



firstline®

The best read veterinary team journal. Bam.

PING
the social
sweet spot **p20**



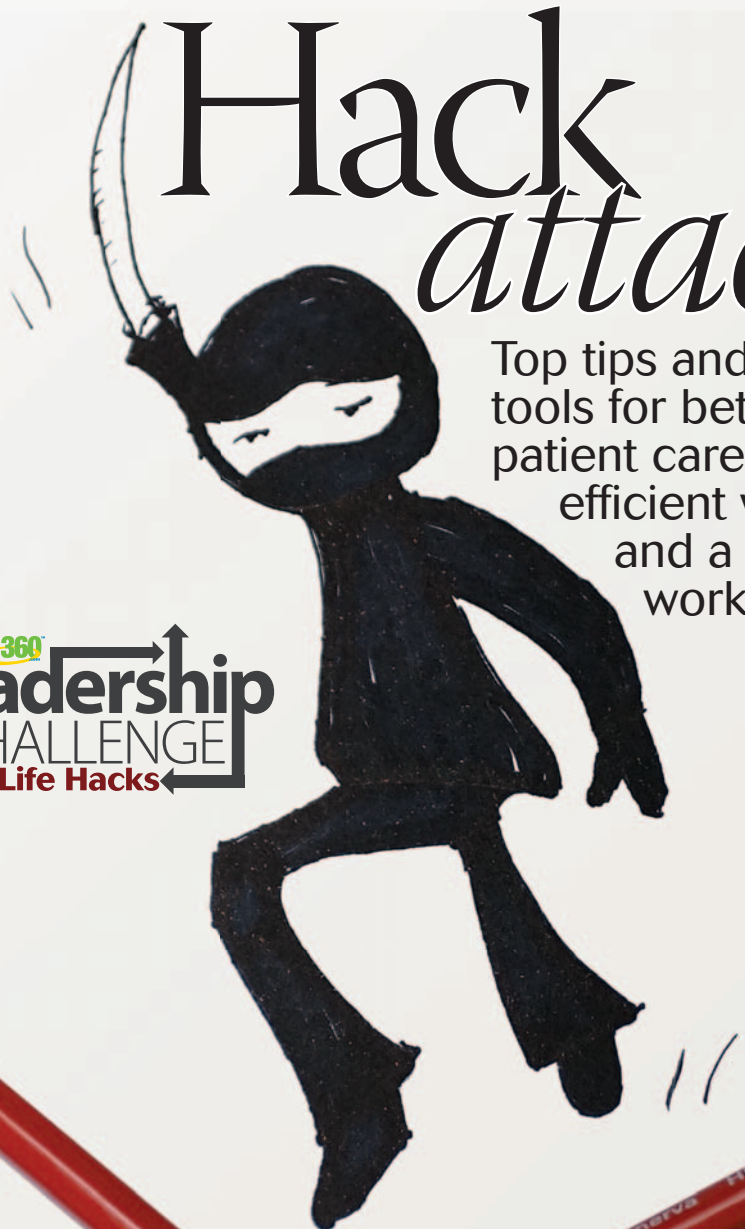
#snapcat
this
#instadog
p2

Hack attack!

Top tips and
tools for better
patient care, a more
efficient workday
and a happier
work life **p8**

“Help!
I hate my
schedule.” **p4**

dvm360
leadership
CHALLENGE
Vet Life Hacks



CATching
CHRONIC
KIDNEY DISEASE
p6

DENTAL
radiographs:
Which way's UP?
p14



INCLUDES THE
dvm360
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KIDNEY DISEASE

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MISSION

To inspire receptionists, credentialed technicians, practice managers and veterinary assistants to build strong relationships with coworkers, 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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Editor/Team Channel Director | **Portia Stewart**
portia.stewart@ubm.com

Content Manager | **Adrienne Wagner**
Senior Content Specialist | **Jennifer Gaumnitz**
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Account Manager | **Angie Homann**
(913) 871-3917 | angie.homann@ubm.com
Account Manager | **Angela Paulovcin**
(440) 891-2629 | angela.paulovcin@ubm.com
Account Manager | **Terry Reilly**
(913) 871-3871 | terry.reilly@ubm.com
Account Manager | **Heather Townsend**
(913) 871-3874 | heather.townsend@ubm.com
Digital Data Analyst | **Jenny Shaffstall**
(913) 871-3854 | jenny.shaffstall@ubm.com
Sales Coordinator | **Anne Belcher**
(913) 871-3876 | anne.belcher@ubm.com
Books/Resource Guide Sales | **Maureen Cannon**
(440) 891-2742 | maureen.cannon@ubm.com

MARKETING

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brenda.andresen@ubm.com
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UBM AMERICAS, VETERINARY

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(913) 871-3810 | becky.turnerchapman@ubm.com
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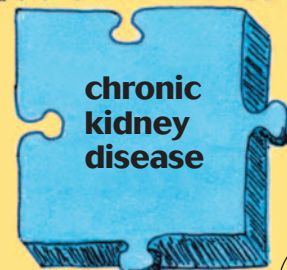
Healthy team members = healthy pets

2

#snapcat this
#instadog



THE PUZZLE OF



IN CATS

6

8

Hack attack!

Tips and tools to
for better patient
care, a more
efficient workday
and a happier
work life



14

Dental
radiographs:
Which way is up?



