

Ideas Into Practice



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Esther Klok, a veterinary technician at Dierenkliniek Winsum in the Netherlands, has described her passion to bring new ideas from the NAVC Conference to her clinic in “What Moves You? From Holland: Looking Back on a GREAT Adventure” (*Today’s Veterinary Technician* May/June 2016) and “Ideas Into Practice: Starting Veterinary Technician Appointments” (*Today’s Veterinary Technician* July/August 2016). In this article, she discusses her inspiration for creating a cat-friendly practice, as well as how she introduced and implemented her plan.

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— Esther Klok

Becoming a “Cat-Friendly” Practice

Even though I am a dog and horse lover, I admit that becoming a cat-friendly practice is one of the best changes my clinic has made in the 22 years I have worked there.

I will also say this: in the first few years of my career, I really did not like cats. But that changed after I learned about cats at the NAVC Conference, about their behavior, and about how you should treat cats and their owners. So I hope that, especially for the “non” cat lovers, reading this article will help you work with cats better.

ALL MIXED UP

When I started working as a veterinary technician 22 years ago, our clinic was a mixed one. We treated livestock, horses, and small animals. I worked in all three areas, as did the veterinarians. I can tell you that it was not easy. I needed to have knowledge about so many different animals and to develop the skills to treat them.

For instance, imagine that one Monday, you are out in the fields assisting with a caesarian section on a sheep. Next, you must address a cow with milk fever. You finish your morning with a horse that has colic and an upset owner. Then you eat your lunch, grab yourself a clean shirt and pants, and go back to the veterinary clinic to start office hours for the small animals. Your first client is a cat lover holding a carrier with a longhaired cat in one hand and an article from the internet in the other.

Those of you with many years in this profession may recognize this situation. For the rest of you, believe me, it was a big headache. We had vastly different animals and different owners, and we had to help them all equally, to do the best for every animal and owner.

For me, the cats caused the most headaches. They were opinionated and difficult to handle. And when my colleagues and I talked afterward about appointments, our opinion was always that the cat owners had exactly the same characteristics as their cats.

Our practice finally split a few years ago into 3 sections: small animals, livestock, and horses. That was the first step toward improving our care for all our patients. Our second step was to become cat friendly.

PLANT AN IDEA AND IT WILL GROW

In January 2014, I attended the NAVC Conference in Orlando. On the second day, my colleague and I went to an early morning breakfast lecture. I left the room hungry because the topic was so interesting that I took notes throughout and had no time to eat anything.

I learned to stop fighting my feline patients and start thinking. When you try to eliminate stress for cats, it is much easier to treat them.

The subject? A cat-friendly practice.

After that lecture, I took my personal schedule of lectures—which I start making up about 3 weeks before the conference—and threw it all away. Instead, I looked for everything about cat-friendly practices and procedures, cat behavior, and any other subject with the word “cat” in it. That was a big change because, normally, I went to lectures with subjects I love, like anesthesia, dog behavior, public relations/marketing, and horse topics, and as I mentioned, I really did not like cats. I thought they were difficult, incomprehensible, and could hurt you too much!

Lucky for me, the first lecture was one of the best I ever heard. It was about cat behavior, and the presenters had several great video clips with good examples that showed problems between cats, problems between owners and cats, and situations in the living area of cats that caused problems for them. This lecture was an eye opener for me. Afterward, I understood a little bit more about cats and a little bit more why cats and our practice were not always a good match.

For the rest of the conference, I soaked up lots of information, and I closed it with a hands-on lab about stress-free handling of dogs and cats. I LOVED it! I think

this kind of course should be mandatory for every vet and vet tech all over the world. I learned to stop fighting my feline patients and start thinking. When you try to eliminate stress for cats, it is much easier to treat them.

WOMAN ON A (CAT) MISSION

On my way back to Holland, I started to make a plan for our practice. When I explained it to my colleagues, they were all enthusiastic. Of all the employees, only one vet was a cat lover, and we knew we had to do something because when you do not love cats, you will not get good results or attract many cat owners as clients. So everyone agreed that we had to take a chance. The whole staff was on board to become approved by the American Association of Feline Practitioners (AAFP) as a Cat Friendly Practice. (I will add that I was lucky that the cat lover in our practice was one of my two bosses!)

Our plan included these steps:

- Every team member had to read and learn the information book we made about cats and their handling.
- Some physical parts of the practice had to become more cat friendly.
- The handling of cats had to be addressed.
- Our information for cat owners “on paper and in words” would be updated.

The plan became a team effort and team building experience. After the practice closed each day, we started to renovate, paint, and spruce up our 2 buildings. It’s an amazing feeling to be standing on a table, painting the walls (with more paint in your hair and on your face than what’s on the wall), and to look around and see your colleagues making jokes to each other as they work toward a common goal! That’s the spirit of a vet clinic.



FIGURE 1. (A) A converted isolation cage with hiding places and toys for cats. (B) The mesh roof of the cage.



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So what did we change?

