

SPECIAL FOCUS

Holiday Hazards

p. 8



IN THIS ISSUE

18 Care and Maintenance of the Intravenous Catheter

22 Disconnecting Tips For Your Holidays

28 Consent Training for Cats

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CONTENTS



IN THIS ISSUE

NAVTA NEWS

- 2** NAVTA Executive Board Report
- 3** State Association Updates
- 5** Specialty Updates

SPECIAL FEATURES

- 18** *NAVTA Spotlight:* Care and Maintenance of the Intravenous Catheter

VETERINARY NURSING EDUCATION

- 8** Tis the Season: Keeping Pets Safe and Happy During Winter Holidays

IN EVERY ISSUE

- 22** *Your Wellbeing:* PING/Ding/Chirp: Disconnecting Tips For Your Holidays
- 24** *Alternative Jobs for Veterinary Technicians:* Veterinary Dental Consultant
- 26** *VNI Voice:* Education is Essential: Professional Standards Expand Career Opportunities and Improve Care
- 28** *Head to Tail with Steve Dale:* Consent Training for Cats

On the cover:

The holidays are a time of bustle and activity that can cause stress for our pets. This month, we take a closer look at the dangers that holiday decorations and food can pose to our furry family members.



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FROM THE EDITOR

Selke Focuses on Title Protection, Scope of Practice, Partnerships

Following are highlights of remarks by NAVTA President Ashli Selke, RVT, CVT, at the 2022 Annual Conference of the Veterinary Hospital Manager's Association (VHMA).

NAVTA is simultaneously working on several projects that are equal in strategic importance for the profession's future.

Earlier this year, we released our Title Protection report that showed that a vast majority of Veterinary Technicians want their title of "Veterinary Technician" to be protected by law, but most states do not provide such protection. The report also pointed out that 31 states and jurisdictions have no protection for the title of "Veterinary Technician" within their veterinary practice acts, while another 10 states have limited title protection.

The veterinary technician profession has long been challenged by a lack of cohesion and standards in the United States. As a result, the title of 'Veterinary Technician' is used inconsistently and, oftentimes, incorrectly, and suffers from a lack of clarity and understanding, both within the veterinary world and among consumers.

For example, in human healthcare, a consumer may not know the differences between licensing requirements for

registered nurses, physician assistants, or nurse practitioners, but those consumers definitely know there is a difference and that those people perform different functions.

That same type of understanding needs to exist for the veterinary profession, where Veterinary Technicians are clearly differentiated from Veterinary Assistants and other paraprofessionals on the veterinary team.

Related to title protection, NAVTA is also working on tools to understand each state's scope of practice for Veterinary Technicians. This will start with a survey of members regarding their understanding of their states' scope, then likely will be followed by a resource showing the details of each states' scope.

NAVTA is also working on a statement and report on the mid-level/ extender veterinary position being introduced in the profession. Some are referring to this as a "Master's Level" Veterinary Technician position. By whatever name you call it, the scope of work for that position, if it is going to

The veterinary technician profession has long been challenged by a lack of cohesion and standards in the United States.

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exist, must be clearly and undeniably differentiated from a Veterinary Technician.

As a result of all of our work related to title protection and scope of practice, NAVTA recently formed a Government Relations Committee. This committee was borne out of necessity, as NAVTA's activity in state legislative and regulatory work increased exponentially over the last two years. Last year alone, NAVTA was active in helping 22 states with their legislative and regulatory work.

We are currently working in cooperation with several allied organizations in the State of Washington to develop unified strategies in opposition to a proposal that would establish an apprenticeship program as an alternative pathway to licensure as a Veterinary Technician in the state. If approved this proposal will have an unprecedented negative impact on the profession and public protection.

Another future-looking project for NAVTA actually involves VHMA. Together, we are working with AVMA to explore a pathway to opening AVMA membership to our respective members. We are still in the very early stages of this conversation, but NAVTA can envision a scenario where Veterinary Technician membership in AVMA would be contingent upon the person's membership in NAVTA first. Under that scenario, for instance, a NAVTA member might have access to very specific AVMA membership benefits, such as the JAVMA publication, or CE opportunities.

NAVTA is also working collaboratively with VMAE on their recently announced Journey for Teams project. This is a joint venture with AVMA that will allow veterinary professionals to deepen their knowledge of diversity, equity, and inclusion and foster the advancement of DEI in veterinary workplaces.

NAVTA is also working with AVMA on a Veterinary Technician utilization tool. As we all know, Veterinary Technicians have incredible skills and deep education, but only a fraction of those skills and knowledge are used in practice on a daily basis. Increasing the effective use of Veterinary Technicians can help alleviate burnout and stress for veterinarians and is proven to increase practice revenue. The tool we're working on will provide practice managers the data and recommendations they need to increase their Veterinary Technician utilization.

Finally, in the fourth quarter of this year we hope to release the results of our latest demographic survey. This is where we ask about salary, years in the profession, major obstacles to success, title protection, wellness, and other important issues of the day. NAVTA uses this information to prioritize initiatives, create new programs, and help the entire veterinary profession better understand and appreciate Veterinary Technicians.



**Ashli Selke, RVT, CVT,
NAVTA President**



South Carolina Association of Veterinary Technicians

The title protection changes SCAVT representatives asked for were voted on and all measures passed the initial vote by the State Veterinary Board. It has been posted for the public to ask for changes or to voice their approval or disapproval of the changes. If no more than 25 people ask for a public hearing to voice their disapproval and desire for it not to pass, it goes to legislature floor. We are waiting to hear if it has passed this second step.