4 Pearls

"I hate my new schedule"
Downward dog to elevate spirits

7 Products to
put pooches
back in peak
condition

20 Finding the
social sweet
spot



PEARLS

(Lustrously good advice and tips)

#snap Cat that #insta



See a cute patient. Squeal with delight. Snap a quick pic with an iPad or smartphone. Repeat. Now here are my cute-pet-pic-snapping tips:

1. Every pet, every time

Take a picture of every animal that rolls through the door. You never know which ones will make great memes!

2. Rolling video rocks, too

Video everything, because the things you do naturally every day go viral when someone else posts them (like the DVM going into a cage with the scared pit bull or the technician carrying the post-op puppy in a baby pouch on her chest).

3. Don't wait—just start

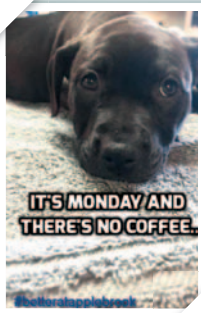
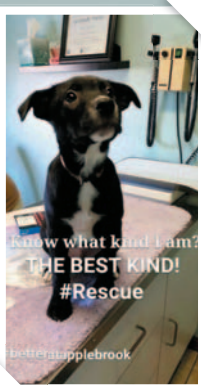
Challenge your fellow staff members with smartphones to outdo each other's cuteness.

4. Don't feel weird about it

Remember, today's clients are used to documenting their day in pictures to share. What better thing to share than an image of their pet happy at your clinic? (With their permission, of course.)

5. Psst—promote your great

practice! Make sure you tag the image with your clinic name, either on a background dry-erase board or with a photo app that adds text. I tags all of my hospital's "#betteratApplebrook."



dog

Get freakishly cute pics to promote your veterinary hospital.

By Kathryn Primm, DVM



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¹Floerchinger AM, et al. Effects of feeding a weight loss food beyond a caloric restriction period on body composition and resistance to weight gain in cats. *J Am Vet Med Assoc.* 2015;247(4):365-374.
²Kruger JM, et al. Comparison of foods with differing nutritional profiles for long-term management of acute nonobstructive idiopathic cystitis in cats. *J Am Vet Med Assoc.* 2015;247(5):508-517.
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ASK THE EXPERTS

I've worked for the same practice for 25 years. For 22 of those years I worked blocked days on and off. Three years ago, my boss changed me to split days off. His reason: He doesn't get his days off together, so none of his staff does anymore either.

I've tried to negotiate this arrangement, as my husband is retired and we don't get to do things together anymore. My boss said possibly I could have days together every other weekend. I offered to work every Saturday in exchange for having all my days together. My boss's reply was I'm not being flexible enough.

At this point I'm looking for a new job because of this impasse. Do you think there's any way to try and renegotiate? Or has my boss made it clear that he's not going to budge?—**Overscheduled**

**Dear Overscheduled,**

I've heard this story before and you're going to hate my answer, but I see where your boss is coming from—mostly because I've heard this story so many times. I feel like there's a good reason your boss is asking you to do this.

There's always room for negotiation, and someone, such as a consultant, can look at the groundwork and come up with a solution. Both you and your doctor deserve a chance to be heard, and I recommend bringing in a third party who can likely help you work it out. Just remember to stay open to the idea that your boss has a good reason for asking you for the schedule change, and then you can work together to reach a compromise.

—**Bash Halow, LVT, CVPM**

Got a question? Email your questions for our experts to firstline@advanstar.com or visit dvm360.com/team to see advice on other hot button topics.



Engler bends over backward to promote physical and mental health in her veterinary clinic.

Downward dog to elevate spirits

Hospital administrator Annette Engler started taking yoga classes as a natural way to ease her chronic neck and back pain—a common problem for animal health professionals—but she found the classes did so much more. “I realized yoga was helping me sleep better, focus better and be more compassionate towards my team and my clients,” Engler says.

Engler knew that many of her team members struggled with the same pains and stresses she was experiencing and wanted to do something about it. So she did.

Engler became certified as a yoga instructor and set up free weekly yoga classes for her team. “My goal

is to provide a judgment-free zone where each student practices within their own ability,” Engler says. “It's been a great way to encourage my team to take care of themselves and has allowed me to bond with my employees on a deeper level.”

Engler is a 2016 dvm360/VHMA Practice Manager of the Year contest entrant. The Practice Manager of the Year will be announced at CVC San Diego in December. Want more great advice? Check out dvm360.com/PMOY for more stories, including how a manager helped her associate overcome crippling anxiety, how a two-doctor practice managed a doctor's maternity leave, and more.

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gentamicin

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administered just **ONCE a day** for 7 consecutive days provides an **effective triple combination steroid, antibacterial and antifungal treatment** that work together to **combat painful canine ear infections, reducing discomfort, redness, swelling, exudate, and odor.**

Indicated for the treatment of acute and chronic infections associated with yeast (*Malassezia pachydermatis*) and bacteria (*Pseudomonas spp.* [including *P. aeruginosa*], coagulase-positive staphylococci, *Enterococcus faecalis*, *Proteus mirabilis*, and *beta-hemolytic streptococci*).

Refer to Product Information for details on this product.