In the building itself, we did the following:

- **We converted a quarantine cage for dogs into a space for cats.** These cages are huge—150 cm (about 5 feet) on a side. So we put a roof on one to use it for cats that had to stay more than one day. We created hiding places inside the cage with a big cat carrier and a cardboard box. A tunnel is also fun for cats to explore, and we added a big covered litterbox and a large, soft bed. Before putting a cat in, we use Feliway to keep it from soiling outside the litterbox. So we created an environment with as little stress as possible and made it interesting and fun for cats. For most feline patients that are not very sick, it's perfect (**FIGURE 1**).
- **We put double doors on our cat cages so that we can approach the cats through 2 doors** and not have to be right in front of their noses. Also, we covered one door of each cage so that cats can hide behind it (**FIGURE 2**). I'd say that 95% of our feline patients make use of this feature. Cats that stay a while in a practice may feel less stress when they can hide. When you give them sedation, they can hide and relax, and your anesthetic will work quicker and more effectively.
- **We put locks on the consulting rooms** because we were always trying to keep the cats on the exam table. But why? The examination takes only about 40% of the visit, and for the rest of the time, you are talking with the owner or typing on the patient's chart. As for the cat, it's so stressful for it to stay on the table and be held by the owner, vet, or vet tech. When we lock the door, we can let the cat walk freely in the examination room. This works extremely well.
- **We placed a big table in the waiting room** so clients can put their cat carriers on it. Dogs cannot approach it, and the cats cannot see other animals in front of their carrier door. Adding a "Cat Parking Sign" on the table is ideal (**FIGURE 3**).



FIGURE 2. Cat cages with double doors. When the doors are closed, cats can hide behind the solid door to feel safe.

• **TECHPOINT** •

Less stressed cats are happier and more relaxed, which makes them much easier to treat.

→ **We bought a wireless doorbell** that runs on batteries (FIGURE 4). We give the bell to the owner and keep the button. When it’s time to come into the examination room, we push the button and the owner gets a bell signaling to come in and go straight into the examination room, allowing the owner and cat to skip the waiting room with its noises and smells. The doorbell is also handy for situations like euthanasia. When the animal passes away, we bring the clients something to drink, and they can stay as long as they want in the room and say goodbye to their friend. In this instance, we give them the button and keep the bell ourselves. When clients want to leave or have a question, they can push the button, and we hear the bell and come to them.

The physical premises and procedures were not the only things we changed. A few examples of other items include:

- **We now use an insulin syringe for intramuscular injections for sedation.** While the vet tech is petting the cat, the vet can give the injection very slowly. In our experience, about 90% of cats do not react to the injection.
- **When a cat is afraid to have blood taken from its neck,** we wrap it in a towel and take the blood from the inside of a hind leg. In the past, we sedated many cats to take blood, but now it’s almost never necessary.
- **To take blood pressure,** we put the little machine inside the cat’s cage. I’ve seen this greatly reduce a cat’s stress. I can tell the machine to measure again and again so we have a good average. On the other hand, for cats that are really relaxed with their owners, we can measure blood pressure on the owner’s lap.
- **We made a flyer** that explains how to transport cats.

At our practice, we also sell “cat-friendly transport boxes.” I think owners do not always realize they are already making their cat anxious at home. They take the cat carrier out and grab the cat, and then they put their pet in a strange-smelling, dark cage and close the door. I ask them, “Can you imagine yourself grabbing your child by the neck and putting him or her in a laundry basket? Would you put a cover on the basket even while your child is screaming and struggling, then put the basket with the screaming child in your car to drive to the doctor?” I know that at least 99% of children treated like that would be completely stressed out when they arrived at the doctor’s office, and when they were let out, if anybody tried to touch them, they would kick, bite, and fight back. Then, in the future, when they saw the basket, they would run away or start kicking and fighting immediately when approached.

So...cats are not that strange! Our job is to explain to owners how they can teach their cats that the transportation box is okay and how they can get their cat accustomed to going somewhere in the car.

→ **Finally, we sell cat toys** and explain how important it is that owners enrich the lives of their cats.



FIGURE 3. “Cat parking” sign at Dierenkliniek Winsum.



FIGURE 4. Wireless doorbell for client signaling.

• **TECHPOINT** •

When you implement new things in your practice, you are developing the practice, the team, and all the individual team members.

MISSION COMPLETE?

When our practice looked back after a few years as a cat-friendly practice, what were our benefits? Well, they were too many to count, but here are a few:

- **Less stressed cats** are happier and more relaxed, which makes them much easier to treat.
- Less stress for the cat is also **less stress for the owner**. The result? Clients come more readily to the clinic, because they are not scared about their cat being completely stressed out. They are also happy and satisfied after the visit.
- **Less stress for the veterinary team** means less “fighting” with a cat. Now, everything that is happening with the cat is super relaxed. The result is that we have all started to love cats more and more!
- **We gained new clients** because they heard from friends or saw on the internet or in the newspapers that we are cat friendly.
- We’ve had really **great press** because newspapers loved the story of a cat-friendly practice.
- Most importantly, **we now know more about cats** and their behavior.