We are working with SC Association of Veterinarians at their Fall Conference to hold an Academy Day with an LVT track for SCAVT members. We are featuring 2 lectures (1 CE hr each) and a 3.5 hr wet lab (3.5 CE hrs).

At the Fall Conference Academy Day, we will announce our LVT of the year (November 13th).

For LVT week appreciation, we have been able to declare the week State Recognized Vet Tech week. We are also mailing off appreciation gifts to our members, with a letter of thanks from our board members.

— Zohra Badat, B.A., LVT, SHRM-CP
SCAVT Treasurer

NAVTA NEWS

STATE ASSOCIATION UPDATES

Tennessee Veterinary Technician Association

Fall began on a great note for the Tennessee Veterinary Technician Association (TVTA). We had our first “in person” continuing education conference since 2019 and it was wonderful to see our members in person. The Fall Conference had a new venue in Pigeon Forge, TN at the Music Road hotel. In the past years, the conference has been in Gatlinburg, TN but we have outgrown that facility. There were over 90 attendees

According to conference evaluations, comments were very positive about the new site and the topics and speakers.

with plenty of room for parking and movement. According to conference evaluations, comments were very positive about the new site and the topics and speakers. T-Shirt and quarter zips almost sold out and membership numbers increased close to pre-pandemic numbers.

The TVTA is looking ahead to 2023 and elections of new officers. If you are a member of TVTA, you are eligible to hold an office on the executive board. The current board would like to encourage members to consider taking a leadership role, by nominating yourself or someone you know, who demonstrates professionalism and truly cares about the future of our association. We need new ideas and people to run for office. The offices which will be up for consideration are President, Vice President, Secretary and Web Master. If you know someone or are interested in running for office, check the website for nomination forms and position descriptions. Sitting on the board of your state association will help you professionally, in the future.

The West Tennessee conference was on November 19 and 20, more information will follow in the February issue.

Don't forget your membership dues are due January 1, 2023 so be sure to get those in at www.tnvtva.org. The TVTA wishes all of you veterinary nurses out there a wonderful holiday season and a Merry Christmas.

— Mary M. Hatfield, BS, AS, M.Ed., LVMT, LAT
NAVTA State Representative



Academy of Dermatology Veterinary Technicians

The 2023 North American Veterinary Dermatology Forum (NAVDF) will be held in Seattle, Washington May 9th- 12th. This is a great opportunity to acquire CE geared toward dermatology and to meet with other technicians and doctors who share the same educational interests. An expanded technician track will be offered at this meeting. You can find more information at navdf.org.

If you're in academia, private dermatology specialty practice, or general practice and would like to learn more about becoming a veterinary technician specialist in dermatology, we encourage you to check out the application requirements on our website (vetdermtech.org). Our bylaws are under the about us tab and contain details in Article VIII regarding the credentialing process.

Several of our current ADVT members have been very busy this past year delivering education through conferences, journal articles and live webinars. Amy Beaver, Rebecca Brown, Amanda Friedeck, Carol George, Sandra Grable, Kim Horne, Juliann London, Missy Streicher, and Jennie Tait have been helping provide technicians like you with more dermatology information and education. Check out our Facebook page (Academy of Dermatology Veterinary Technicians) for CE opportunities, announcements, and fun dermatology memes! Keep an eye out for more dermatology CE coming your way, and we hope to see you in Seattle!

— Rebecca Brown, AAS, RVT, VTS (Dermatology)
Public Relations Committee Member



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The Academy of Physical Rehabilitation Veterinary Technician

The academy provides assistance in veterinary physical rehabilitation, encouraging veterinary professionals and colleagues to further their education, while improving the quality of animals' lives.



What is a Veterinary Technician Specialist in Physical Rehabilitation?

Our definition is "An exceptionally recognized expert of high moral and ethical standards with the knowledge and skill to perform tasks, without prompting or coaching, for animal patients needing veterinary care." We apply rehabilitation principles to such patients as pre and post -surgery, geriatrics, orthopedic, neuromuscular and the canine athlete using various modalities such as photobiomodulation (laser), ultrasound, and neuromuscular stimulation. Other treatment protocols such as soft tissue massage and therapeutic exercises combine to enhance the recovery and wellness of our patients.



We have been busily working behind the scenes to develop annual technician conference tracks. The Academy of Physical Rehabilitation Veterinary Technicians maintains a speaker's bureau for veterinary professionals. Our members are experienced with national conferences on a variety of topics, presenting in most of the larger conferences and even internationally.

There are also a number of new publications on such topics as pain management and physical rehabilitation for the veterinary nurse this year from our academy.

Applicants wishing to become part of the current examination cycle for VTS (Physical Rehabilitation) eligibility should check our website for the latest updates. Examinations are currently held in the fall of each year (September-November).

To learn more about becoming a veterinary technician specialist in physical rehabilitation, please visit our website at www.aprvt.com. Here you will find academy requirements for applying for the exam, sponsors, career opportunities, social media, continuing education resources and more.

— Sandy Gregory M. Ed, RVT, VTS (Physical Rehabilitation)
CCRA APRVT Vice President



Academy of Veterinary Surgical Technicians

Ms JoAnne Mead is a guest writer for the book, *Surgical Patient Care for Veterinary Technicians and Nurses*, by Gerianne Holzman and Teri Raffel Kleist. She is revising chapters 5 and 6.

On December 1, 2022, Heidi Reuss-Lamky will discuss surgical topics during the Rhode Island Veterinary Medical Association Conference. On January 25, 2023, she will be speaking about surgical topics for the Southeastern Michigan Veterinary Medical Association, in Troy, Michigan. She recently published, "Wound Management for Veterinary Technicians," in the American Animal Hospital Association's, *Trends® Magazine* (June 2022), and Chapter 22, "Disinfection and

Sterilization in Veterinary Health Care Facilities," in *Veterinary Technician and Nurse's Daily Reference Guide*, Edited by Mandy Fults & Kenichiro Yagi (August 2022).

