice. This of course is more of an issue in lab animal settings and exotic veterinary hospitals. The incubation period is 15 to 21 days, and it presents itself as a weaker influenza-like illness.<sup>2</sup> Wear gloves during handling, and consider facial protection if you're disrupting urine and feces-contaminated bedding.

> **Toxoplasmosis.** It's probably one of the more misunderstood zoonoses. You've probably heard that the most common form of transmission in a veterinary hospital is when team members change litter boxes and come into contact with feline feces. However, toxoplasmosis is much more commonly contracted by ingestion of tissue cysts in undercooked meat.<sup>3</sup> Thankfully, most hospitals change their litter boxes so regularly, the chances that the parasite has become infectious in that time is extremely low—it usually takes one to five days after being shed in feces.<sup>4</sup> The incubation period is 10 to 23 days and some symptoms include myocarditis, encephalitis, sore throat and fever.<sup>2</sup> To protect yourself in the workplace, always wear gloves





# 5 steps to cleaner hands

Use this advice from the Centers for Disease Control and Prevention to wash your hands the right way every time:



**3. Think “Happy Birthday.”** You want your hands nice and lathered, and that takes at least 20 seconds. To keep time yourself, you can hum the birthday song at a medium pace twice.



**1. Get ‘em wet.** Use clean running water and apply soap. Hot or cold will do.



**2. Rub ‘em down.** Put your hands in the tub and scrub the front, the back, the palms, between those fingers and under your nails.



**4. Rinse.** Use running water to remove any soap and debris.



**5. Dry.** Use a clean towel or let them air dry.

If you don’t have access to soap, hand sanitizers are an alternative. Just make sure the sanitizer is alcohol-based with at least 60 percent alcohol. And remember, sanitizers won’t eliminate all types of germs. For a link to more free hand-washing tools, visit [dvm360.com/zoonotic](http://dvm360.com/zoonotic).

when changing litter. Avoid this task altogether if you’re pregnant, and make sure your hospital is regularly changing litter boxes—as you should be for the patient’s sake anyway.

## > Visceral larval migrans (caused by roundworms).

It’s transmitted via ingestion of eggs in contaminated feces. The incubation period is four

to seven weeks, and signs may include fever, cough, wheezing and blindness in cases of ocular migration.<sup>2</sup> Gloves are a must whenever dealing with suspected patients and whenever cleaning up feces from any patient, and hand washing goes a long way as a means of prevention.

## > Brucellosis.

It’s transmit-

ted via skin or mucous membrane contact with the bodily fluids, or tissues, of infected animals. With an incubation period of one to 15 weeks, symptoms usually include fever, sweating and myalgia.<sup>2</sup> Depending on the procedure being performed on the animal, wearing gloves and other personal protection and wash-

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ing hands thoroughly can help prevent transmission.

> **Bartonellosis.** Also known as cat scratch disease, it's transmitted via bites and scratches from cats. The incubation period is one to two weeks, and signs often include fever, headache and swollen lymph nodes.<sup>5</sup> Using smart handling skills when dealing with feline patients will help prevent transmission. Remember everyone's safety, including the patient, always comes before completing a task, and educate employees about the behaviors that cats use for warnings. Wash hands immediately and thoroughly after a bite or scratch and contact a physician.

> **Salmonellosis.** It's transmitted via direct contact with many domestic species including dogs, cats, reptiles, rodents, fish and chickens as well as herd animals, and it's most commonly seen with turtles. The incubation period is six hours to three days, and signs may include diarrhea, headache and fever.<sup>2</sup> Washing

hands very well, especially before eating a meal and after handling an animal—in particular turtles, chicks and ducklings in exotic hospitals—will help with prevention.

> **Cryptosporidiosis.** It's transmitted via ingestion of oocysts in contaminated feces. It has an incubation period of two to 10 days, and signs often include stomach cramps, dehydration and nausea. These oocysts more readily infect humans when transmitted from livestock. Feline and canine infections are a bigger danger for immunocompromised individuals.<sup>6</sup> Wearing gloves and washing hands aid most in prevention, and immunocompromised individuals should avoid contact altogether if at all possible.

## Protect your team

These are only a handful of the zoonoses you may come into contact with while working in a veterinary hospital. And hand washing and wearing gloves protect employees more than any other method of personal protection. Facial protection and respiratory tract protection are still useful, and it's important to be prepared in advance to use them during certain procedures.