Available in 7.5 g,
15 g, 30 g and
215 g Bottles



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See brief summary on page 07.





CATching kidney disease

Spoiler alert: This image doesn't show the full picture. Read below for the missing puzzle piece.

A clinical tidbit you may or may not have picked up on in your veterinary practice—by the time your patients are showing signs of chronic kidney disease (CKD), 75% or more of the kidney has already been destroyed. That's a shocking figure. Luckily, the remaining nephrons, or the functional units in the kidneys, become supercharged to help compensate for their lost brethren—really! But failure at some point is unavoidable. Can't we catch it before this level of destruction occurs?

In an effort to detect this deadly disease early and help kitties live all nine of their lives to the fullest, a recent study looked at the records of 1,230 cats treated for CKD at any Banfield Pet Hospital in the United States. All cats were seen during a one-year period, and their information was compared with kitties of the same age seen during the same time frame that didn't have CKD.

Hey pleasantly plump lady cats with naturally perfect teeth living in Rhode Island, you're safe!

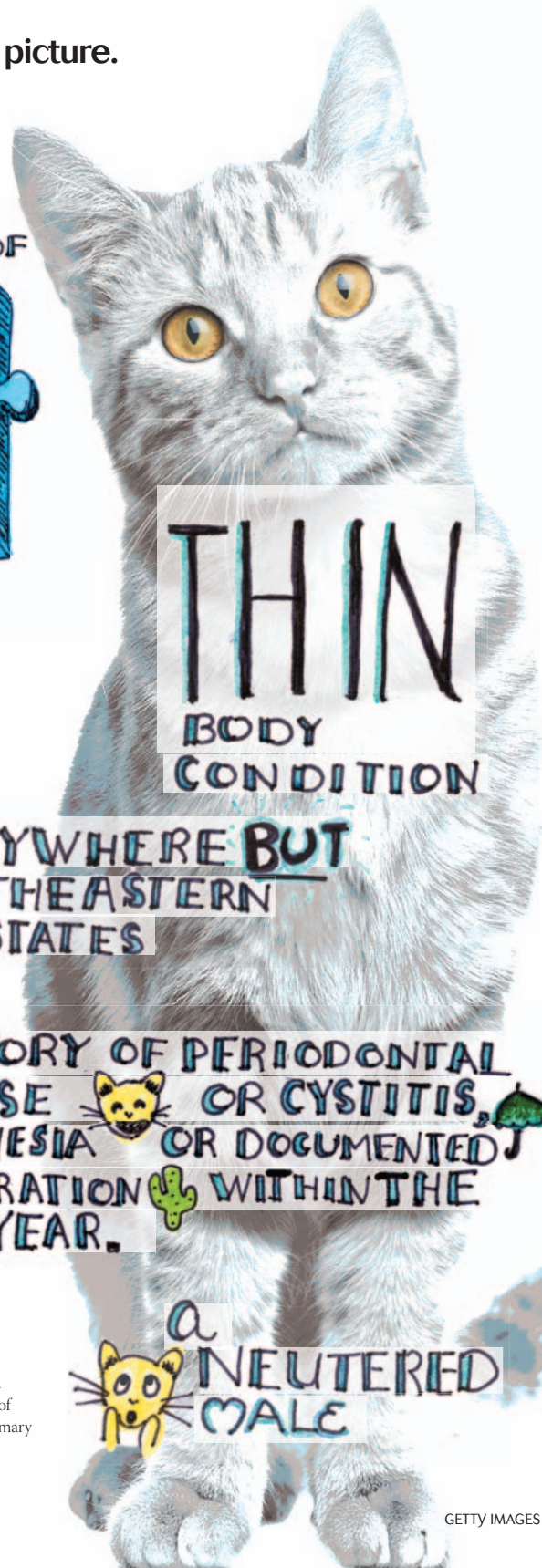
Yeah, we can't really come to this firm of a conclusion from the study, but the researchers did emphasize that CKD should be on your radar for one segment of your feline patients in particular—skinny older cats.

THE PUZZLE OF
**K
CHRONIC
D
N
DISEASE
Y**
IN CATS

Still puzzled? Here's the takeaway.

Even though these cats might not be showing signs yet, it wouldn't hurt to do more intensive screening and make sure all is A-OK. If CKD seems likely upon further testing, the researchers recommend early intervention measures such as feeding a renal diet before more serious clinical signs arise.

Source: Greene JP, Lefebvre SL, Wang M, et al. Risk factors associated with the development of chronic kidney disease in cats evaluated at primary care veterinary hospitals. *J Am Vet Med Assoc* 2014;244:320-327.



Products for peak condition

Your canine patients can strut their stuff with confidence (and less pain) with the aid of these veterinary rehabilitation products.

1



2



3



1. RESISTANCE IS FUTURE VITAL

Help your veterinary patients fight back from feebleness. These resistance bands strengthen limbs hindered by osteoarthritis, hip dysplasia, Wobbler's syndrome and a variety of other causes of hindlimb weakness.

2. DOGS DO LOVE PEANUT BUTTER ...

So why not a peanut-shaped stability ball? The key is the shape here; it targets front-to-back or side-to-side movement. We heartily endorse 360-inspired mobility!