To learn more about becoming a veterinary technician specialist in surgery, please visit our website at www.avst-vts.org. Here you can learn about academy requirements, view job postings for surgical veterinary technicians, and find links to all of our generous sponsors.

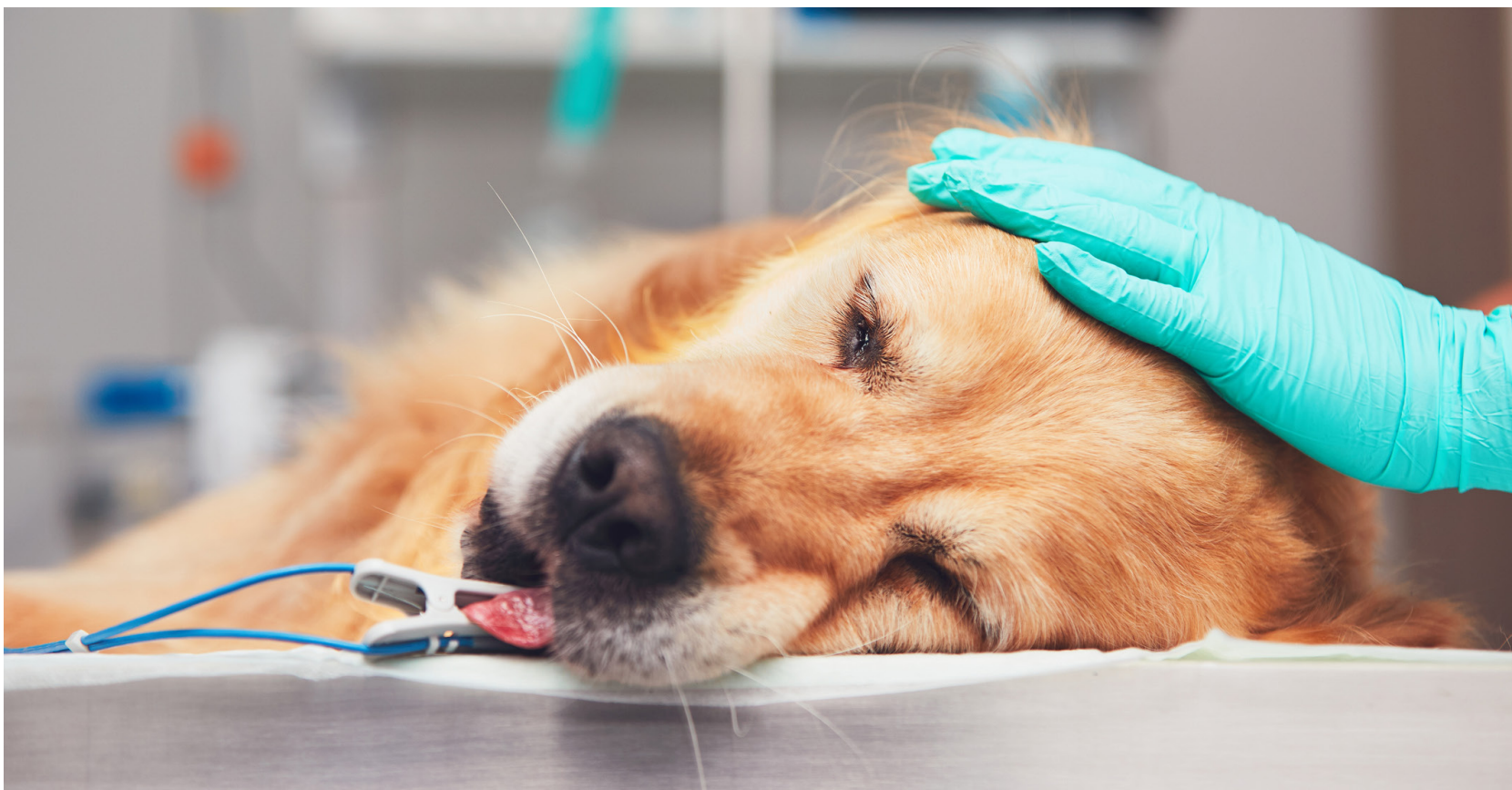
— Danielle Browning LVMT, VTS (Surgery)
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'Tis the Season...

Keeping Pets Safe and Happy During Winter Holidays

Oreta M. Samples, VT, MPH, DHSc



This program was reviewed and approved by the AAVSB RACE program for 1 hour of continuing education in jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB RACE program if you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession.

LEARNING OBJECTIVE:

After reading this article participants should be able to:

- Recognize toxic plants that are associated with various holidays;
- Communicate the need for pet safety regarding toxic plants and foods associated with Thanksgiving and Christmas celebrations;
- Recognize symptomology of possible toxic insult to dogs and cats; and
- Outline the contraindications of administration of Activated Charcoal in emergency cases.



Pets are more than just “house animals”; they are valid members of the family. As such, whether small as a hamster or as large as a Great Dane, these cuddly family members are included in their owner’s day-to-day life. This often includes the festivities of the various holiday seasons.

The holidays that occur in November and December can be especially challenging for pet owners and their pets. This is because often holidays such as Thanksgiving, Christmas, Hanukkah, and New Year’s Eve do not encompass just one festive day. Pre-holiday preparation may begin weeks in advance with cooking and decorating activities and continue with post-holiday visitors staying a few days extra. These times with their associated activities can often present stress as well as dangers to pets in the form of temporary toxins, decorations, and activities. Often a conversation during office visits can prepare and educate clients on how to make the holidays a time of stress-free enjoyment for pets and their owners.