Although it's important to familiarize yourself with common zoonoses, it's best to make the decision about how you protect yourself by the procedure you're performing and how you'll be exposed to bodily fluids, vectors of disease or bites and scratches instead of the suspected pathological condition in a patient. It's always

best to treat any bodily fluid or any scratch or bite as one from an infected animal and prepare before contamination occurs. It's easy to lapse in these practices of personal protection on busy days, but remember this: Your patients and coworkers need you in the best possible health so you're ready to offer the best care for the patients at your practice. **FL**

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TRESADERM (thiabendazole-dexamethasone-neomycin sulfate solution)

Dermatologic Solution CAUTION: Federal (U.S.A.) law restricts this drug

to use by or on the order of a licensed veterinarian. DESCRIPTION:

Dermatologic Solution TRESADERM® (thiabendazole-dexamethasone-neomycin sulfate solution) contains the following active ingredients per ml: 40 mg thiabendazole, 1 mg dexamethasone, 3.2 mg neomycin (from neomycin sulfate).

Inactive ingredients: glycerin, propylene glycol, purified water, hypophosphorous acid, calcium hypophosphite; about 8.5% ethyl alcohol and about 0.5% benzyl alcohol.

INDICATIONS: Dermatologic solution TRESADERM is indicated as an aid in the treatment of certain bacterial, mycotic, and inflammatory dermatoses and otitis externa in dogs and cats. Both acute and chronic forms of these skin disorders respond to treatment with TRESADERM. Many forms of dermatosis are caused by bacteria (chiefly *Staphylococcus aureus*, *Proteus vulgaris* and *Pseudomonas aeruginosa*).

Moreover, these organisms often act as opportunistic or concurrent pathogens that may complicate already established mycotic skin disorders, or otocariasis caused by *Otodectes cynotis*. The principal etiologic agents of dermatomycoses in dogs and cats are species of the genera *Microsporum* and *Trichophyton*. The efficacy of neomycin as an antibacterial agent, with activity against both gram-negative and gram-positive pathogens, is well documented. Detailed studies in various laboratories have verified the significant activity thiabendazole displays against the important dermatophytes.

Dexamethasone, a synthetic adrenocorticoid steroid, inhibits the reaction of connective tissue to injury and suppresses the classic inflammatory manifestations of skin disease.

The formulation for TRESADERM combines these several activities in a complementary form for control of the discomfort and direct treatment of dermatitis and otitis externa produced by the above-mentioned infectious agents. DOSAGE AND ADMINISTRATION:

Prior to the administration of Dermatologic Solution TRESADERM, remove the

ceruminous, purulent or foreign materials from the ear canal, as well as the crust

which may be associated with dermatoses affecting other parts of the body. The design of the container nozzle safely allows partial insertion into the ear canal for ease of administration. The amount to apply and the frequency of treatment are dependent upon the severity and extent of the lesions. Five to 15 drops should be instilled in the ear twice daily. In treating dermatoses affecting other than the ear the surface

of the lesions should be well moistened (2 to 4 drops per square inch) with Dermatologic Solution TRESADERM twice daily. The volume required will be dependent upon the size of the lesion. Application of TRESADERM should be limited to a period of not longer than one week. PRECAUTIONS: On rare occasions dogs may be sensitive to neomycin. In these animals, application of the drug will result in erythema of the treated area, which may last for 24 to 48 hours. Also, evidence of transient discomfort has been noted in some dogs when

the drug was applied to fissured or denuded areas. The expression of pain may last 2 to 5 minutes. Application of Dermatologic Solution TRESADERM should be limited to periods not longer than one week. While systemic side effects are not likely with topically applied corticosteroids, such a possibility should be considered if use of the solution is extensive and prolonged. If signs of salt and water retention or potassium excretion are noticed (increased thirst, weakness, lethargy, oliguria, gastrointestinal disturbances or tachycardia), treatment should be discontinued and appropriate measures taken to correct the electrolyte and fluid imbalance. Store in a refrigerator 36°-46°F (2°-8°C). WARNING: For topical use in dogs and cats. Avoid contact with eyes. **Keep this and all drugs out of the reach of children.** The Material Safety Data Sheet (MSDS) contains more detailed occupational safety information. To report adverse effects in users, to obtain an MSDS, or for assistance call 1-888-637-4251. HOW SUPPLIED: Product 55871- Dermatologic Solution TRESADERM Veterinary is supplied in 7.5-ml and 15-ml dropper bottles, each in 12-bottle boxes.



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TRESADERM is for topical use only in dogs and cats. On rare occasions, application of the product may result in erythema or discomfort in the treated area.

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