3. BRACE YOURSELF

... or your patients with knee ligament injuries, to be exact. Whether used as a nonsurgical alternative to cranial or anterior cruciate injury or after surgery to support newly re-engineered knees, these braces will help dogs walk in comfort and style.



For these and more rehabilitative products, visit dvm360.com/rehabtools. Then check out dvm360.com/CVCHacks for Dr. Debra Canapp's top home rehab hacks for pet owners.



ANADA #200-536, Approved by FDA.

PRODUCT INFORMATION

GENTAMICIN SULFATE, USP; MOMETASONE FUROATE ANHYDROUS; AND CLOTRIMAZOLE, USP, OTIC SUSPENSION VETERINARY

For Otic Use in Dogs Only

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

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

DESCRIPTION Each gram of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension contains gentamicin sulfate, USP equivalent to 3 mg gentamicin base; mometasone furoate anhydrous equivalent to 1 mg mometasone; and 10 mg clotrimazole, USP in a mineral oil-based system containing a plasticized hydrocarbon gel.

PHARMACOLOGY

Gentamicin: Gentamicin sulfate is an aminoglycoside antibiotic active against a wide variety of gram-negative and gram-positive bacteria. *In vitro* tests have determined that gentamicin is bactericidal and acts by inhibiting normal protein synthesis in susceptible microorganisms. In clinical trials, gentamicin was shown to have a range of activity against the following organisms commonly isolated from infected canine ears: *Pseudomonas* spp. (including *P. aeruginosa*), coagulase-positive staphylococci, *Enterococcus faecalis*, *Proteus mirabilis* and beta-hemolytic streptococci.

Mometasone: Mometasone furoate anhydrous is a synthetic adrenocorticoid characterized by a novel (2) furoate 17-ester having chlorine at the 9 and 21 positions, which have been shown to possess high topical potency.

Systemic absorption of mometasone furoate ointment was found to be minimal (2%) over 1 week when applied topically to dogs with intact skin. In a 6-month dermal toxicity study using 0.1% mometasone ointment on healthy intact skin in dogs, systemic effects typical of corticosteroid therapy were noted.

The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the integrity of the epidermal barrier. Topical corticosteroids can be absorbed from normal, intact skin. Inflammation can increase percutaneous absorption. Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids.

Clotrimazole: Clotrimazole is a broad-spectrum antifungal agent that is used for the treatment of dermal infections caused by various species of dermatophytes and yeast. The primary action of clotrimazole is against dividing and growing organisms.

In vitro, clotrimazole exhibits fungistatic and fungicidal activity against isolates of *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum*, *Microsporum canis*, *Candida* spp., and *Malassezia pachydermatis*. Resistance to clotrimazole is very rare among the fungi that cause superficial mycoses. In an induced otitis externa study using dogs infected with *Malassezia pachydermatis*, 1% clotrimazole in the vehicle formulation was effective both microbiologically and clinically in terms of reduction of exudate, odor and swelling.

In studies of the mechanism of action, the minimum fungicidal concentration of clotrimazole caused leakage of intracellular phosphorus compounds into the ambient medium with concomitant breakdown of cellular nucleic acids and accelerated potassium efflux. These events began rapidly and extensively after addition of the drug. Clotrimazole is very poorly absorbed following dermal application.

Gentamicin-Mometasone-Clotrimazole: By virtue of its three active ingredients, gentamicin, mometasone, and clotrimazole otic suspension has antibacterial, anti-inflammatory, and antifungal activity. In clinical field trials, gentamicin, mometasone, and clotrimazole otic suspension was effective in the treatment of otitis externa associated with bacteria and *Malassezia pachydermatis*. Gentamicin, mometasone, and clotrimazole otic suspension reduced discomfort, redness, swelling, exudate, and odor.

INDICATIONS: Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension is indicated for the treatment of otitis externa in dogs caused by susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Pseudomonas* spp. [including *P. aeruginosa*], coagulase-positive staphylococci, *Enterococcus faecalis*, *Proteus mirabilis*, and beta-hemolytic streptococci).

CONTRAINDICATIONS: If hypersensitivity to any of the components occurs, treatment should be discontinued and appropriate therapy instituted. Concomitant use of drugs known to induce ototoxicity should be avoided. Do not use in dogs with known perforation of eardrums.

WARNINGS: The use of these components has been associated with deafness or partial hearing loss in a small number of sensitive dogs (e.g., geriatric). The hearing deficit is usually temporary. If hearing or vestibular dysfunction is noted during the course of treatment, discontinue use of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension immediately and flush the ear canal thoroughly with a non-toxic solution.

Corticosteroids administered to dogs, rabbits, and rodents during pregnancy have resulted in cleft palate in offspring. Other congenital anomalies including deformed forelegs, phocomelia, and anasarca have been reported in offspring of dogs that received corticosteroids during pregnancy. Field and experimental data have demonstrated that corticosteroids administered orally or parenterally to animals may induce the first stage of parturition if used during the last trimester of pregnancy and may precipitate premature parturition followed by dystocia, fetal death, retained placenta, and metritis.

PRECAUTIONS: Before instilling any medication into the ear, examine the external ear canal thoroughly to be certain the tympanic membrane is not ruptured in order to avoid the possibility of transmitting infection to the middle ear as well as damaging the cochlea or vestibular apparatus from prolonged contact.