Pre-Planning Is Key

Thanksgiving and Christmas are often the perfect time for traveling and visits from

friends and relatives, often with their own furry companies along for the ride. Pets, especially those who live in a quiet or one person household (think of the unmarried aunt who has two cats) are often stressed by unfamiliar visitors and strange animals intruding into their lifestyles. Add to this an increase in household activity, electric holiday-oriented lights and sounds, and some pets may spend the holidays crouched under the bed. Such stress can impact their appetites as well as their routines for bathroom breaks. To lessen their fears, pre-planning to determine ways to allay their fears, while keeping them safe should be the priority of owners before the festivities begin.

To lessen their fears, pre-planning to determine ways to allay their fears, while keeping them safe should be the priority of owners before the festivities begin.

There are many holidays celebrated by various cultures throughout the year; November and December are host to holidays that involve much planning in anticipation of the actual holiday celebration. The month of November brings thoughts of that special meal served to a family gathering. Perhaps no other holiday focuses on food to such an extent. Owners should be cautioned to ensure pets are not exposed to foods that may be toxic or unhealthy. While turkey, sweet potatoes and even pumpkin are not dangerous to dogs (and in fact are featured in some commercial pet foods), other associated food, such as bones, turkey skin, raisins, and onions, are dangerous and often toxic (AKC 2022). *Table 1* lists toxic foods commonly associated with winter holidays that should be avoided. Consider making copies of this chart to put in your waiting room or post on the bulletin board in waiting areas.

Owners should be aware of the habit of dogs and cats to search kitchen floors looking for food that may have been dropped while prepping or cooking holiday dishes. It is important to remember that only a small amount of certain foods,

TABLE 1. Toxic Foods and Symptoms to Watch For

Food	Toxic Effect	Symptomology
Apple seeds	Hypoxia	Brick red mucous membranes, dilated pupils, difficulty breathing, panting, shock.
Turkey skins	Pancreatitis	Vomiting, weight loss, anorexia. Diarrhea, abdominal pain
Turkey Bones	Indigestion, GI damage	Vomiting, abdominal pain, lethargy, bloody diarrhea, foreign body evidence
Stuffing/Casseroles	Anorexia	Pale mucous membranes, weakness, lethargy, black stool, fast heartbeat, fast breathing
Chocolate	Toxicoids	Vomiting, diarrhea, seizures, death
Alcoholic beverage	Organ failure, death	Lethargy, vomiting, recumbency, disorientation, vocalizing, seizure, death
Raisins/Grapes	Kidney failure	Vomiting, diarrhea, weakness, tremors, abdominal pain, increased heart rate, blood in urine, hemolytic anemia, vomit/ diarrhea
Onions/Scallions	Damage red blood cells	Panting, increased heart rate, blood in urine, hemolytic anemia, vomit, diarrhea
Garlic	Damage red blood cells	Vomiting, diarrhea, lethargy, pale yellow gums, increased heart rate and breathing, discolored urine
Macadamia nuts		Vomiting, muscle tremors, rapid heart rate and breathing, partial paralysis
Avocado	Gastric distress / Pancreatitis	Vomiting/ diarrhea
Raw bread/Cookie dough	Bloat, Torsion	Painful belly, bloating
Ham	Pancreatitis	Vomiting, weight loss, anorexia, diarrhea, abdominal pain



such as chocolate, can poison a small dog and cat leading to a life-threatening emergency. By keeping pets out of the kitchen area or frequently sweeping while preparing food, one can prevent such toxic events. Another area that pets will often “scope out” is under the dinner table hoping for a dropped morsal. Visitors should be asked to refrain from sharing food with pets even if they feel it is appropriate. Table scraps and holiday foods can contribute to obesity, gastric upsets, and even disrupt training and should never be fed to pets.

Holiday parties often may involve hors d’oeuvres and appetizers that are set out for visitors to partake throughout holiday

parties. Such offerings should not be placed on low tables that are accessible to pets. For best results pets should be confined to non-party rooms to avoid accidental snacking.

Ornaments, Lights and Plants of Concern

All holidays seem to incorporate festive decorations into the home environment. Some of these are attractive nuisances to pets who may view ornaments and shiny objects as toys. This is especially true of ornaments that dangle freely from the Christmas tree for cats to swat and even climb the tree in pursuit of.

Christmas trees should be secured in some way to avoid toppling; cats are

natural climbers and accidents will happen. Small ornaments and tabletop decorations may also cause injuries such as choking hazards or foreign-body GI blockage (Clemson 2022).

Lights and electric ornaments may also pose a hazard as companion animals may chew cords or even ingest small bulbs or batteries. Because cords are often hidden within the tree or tucked out of sight, owners may not immediately see “chewers” in action. For suspected glass ingestion as well as electric burns or shock, owners should seek veterinary care for pets immediately.

Chart 1 lists common holiday decorations and associated dangers, along with suggestions to prevent pet’s holiday

CHART 1.

PET PROOFING THE HOLIDAY ENVIRONMENT







DANGER		ALTERNATIVES	VETERINARY EMERGENCY
	 Glass Ornaments	Use only in areas where no animals are and consider replacing with non-breakable ornaments.	Ingestion may cause GI injury and internal bleeding.
	 Tinsel, String, and Ribbon	Use paper alternative; monitor pets in room to avoid ingestion.	GI blockage and damage; oral trauma.
	 Homemade Dough Ornaments	Keep ornaments away from animals; hang high on tree	Salt toxicity (drinking, urinating more often), GI obstruction.
	 Ornament Hooks	Obstruction of GI tract, damages of mouth and alimentary canal	Secure firmly to ornaments, monitor pets in vicinity. Consider using ribbon as an alternative
	 Electric Cords	Shock, burns to mouth, strangulation.	Place cords inside a cord protector such as plastic tube or hose, cardboard tube, or commercial cord wrap. Run under carpet or rug.
	 Artificial Plants	Plastic or silk plants	Irritates GI tract, oral digestion, vomiting, diarrhea, death.