I advise every clinic to try this concept. I must be honest and say that while we will stay cat friendly, we are not AAFP approved and might not become so. We love how the AAFP helped us, but because all the patient information, flyers, and posters are in English, we cannot really use them in the Netherlands. But we will follow the AAFP guidelines as much as we can.

I will also say that the hardest part is to change yourself. I think it’s very important to explain to the team that they really should try to adopt the “new” approach, but it works best when they see the results of it for themselves.

As for you? Just TRY it!

At my practice, we now love cats instead of seeing them as a “problem.” Funny, because the cats didn’t change. Only we did! ■

NexGard®
(afoxolaner) Chewables

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

Description:

NexGard® (afoxolaner) is available in four sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg). Afoxolaner has the chemical composition 1-Na[3-hydroxy-5-(4-chloro-5-(trifluoromethyl)-phenyl)-4,5-dihydro-5H-imidazo[4,5-b]pyridine-2-ylidene-N-(2-oxo-2-[2,2,2-trifluoroethyl]amino)ethyl).

Indications:

NexGard kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of Black-legged tick (*Ixodes scapularis*), American Dog tick (*Dermacentor variabilis*), Lone Star tick (*Amblyomma americanum*), and Brown dog tick (*Rhipicephalus sanguineus*) infestations in dogs and puppies 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

Dosage and Administration:

NexGard is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

Dosing Schedule:

Body Weight	Afoxolaner Per Chewable (mg)	Chewables Administered
4.0 to 10.0 lbs.	11.3	One
10.1 to 24.0 lbs.	28.3	One
24.1 to 60.0 lbs.	68	One
60.1 to 121.0 lbs.	136	One
Over 121.0 lbs.	Administer the appropriate combination of chewables	

NexGard can be administered with or without food. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has been lost or if vomiting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NexGard and resume a monthly dosing schedule.

Flea Treatment and Prevention:

Treatment with NexGard may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with NexGard should continue the entire year without interruption.

To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea control product.

Tick Treatment and Control:

Treatment with NexGard may begin at any time of the year (see **Effectiveness**).

Contraindications:

There are no known contraindications for the use of NexGard.

Warnings:

Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.

Precautions:

The safe use of NexGard in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures (see **Adverse Reactions**).

Adverse Reactions:

In a well-controlled US field study, which included a total of 333 households and 615 treated dogs (415 administered afoxolaner; 200 administered active control), no serious adverse reactions were observed with NexGard.

Over the 90-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses.

Table 1: Dogs With Adverse Reactions.

	Treatment Group			
	Afoxolaner		Oral active control	
	N ¹	% (n=415)	N ²	% (n=200)
Vomiting (with and without blood)	17	4.1	25	12.5
Dry/Flaky Skin	13	3.1	2	1.0
Diarrhea (with and without blood)	13	3.1	7	3.5
Lethargy	7	1.7	4	2.0
Anorexia	5	1.2	9	4.5

¹Number of dogs in the afoxolaner treatment group with the identified abnormality.

²Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first dose and on the same day after receiving the second dose of NexGard. This dog experienced a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 19 days after the third dose of NexGard. The dog remained enrolled and completed the study. A third dog with a history of seizures received NexGard and experienced no seizures throughout the study.

To report suspected adverse events, for technical assistance or to obtain a copy of the MDS, contact Merial at 1-888-637-4251 or www.merial.com/NexGard. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

Mode of Action:

Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels. In particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

Effectiveness:

In a well-controlled laboratory study, NexGard began to kill fleas four hours after initial administration and demonstrated >99% effectiveness at eight hours. In a separate well-controlled laboratory study, NexGard demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was > 93% effective at 12 hours post-infestation through Day 21, and on Day 35. On Day 28, NexGard was 81.1% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day 1 generated flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NexGard treated dogs, and 4-80 eggs and 0-118 eggs in the control dogs, at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NexGard against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 98.3%, respectively. Collectively, the data from the three studies (two laboratory and one field) demonstrate that NexGard kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

In well-controlled laboratory studies, NexGard demonstrated >97% effectiveness against *Dermacentor variabilis*, >94% effectiveness against *Ixodes scapularis*, and >93% effectiveness against *Rhipicephalus sanguineus*, 48 hours post-infestation for 30 days. At 72 hours post-infestation, NexGard demonstrated >97% effectiveness against *Amblyomma americanum* for 30 days.

Animal Safety:

In a margin of safety study, NexGard was administered orally to 8 to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistry, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NexGard was used concomitantly with other medications, such as vaccines, anthelmintics, antibiotics (including topicals), steroids, NSAIDs, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NexGard with other medications.

Storage Information:

Store at or below 30°C (86°F) with excursions permitted up to 40°C (104°F).

How Supplied:

NexGard is available in four sizes of beef-flavored soft chewables: 11.3, 28.3, 68 or 136 mg afoxolaner. Each chewable size is available in color-coded packages of 1, 3 or 6 beef-flavored chewables.

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