Administration of recommended doses of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension beyond 7 days may result in delayed wound healing.

If overgrowth of non-susceptible bacteria or fungi occurs, treatment should be discontinued and appropriate therapy instituted.

Avoid ingestion. Adverse systemic reactions have been observed following the oral ingestion of some topical corticosteroid preparations. Patients should be closely observed for the usual signs of adrenocorticoid overdosage including polydipsia, polyuria, polyphagia, potassium loss, fluid retention, weight gain, polydipsia, and/or polyuria. Prolonged use or overdosage may produce adverse immunosuppressive effects.

Use of corticosteroids, depending on dose, duration, and specific steroid, may result in endogenous steroid production inhibition following drug withdrawal. In patients presently receiving or recently withdrawn from corticosteroid treatments, therapy with a rapidly acting corticosteroid should be considered in especially stressful situations.

TOXICOLOGY Field and safety studies with gentamicin, mometasone, and clotrimazole otic suspension have shown a wide safety margin at the recommended dose level in dogs (see PRECAUTIONS/ADVERSE REACTIONS).

ADVERSE REACTIONS

Gentamicin: While aminoglycosides are absorbed poorly from skin, intoxication may occur when aminoglycosides are applied topically for prolonged periods of time to large wounds, burns, or any denuded skin, particularly if there is renal insufficiency. All aminoglycosides have the potential to produce reversible and irreversible vestibular, cochlear, and renal toxicity.

Mometasone: ALP (SAP) and ALT (SGPT) enzyme elevations, weight loss, anorexia, polydipsia, polyuria, neutrophilia, and lymphopenia have occurred following the use of parenteral, high-dose, and/or prolonged or systemic synthetic corticosteroids in dogs. Cushing's syndrome in dogs has been reported in association with prolonged or repeated steroid therapy.

Clotrimazole: The following have been reported occasionally in humans in connection with the use of clotrimazole: erythema, stinging, blistering, peeling, edema, pruritus, urticaria, and general irritation of the skin not present before therapy.

Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension: In field studies following once-daily treatment with gentamicin, mometasone, and clotrimazole otic suspension, ataxia, proprioceptive deficits, and increased water consumption were observed in less than 1% of 164 dogs. In a field study following twice-daily treatment with gentamicin, mometasone, and clotrimazole otic suspension, inflammation of the pinna and diarrhea were observed in less than 1% of 141 dogs.

DOSEAGE AND ADMINISTRATION

The external ear canal should be thoroughly cleaned and dried before treatment. Verify that the eardrum is intact. For dogs weighing less than 30 lbs, instill 4 drops from the 7.5 g tubes and bottles, 15 g tubes and bottles, and 30 g bottles (2 drops from the 215 g bottle) of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension once daily into the ear canal. For dogs weighing 30 lbs or more, instill 8 drops from the 7.5 g tubes and bottles, 15 g tubes and bottles, 30 g bottles (4 drops from the 215 g bottle) once daily into the ear canal. Therapy should continue for 7 consecutive days.

HOW SUPPLIED: Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension is available in 7.5 g tubes and plastic bottles, 15 g tubes and plastic bottles, 30 g plastic bottles, and 215 g plastic bottles.

Do not store above 25°C (77°F). Shake the bottles well before use.

Med-Pharmex, Inc. Pomona, CA 91767-1861 Rev. May/2016

Hack *attack!*

Cut through the excuses. Here's help to slice through your most dreaded challenges and use ninja-like moves to make mincemeat of any obstacles blocking your way.

We get it. You've got too much to do, too few resources and you're already crunched for time.

Just take 10 minutes to scan through these quick tools that give real, practical and easy steps to hack your veterinary life.

Where'd we get all these great ideas?

Three places:

> **We asked you!** Read more reader-submitted tips at dvm360.com/vetlifehacks.

> **We asked the experts at CVC.**

Watch the complete lineup of hack videos at dvm360.com/CVChacks. Then visit thecvc.com to learn more about CVC and register so you can collect your own list of hacks from the all-star lineup of speakers.

> **We curated top tips from dvm360.com.** Honestly, we've been all over this "hack" idea for years (you might know them as Pearls of Practice or Idea Exchange). Find a lineup of more great ideas at dvm360.com/pearlstips.





Hack your career

Denise Tumblin, CPA, offers these killer career moves to pounce on your next opportunity in practice:




1 VOLUNTEER TO TAKE CHARGE OF SOCIAL MEDIA FOR YOUR PRACTICE. Show the practice owner you have a plan, including the number of times you're going to post a week and the mix of content you're going to post.

2 TACKLE CLIENT COMPLIANCE. There are still huge opportunities for this in practice. Spend some time looking at your practice's weaknesses and identify areas of opportunity, then create a plan for how to boost the "yes" factor.

3 BE THE PROCEDURES AND PROTOCOLS CHAMPION. Look for opportunities to be lean and eliminate waste. As a team member you see areas where you could improve procedures or protocols that the doctor doesn't see or doesn't have time to address. Find those areas and be a champion.



Bonus career hacks



1 WORK HARD (translation: sometimes you work the hours you *don't* want to work). For all practical purposes, veterinary medicine is a retail business, says Karen Felsted, CPA, MS, DVM, CVPM, and clients don't necessarily want—or have the capability—to see us between the hours of 9 and 5, which might be the hours we want to work. (Resisting this a bit? See page 4 for more on work hours.)