CHART 2.

TOXIC HOLIDAY PLANTS

 <p>Amaryllis (bulbs most toxic)</p> <p>SYMPTOMS: GI distress (Salivation, diarrhea, vomiting, lethargy, tremors, death)</p>	 <p>Mistletoe (berries most toxic)</p> <p>SYMPTOMS: Mild GI irritation, diarrhea, vomiting, diarrhea, abdominal pain, abnormal heart rate and breathing, collapse, hypotension, ataxia, seizure and death</p>	 <p>Aloe Vera (also toxic to children)</p> <p>SYMPTOMS: Vomiting diarrhea, anorexia, tremors, change in urine color, depression, liver/kidney damage, low blood sugar, death</p>	 <p>Poinsettia</p> <p>SYMPTOMS: Mild vomiting, diarrhea, drooling, ingestion, dermal irritation, redness, itching (topical exposure to sap)</p>
 <p>Sago Palm (seed most toxic)</p> <p>SYMPTOMS: GI upset, neurological damage, liver damage, dark, urine, icterus, jaundice, discolored feces, nose bleeds, blood in feces and urine, death</p>	 <p>Philodendron</p> <p>SYMPTOMS: Oral irritation, pain/swelling of mouth, tongue, GI upset, difficulty swallowing, death</p>	 <p>Lily (increase in toxic for cats, mildly toxic for dogs)</p> <p>SYMPTOMS: Vomiting, diarrhea, anorexia, stomach pain, depression, kidney damage/failure, difficulty swallowing, multiple organ failure</p>	 <p>Ivy (multiple varieties)</p> <p>SYMPTOMS: Moderate toxicity, mouth/stomach orientation, drooling and foaming of mouth, swelling tongue/mouth, diarrhea, vomiting</p>



There are many plants that are toxic to companion animals; some of these plants are regarded as “holiday” plants such as poinsettias and mistletoe and may only be found in the home during the holiday season.

the families Old English Mastiff, despite their easy-going demeanors, do not enjoy being ridden like a horse, even if the rider only weighs 30 pounds. Advise limiting the contact time between small children and pets to short, supervised sessions that all can enjoy.

For pocket pets and birds, owners are recommended to move their habitats and cages out of the mainstream of the holiday activity.

The most important thing to provide for pets is a continued sense of structure during the holidays. This means keeping to established feeding times and potty breaks. Often a quick walk will be a welcome respite for both pets and human holiday hosts and should be embraced as an excuse to escape the madness for a few minutes.

If your client and their pets are to be holiday guests, recommend that they check ahead to ensure that their hosts are comfortable accommodating pets, especially if the pet has special needs. If unsure of a pet's reaction to a strange household or unfamiliar animals, owners should consider boarding as a less stressful alternative. Both clinics and standalone boarding facilities often offer packages that allow pets to experience a safer and less stressful holiday with exercise and care treatments, as well as facilitated play activities. Offering such “specials” and holiday package deals is a great incentive to boost board revenue during the holidays. If, however owners opt to take them along,

injuries. Consider making copies to give to clients or have in waiting rooms for guests.

There are many plants that are toxic to companion animals; some of these plants are regarded as “holiday” plants such as poinsettias and mistletoe and may only be found in the home during the holiday season. If traveling to visit friends and family with pets, owners should also be aware that the environment may harbor other plants as year-round decorations to be avoided both indoors and outside. For this reason, visiting animals should not be allowed free access or allowed to roam unsupervised even in fenced areas.

Poinsettias are everywhere from late November until January and have long been cited as the “holiday toxin” poster-plant; there are, however, other plants such as mistletoe and Sago Palms which merit owners' attention. Symptoms such as vomiting, lethargy and pale mucous membranes when reported should be viewed as a reason to urge owners to bring pets immediately for treatment.

A plant that often may go unnoticed as a potential toxin is the Amaryllis, which blooms beautifully during the holiday seasons and is oftentimes used as a centerpiece. However once the blooms are

gone, many people prune this plant and report the bulbs for future blooming. It is important to place plants out of reach of pets, especially the bulbs, which are the most toxic part of the plant. Ingestion of parts of this plant by both cats and dogs may cause GI abnormalities, salivation, lethargy, and tremors; pets should be referred to a veterinarian for diagnosis and treatment (AKC, 2022). *Chart 2* regarding toxic holiday plants may be shared with clients and posted in exam or waiting rooms.

Pet Mental Wellbeing During the Holidays

If a pet's home environment is ground zero for all relatives arriving from far and near, it is important to plan ahead. All pets, including dogs, cats, birds, and pocket pets, should be able to escape from the holiday madness. For dogs and cats, they should have a quiet “safe place” to retreat with ready access to food, water, and litter box. Owners should be sensitive to their need to escape from human guests seeking to play, hold and even unintentionally harass pets. For instance, the cat really does not appreciate being dressed up and shoved in a small baby carriage to be pushed around the house. The Newfoundland or

recommend that they pack enough food and any medications needed to last at least two days past their anticipated return as an emergency precaution.

First Comes the Call...Now What?

Veterinary clinics often receive panicked calls from pet owners when they suspect or observe animals eating, chewing or playing with forbidden foods, plants or nonfood items such as ornaments. It is important to calm pet owners and collect information so that a positive outcome will in all hopes be realized. While many clients may be seeking quick advice and are not prepared to bring the pet in, it is imperative that they understand the seriousness of untreated toxic exposures and encouraged to come in right away.

While many clients may be seeking quick advice and are not prepared to bring the pet in, it is imperative that they understand the seriousness of untreated toxic exposures and encouraged to come in right away.

Regarding suspected plant ingestion, owners should be counselled to bring the pet and a sample of the plant to the clinic. This may require samples of leaves, stems, flowers, and roots; whatever the pet had access to should be shown to the veterinarian. Often owners may not know the correct name of a plant and having a sample available allows for comparison to pictures or to send a picture electronically as a way of describing the plant to such entities as Pet Poison Control Hotline. Being able to quickly identify plants is necessary for formation of an effective treatment plan. When taking a call, the clinic personnel should stress the importance of bringing plant samples

with them as well as noting the time of ingestion or chewing incident. By knowing the approximate time of ingestion/exposure, the veterinarian is able to gauge/approximate the amount of time the toxins have been in animal's body. Owners should not be advised to induce vomiting or administer any medication without the veterinarian's approval.

Once an animal has been brought into the clinic and examined, there are several treatment choices that may be utilized by the veterinarian as part of the treatment protocol. The most common treatments are listed below and should only be attempted under direct veterinarian supervision. Owners should never be advised to try any of these at home.

Antiemetics

These are drugs or oral preparations that are administered "per os" (Latin: by mouth) to stop the physical action of vomiting. Some common antiemetics used in veterinary medicine for dogs and cats are listed in Table 2.

Emetics

Drugs or oral preparations that are administered "per os" (Latin: by mouth) to encourage vomiting to empty the stomach quickly and may be given in conjunction with Activated Charcoal. Examples used with dogs and cats are shown in Table 3.

Activated Charcoal

This agent can, when given orally, adsorb the toxin ingested, thereby preventing the toxin from being absorbed by the GI Tract and causing further physiological damage. Activated charcoal is also regarded as a "detoxicant" that, if given in too large of an amount, may also cause vomiting, constipation or diarrhea and,



TABLE 2. Antiemetics Used Against Toxin Ingestion

Medication	Dosage and Special Instructions
Chlorpromazine	.5 mg/kg SQ or IM
Dimenhydrinate	4-8 mg/kg PO
Diphenhydramine	2-4 mg/kg PO
Maropitant	2 mg/kg PO (dogs); 1 mg/kg PO (cats)
Metoclopramide	.1-.5 mg/kg PO, SQ or IM
Ondansetron	.1-.2 mg/kg PO or IV
Prochlorperazine	.1 mg/kg SQ or IM
Scopolamine	.03 mg/kg SQ or IM
Yohimbine	.25-.50 mg/kg SQ or IM

Mercks Manual 2022; Armstrong, PJ, 2022

TABLE 3. Emetics Used Against Toxin Ingestion

Animal Used In	Drug	Dosage
Dogs	Hydrogen Peroxide	5-10 mL PO
Dogs	Apomorphine hydrochloride	4 mg/kg PO .2 mg/kg IV .3 mg/kg SQ
Cats	Xylazine	.4-.5 mg/kg IV or IM

therefore, should only be given under direct veterinary supervision at suggested dosages. When utilized, owners should be cautioned that the animal's stool may appear black in color for a few days after administration. Because there are severe contraindications for this product, it should not be given until the animal has been examined by veterinarian; these contraindications include: not using if caustic substance has been ingested, if there is a possibility of a physical gastric or intestinal blockage or obstruction, possibility of aspirate pneumonia occurring, dehydration or with animals that are in shock.

Supportive Care

In addition to trying to evacuate or remove toxins from a pet's body, supportive care may be needed to help the body to recover from toxin effects. These may include but not be limited to cage rest, intravenous fluids to re-hydrate and treat dehydration as well as flush the kidneys, and pain/

anti-inflammatory drugs administered as needed. Food may be introduced gradually as animal displays ability to tolerate and oftentimes may need to begin with soft or wet food that is easily digested before moving on to hard food or kibbles.

Conclusion

For the veterinary staff, the winter holiday season is a time of increased business. Boarding facilities are typically full and will necessitate that inventory be conducted and anticipated supplies and food are ordered ahead of time to not only service the boarders but any emergencies that are encountered during the holidays. There may be a need to bring on additional holiday help to handle sanitation and walking or entertaining of pets; if so, begin hiring early to ensure adequate personnel.

Because many clinics now rely on local animal emergency rooms and may not offer after-hours service, it is important to ensure that clients have the necessary

contact information for any after-hours emergencies that may occur, not only during holidays but year-round. Consider perhaps a magnet that clients can put on their refrigerator or a flier to staple to their bill providing information on whom to call after hours. The time to find out the clinic does not cover after-hours emergencies is not when there is an emergency. By being proactive, you will save your clients and your clinic much stress and holiday angst in the event of an emergency.

With the holiday seasons of November and December especially, come many opportunities for emergency health issues. Use this article as a guide to help your clients avoid holiday emergencies and become educated on potential holiday hazards such as toxic plants (page 11), ornaments (page 11), and other scenarios to assist you in keeping your clients safe. The graphic on page 16 can be copied and given to your clients for them to use during the holidays.