2 PAY ATTENTION to others' goals as well as your own. If you can succeed at your goals while helping your boss reach her goals, you'll probably receive more support and you'll accomplish more together.

Wondering if you can make a living wage in veterinary medicine? Dr. Felsted offers one take here: dvm360.com/livingwage.

dvm360
leadership
CHALLENGE
Vet Life Hacks

Check it: Here's what Firstline's sister publications are up to:

dvm360 kicks off with hacking into the DVM's brain—an exploration into the psychology of change in the context of veterinary medicine. We ask, is there a shortcut to personal change and transformation? Takeaways include setting realistic goals and preparing yourself mentally for changing your personal and professional life.

vetted™

Vetted offers clinical hacks, communication tips and tech tools for wellness basics, pain management, congestive heart failure and diabetes. The goal: To arm practitioners to have the best, most influential conversations they can to help clients make the smartest decisions for their pets and their families.

To find all of this coverage, plus online-exclusive content, visit dvm360.com/vetlifehacks.

Supported by an educational grant from:



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Hack your retail area

Have a little room to play with in your veterinary reception area? Check out this advice on providing a stellar retail area from Kelly Searles, practice manager of Bigger Road Veterinary Center in Springboro, Ohio.

1 WALK PET OWNERS THROUGH YOUR RETAIL AREA

“My favorite part of our retail space is that our doctors and team members can talk with a client about something that will solve a problem and then, after the examination, take a client right to it so they can see and feel it. Even if they don’t take it home that day they know what we’ve talked about and can get it later.”



2 ADJUST BASED ON WHAT PET OWNERS BUY

“I was very surprised at the amount of high-dollar items we were selling, such as specialty harnesses and high-end dog coats. I wasn’t expecting clients to spend as much on retail items as they have been. In our practice, food hasn’t sold as well as I expected, nor have grooming supplies. The behavior items (toys, smart toys, training tools and so on) have done very well.

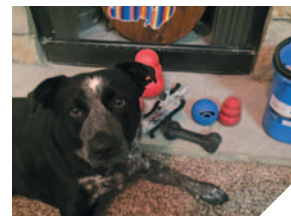
We also spotlight retail items at the front desk, at a discount, to get people to try new things. Treats are great for this, because we can put out a sampler tray (like at the grocery store), and clients can take home a package if their pets like it.”

3 STOCK THE PRODUCTS YOU RECOMMEND

“I would start with items that you’re telling clients to get from the pet store or online. Compliance on actually making those purchases is low, and clients want to get the items while they’re in the clinic and thinking about it. Clients are looking for options and variety, so pick a selection of items that both solve problems (behavior tools, smart toys, slow feeders, pill pockets) and are fun (treats and toys).”



Not sure which products to stock? Check out honest toy reviews by dogs for ideas: dvm360.com/dogreviews.



Retail area at Bigger Road Veterinary Center



GOT A GREAT HACK TO SHARE?

Send 'em our way! We'll pay \$50 for every tip we publish. Visit dvm360.com/pearls to share yours now.

Hack your patient care

BOOST DIABETES COMPLIANCE WITH CAT OWNERS

Veterinary technicians are well-versed in feline diabetes management. After diagnosis, you can train clients to do as much as they can at home to keep cats in their home environment.

1 Teach pet owners to monitor a cat's glucose concentration at home and email the results to you, which provides more accurate numbers as well.

2 When a fructosamine concentration is necessary, schedule a quick tech blood draw.

3 Charge for phone consults when regulating, which is more cost-effective for clients and more efficient for you.

Ultimately you will have long-term income from these patients and it makes managing these cats feasible for more cat owners.



ANESTHESIA: THE DEAD SPACE HACK

Tasha McNerney, BS, CVT, CVPP, shares her favorite anesthesia tip she learned from Andrea M. Caniglia, VMD, DACVAA.

In tiny patients you might be concerned about extra dead space. You can reduce your mechanical dead space by taking a 25- or 22-gauge Luer lock needle and attaching it directly to your CO₂ sensor. Then place the needle into the endotracheal tube and you will get a nice reading on your capnography monitor. This way you avoid needing to use an elbow or other adaptor that would add to the mechanical dead space.



A SAMPLING CATHETER HACK

Kenichiro Yagi, BS, RVT, VTS (ECC, SAIM), shares his favorite hack: You can place a sampling catheter in a patient without needing to place a central line. By placing an intravenous catheter in a peripheral vessel, the lateral saphenous vein for example, then using an intracath fed through the catheter, you can reach a major vessel that will allow you to obtain accurate samples. This method saves time by not having to place a jugular catheter and still allows for accurate results to be obtained.



PHYSICAL EXAM HACK

Look sharp, exam room technicians! Ernie Ward, DVM, says you can help doctors hack their medical records by filling out exam reports during the appointment. This way the doctor performs the physical exam, verbally reviewing with you the physical exam while he or she is doing it. Then the doctor sits across from the client and reviews the findings, maintaining good eye contact with the client while you write everything in the medical record. Then your doctor can quickly review your notes after the exam and make any additional comments. The time savings? Well, let's just say your doc just might make it home in time for dinner tonight. And you've just added another reason you deserve a raise.