In addition to providing hand-outs to

ORETA MARIE SAMPLES, RVT, MPH, DHSC

Dr. Samples is a 1994 graduate of Fort Valley State University holding both a BS and AAS in Veterinary Technology, a master's degree in the field of Public Health (Concentration Environmental Health) (2005) and a Doctorate in Health Sciences (DHSc) from Nova Southeastern University in Fort Lauderdale, FL in 2008. As an Associate Professor, she currently serves as Program Coordinator for the MPH Program at Fort Valley State University, her alma mater where she has worked in a variety of roles for the past 26 years including adjunct instructor teaching biology labs and Lead Veterinary Technologist where she taught veterinary clinical pathology, veterinary parasitology, and microbiology.

As a writer her publications include several book chapters and articles related to veterinary clinical pathology, parasitology and public health in both scientific and freelance publications as well as serving as Co-Editor for the 9th and 10th edition of McCurnin's Textbook for Veterinary Technicians. She is also published in the genre of public health both locally and at the state level. She served as the Book Review Editor for VSPN.org for 15 years as well as editor of the Georgia Veterinary Technicians and Assistants newsletter (for 4 years). She is a past-founding committee member of the Academy of Veterinary Clinical Pathology Technicians (AVCPT). She serves on the Editorial Board of NAVTA and is a Member of the NAVTA Accreditation Committee for Veterinary Assistants. She is currently anticipating the publication of her first lab manual of clinical pathology for veterinary technicians in 2021 with Teton New Media.

Her research interests revolve predominantly around veterinary public health topics such as parasitology, zoonotic diseases and public health issues which surround veterinary medicine and the One Health Model. Currently she is involved in research in the zoonotic potential of infection of hunters during handling of white-tailed deer, raccoon and opossum carcasses.

In her free time, when not spending time with the family, she pursues freelance writing, reading, speaking to veterinary technician organizations, craft projects and painting in watercolor and acrylics media.



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➤ Please do not ➤
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owners, consider adding an ever-changing “holiday” bulletin board in the waiting room or virtually on your websites. Aside from the holidays that we think of in November and December, other holiday topics may include April or May for Easter (chocolate toxicity), July (the danger and stress of fireworks) and of course October (Halloween and candy ingestion as well as animal costumes). Clinics routinely use various methods to contact clients to remind a vaccine due date; consider expanding these methods to send holiday hazard reminders throughout the year to safeguard pets as well as to increase boarding business. **J**

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LET'S REVIEW...

1. What plant has increased toxicity in cats as opposed to being only mildly toxic to dogs?
 - a. Ivy
 - b. Lily
 - c. Philodendron
 - d. Amaryllis
2. Which of the following routes of administration is not advised for Apomorphine hydrochloride?
 - a. Per Os (by mouth)
 - b. IM (intramuscular injection)
 - c. IV (intravenous injection)
 - d. SC or SQ (Subcutaneous)
3. Which of the following is NOT a contraindication for Activated Charcoal usage?
 - a. Animal is BAR and able to maintain sternal recumbency during administration
 - b. Animal is in shock
 - c. Animal has a confirmed blockage due to eating an ornament
 - d. Animal ingested lye
4. Turkey skin when ingested by dogs may cause:
 - a. Indigestion
 - b. Hives
 - c. Pancreatitis
 - d. Anorexia
5. Garlic, onions and scallions may cause:
 - a. Hypoxia
 - b. Damage to Erythrocytes (red blood cells)
 - c. Leukemia
 - d. Kidney failure

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CARE AND MAINTENANCE OF THE

INTRAVENOUS CATHETER

Harold Davis, BA, RVT, VTS (ECC)
(Anesthesia & Analgesia)

Veterinary Technicians play a critical role in the placement, care, and maintenance of intravenous catheters (IVC). Veterinary Technicians (VT) should be knowledgeable and skilled in the various techniques needed to place IVCs. In addition, VT should be aware of the complications/risk factors (*Figure 1*) that can occur with IVCs and how to recognize (*Figure 2*) and manage the complications. Finally, they should be able to perform catheter care. This article will focus on catheter maintenance.

Catheter Maintenance

Intravenous catheter care should be performed every 48 hours or on an as-needed basis if the site becomes soiled. The catheter dressing should be removed, and the site inspected. The site should be examined for clinical signs of phlebitis, infection, and thrombosis, and, if any is present, the catheter should be removed. The catheter should be aspirated and flushed to determine the patency of the catheter. In some instances, a fibrin tag forms on the tip of the catheter; it acts as a one-way valve allowing the VT to flush but not aspirate the catheter. While the catheter is flushed with saline or heparinized saline, the insertion site should

be observed for fluid leakage, swelling or pain during injection. If observed, the catheter should be removed.

If any portion of the catheter is exposed, this should be recorded in the medical record and the catheter should not be reinserted. If the catheter site looks good, the site should be cleaned with chlorhexidine solution. When the catheter site is dry, a sterile 2×2-inch gauze pad should be placed over it and the bandage reapplied. A suggested catheter wrap consists of a combination of porous tape, sterile 2×2-inch gauze pad, and gauze bandage roll. It is no longer recommended that antibiotic ointment be applied at catheter insertion sites.

Peripheral venous catheters should be replaced when clinically indicated, and routine replacement every 72 to 96 hours is not necessary. It has been the author's experience that as long as routine catheter care is performed and the catheter is removed when problems are first noticed, one can often exceed the 72-hour rule. A study looking at peripheral and jugular venous catheter contamination in dogs and cats supports this experience. The few veterinary studies available have shown that the replacement of central venous catheters every 72 hours does not decrease

This article first published in the December 2020 issue of the California Veterinarian.

the risk of catheter related infections.³ In addition, The Center for Disease Control Guidelines for the Prevention of Intravascular Catheter Related Infection state that catheter replacement at scheduled time intervals as a method to reduce catheter related blood stream infection has not lowered rates.¹ They recommend to not routinely replace central venous catheters to prevent catheter-related infections.¹ IV catheters should be evaluated daily as to the need; once it is determined the catheter is no longer needed it should be removed.