Check out more clinical hacks to boost your patient care at dvm360.com/CVCHacks.

Hack your insurance and wellness plan conversations

1 RECEPTIONIST

You: Mrs. Kelley, thanks for bringing Bailey for her wellness exam today! Our veterinary technician will be here in a minute to take you both to an exam room so we can talk a little more about Bailey and her health today. Does Bailey have pet insurance? (Is Bailey a member of our wellness plan?)

Client

Yes

You: That's great! I'll make a note in Bailey's medical record. She's so lucky to have a family that provides for her long-term health needs.

No

You: I'll let our technician know. She can tell you more about pet insurance (or wellness plans) and talk about why we recommend this.

2 TECHNICIAN

You: Mrs. Kelley, our receptionist mentioned you're interested in learning more about pet insurance (wellness plans). Can I tell you more about the plans we recommend and why?

Client

Yes

You: Great! I have a few handouts that highlight some of the benefits and how pet insurance (wellness plans) help pay for Bailey's needs in the future. We recommend these companies because our clients have had good experiences with them. Let me tell you more ...

No

You: I understand. I'll send these handouts home with you so you can review them on your own time. I'll also include my business card so you can call me with any questions you have later. Now let's talk about Bailey's health today ...

3 VETERINARIAN

You: Mrs. Kelley, thanks for bringing Bailey in today. I see you've already spoken with our receptionist and technician about pet insurance (wellness plans). What questions can I answer?

Is pet insurance (a wellness plan) really worth it?

Client

We believe in pet insurance (wellness plans) because we've seen it work for other pet owners. Let me tell you about a case ... (share a personal story).

I don't have any questions at this time.

OK, I see our technician offered you some handouts. We'll give you time to look those over, and we can discuss any questions you have at your next visit. Or you can call us here. (Offer business card.)



GETTY IMAGES

FREE TEAM TRAINING (AND CLIENT HANDOUTS!)

Get all the tools you need to train your team and educate pet owners about pet insurance at dvm360.com/teammeeting or scan the code.



Hacks to improve efficiency

Use an over-the-door shoe holder to store medications that are waiting to be picked up by clients. Label each pocket with A through Z (XYZ for one pocket), and hang it on the door next to the pharmacy.

Use the cardboard from paper towel rolls to organize urinary catheters by size. Then you can easily access the size you need right away.

For an easy way to dispense commonly used medications, prefill 10 or so labeled vials. Take a piece of PVC pipe just wider than the vials and screw it to a wall or the side of a cabinet. Then drop in the vials to create a Pez-like dispenser.

Color-code open bottles of injectable drugs with 1-inch self-adhesive flexible wrap. Wrap a colored piece of wrap around each bottle, using a designated color for each drug type.

For example, red wrap for open bottles of atropine, yellow for ketamine, and so on.

Make sure not to cover the drug name or expiration date.



Debra Canapp, DVM, CCRT, CVA, DACVSMR, reviews her favorite rehab hacks for pet owners: dvm360.com/CVCHacks.



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Which way is U

Sometimes it can be difficult to figure out which side of the mouth you're looking at on a radiograph. Mary Berg, RVT, VTS (dentistry), shares tips to orient yourself.

Do?

Once you've taken your dental radiographs, it's important to orient yourself to the image, in order to confirm which tooth you're looking at. While many digital radiography platforms allow you to select the tooth you're imaging and then have the software label which tooth is shown, being able to visually figure it out is an important skill. Here are some quick tips from Mary Berg, RVT, VTS (dentistry), on figuring out which way is up in dental imaging.

> Rotate your image if needed, but never flip it. If you flip the radiograph, it becomes difficult to know which side was the original.

> Keep a skull or model handy to refer back to when interpreting images.

> In maxillary view remember, "crowns point down" and think about which way the dog's nose is pointed to help you determine which side you're viewing.

> On the mandibular shot, crowns should always point up, and thinking about where the nose would be will help you again.

> When looking at a radiograph that only has the incisors shown, "become one with the sensor and the X-ray tube head," Berg says. The sensor will always be placed so the cord exits through the front of the mouth, and if you remember that, then you can orient to the right and left sides.

> Another tip for the incisor only shot? If you place a paper clip or periodontal probe on the sensor, it will show up on the image and give you something to use to orient yourself, but, Berg says, always place it on the same side of the sensor.

TEAM TRAINING TOOL

Learn 5 great ways to radiograph the maxilla of a cat:

5 ways to radiograph the maxilla of cats

Whether you're faced with old film radiographs or dancing in the halls with digital radiography, these are five fabulous ways to radiograph your feline patient's palate and upper jaw.

- 1. The palatobulbar technique**
Place the sensor at an angle to the palatal plane (the line from the tip of the nose to the back of the mouth).
- 2. The maxillary perpendicular**
Place the sensor at an angle to the maxillary plane (the line from the tip of the nose to the back of the mouth).
- 3. The right angle**
Place the sensor at a right angle to the maxillary plane (the line from the tip of the nose to the back of the mouth).
- 4. The central orall crest**
Place the sensor centrally with the mouth propped open. Position the X-ray tube head perpendicular to the maxillary crest.
- 5. The medial perpendicular**
Place the sensor at an angle to the maxillary plane (the line from the tip of the nose to the back of the mouth).



Scan or go to dvm360.com/maxilla

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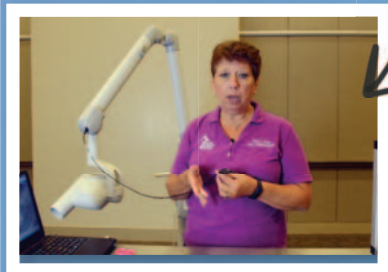
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Rise of the (digital dental x-ray) machines

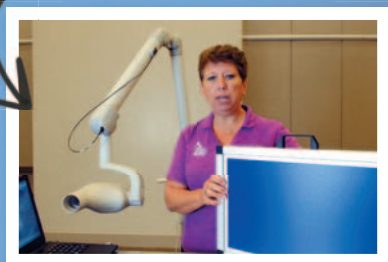
Terminate damages to that all-important, sensitive—and expensive—sensor and avoid a judgment day around your veterinary clinic. Bonus: Safety tips to protect your most valuable asset—yourself!



PROTECTING THE SENSOR

It's the most important part of the machine, and it's sensitive. Watch against dropping or stepping on the sensor, and make sure the pet doesn't bite through it. This means you make sure the sensor doesn't go into a patient's mouth who is not at a surgical stage of anesthesia. This will help avoid any type of trauma to the sensor.

The regular approach: To protect the sensor in the mouth, most companies will provide a sleeve you can place over the sensor to protect it from any water. They're made from a material similar to a Ziploc bag, so they may be slippery



and not stay in the mouth well. Some practices place Vetwrap around the sensor, but this isn't waterproof and may add bulk to an already fairly thick sensor.

The hack: Place the plastic sleeve

provided by the company around the sensor. Take a nitrile glove and cut a finger off the glove. Then stretch it over the top of the sensor. This adds extra protection and a little bit of grip to the sensor so it stays in the mouth, where you want to keep it.

PROTECTING YOURSELF

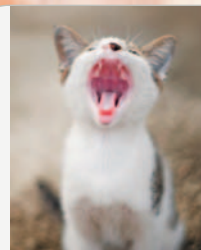
Dental x-ray machines do emit radiation, so for starters, make sure you're not directly in the line of fire

when you take an x-ray.

Standing 6 feet away from the machine is a good starting guideline for safety. To increase safety—especially if you're pregnant—you may wear a gown or use lead shields to place beside the patient. Remember, you can't see x-rays, but they can still hurt you. Watch the video at dvm360.com/sensorcontent for a demonstration.



Mary Berg, BS, RVT, RLATG, VTS (dentistry), is CEO and founder of Beyond the Crown Veterinary Education in Lawrence, Kansas.



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The social sweet spot



We've got updated data from dvm360.com that points to some interesting new social media phenomenons among veterinary team members. We're chalking it up (he, he) to your super-savvy ways.

What do you use social media to do? (Respondents could choose all that apply.)



How do you use social media?

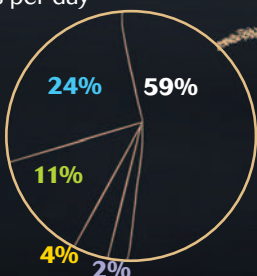
Facebook—78% say both personal and professional use
YouTube—46% say both personal and professional use
Pinterest—47% say personal use
Instagram—25% say personal use
 Follow us @firstlinemag

68% say they don't use Twitter

83% STILL don't use Snapchat (come on, people! There are cat filters!)

How often do you use social media?

- say several times per day
- say once a day
- say a few times per week
- say a few times a month or less
- say once a week



Source: dvm360 What Veterinarians Think survey, 2015

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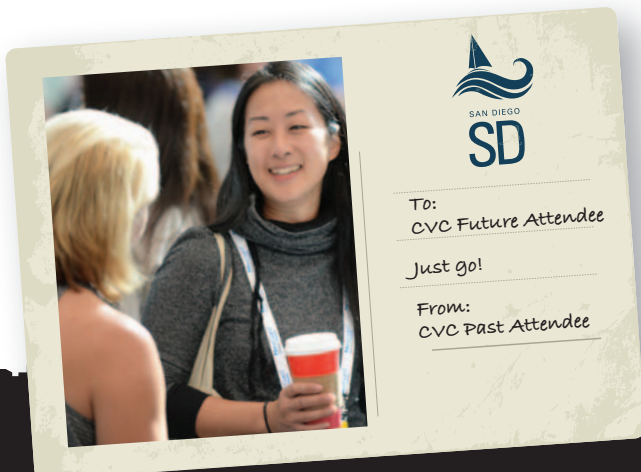


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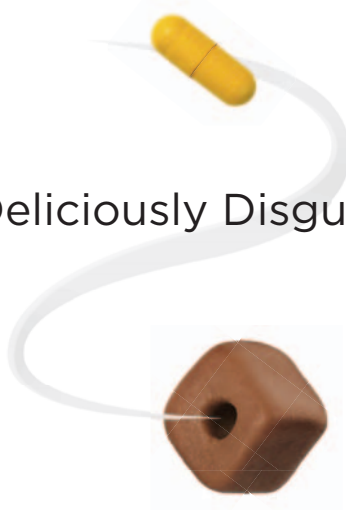




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