Intravenous catheters should be observed several times a day. If the catheter bandage is wet, the reason should be identified, and the bandage should be changed.

Intravenous catheters should be observed several times a day. If the catheter bandage is wet, the reason should be identified, and the bandage should be changed. Swelling distal to the catheter may be indicative of an excessively tight bandage or tape. Swelling proximal to the catheter may be due to subcutaneous infiltration (blown vein).

IVC Flushing

When IVC are not in continuous use they should be flushed every 4–6 hours. The question becomes should heparinized saline or normal saline be used. Human literature suggests that normal saline (nonheparinized) may be as effective as heparinized saline in the maintenance of catheter patency. There is limited veterinary research in this area. Two papers compared heparinized saline and normal saline for the maintenance of patency in both peripheral and central venous catheters in dogs. In both studies, 10 IU/mL of heparinized saline and normal saline was flushed at 6-hour

intervals in a treatment and a control group, respectively. Both studies found that flushes of normal saline were as effective as 10 IU/mL heparinized saline flushes in maintaining patency of peripheral and central venous catheters in healthy dogs. In the peripheral catheter study, it was suggested that if the intended use of the catheter was for performing serial blood draws, heparinized flushes may be warranted. The author has used 4 U/mL of heparinized saline (1000 U/250 ml normal saline) to flush unused catheters q4h. Bags of heparinized saline should be discarded every 12 to 24 hours to minimize the risk of contamination.

Catheter Obstruction

Central venous catheters may become nonfunctional due to mechanical obstruction such as kinking or malposition, precipitation of drugs or physical damage to the catheter. It is not uncommon for the catheter to become nonfunctional due to thrombosis. The thrombotic occlusion is due to a buildup of fibrin. The fibrin buildup can form in the catheter lumen as well as at the tip of the catheter, as a sheath around the catheter or along the vessel wall. Anticoagulants and thrombolytics have been used with varying degrees of success.

A meta-analysis of central venous catheter thrombolysis in human pediatric patients concluded that it is effective and potentially safe. Alteplase

FIGURE 1. Intravenous catheter related complications

HEMORRHAGE — result of vascular injury or coagulopathy

PHLEBITIS — result of mechanical damage to the vessel by movement of the catheter, administration of hyperosmotic (> 600mOsm) fluids or medications, infection

INFECTION — microorganisms enter the tissues and the venous system

SUBCUTANEOUS FLUID INFILTRATION — occurs if the catheter was never in the vein in the first place, catheter is displaced out of the vein by excessive skin movement, upstream vein occlusion by thrombosis has occurred

THROMBOSIS — result from endothelial trauma or an inflammatory reaction to the catheter material

CATHETER EMBOLISM — occurs when a fragment of the catheter breaks off and enters the circulation

VENOUS AIR EMBOLISM — a potentially fatal complication resulting from the presence of air, a connection (catheter) between the vein and the source of air, and a pressure gradient that facilitates the movement of air into the vein (more of a concern with jugular catheters)

FIGURE 2. Recognition of catheter related complications

PHLEBITIS — characterized by swelling, tenderness on palpation, and erythema of the skin over the vessel

INFECTION — heralded by phlebitis and cellulitis (manifesting as a purulent discharge from the insertion site)

SUBCUTANEOUS FLUID INFILTRATION — swelling of the tissues surrounding the vein and proximal to the catheter insertion site

CATHETER EMBOLISM — a portion of the catheter has broken off or been cut and potentially entered the circulatory system

(Tissue plasminogen activator) is most commonly used and the dose varies with body weight and catheter size. The calculated dose is left in the catheter for 30 to 120 minutes before attempting to aspirate the catheter.

Summary

Intravenous venous catheterization and maintenance is a straightforward procedure but at times can be challenging. Veterinary Technicians should be aware of the potential catheter related complications and risk factors, recognize complications and take appropriate action. Risk factors for several potential complications can be managed by simply using aseptic technique, minimizing trauma during insertion, and properly securing the catheter. Catheter care should be performed at regular intervals and the catheter site evaluated. Removal of the intravenous catheter should be considered daily; the catheter should be removed when no longer clinically indicated. [J](#)



Veterinary Technicians should be aware of the potential catheter related complications and risk factors, recognize complications and take appropriate action.



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PING / DING / CHIRP

DISCONNECTING TIPS FOR YOUR HOLIDAYS

**Rebecca Rose, CVT,
Certified Career Coach
NAVTA Wellbeing Task Force Member**



FOMO? Do you have a fear of missing out? Is that why you are unable to disconnect from work while you are on vacation?

Is what your teammates are doing (or not doing) that big of a driver in your life?

Maybe you don't trust your team to do it right (whatever right is) while you are gone.

What is the reason for you responding to emails, text messages or other pings, dings, or chirps?

The **dopamine hit** may not be serving you, nor is the sense of "who needs me, now," or "they are a wreck when I am gone."

What camp do you reside in?

- **PING**, I am needed!
- **DING**, who loves me, now?!
- **CHIRP**, what's happening?!
- **BING**, leave me alone!

The reality is, creating a habit of disconnecting is the healthier choice. I know, old habits are difficult to break.

I double dog dare you to disconnect!

Veterinary teams benefit from totally disconnecting during vacations and over weekends.

We are "connected" in various ways

5 CRITICAL REASONS TO DISCONNECT

1. Lower stress
2. Improve relationships
3. Be better at your job (when you return)
4. Combat unhealthy emotions
5. Establish healthy boundaries

through a long list of electronic apps, equipment, and continual bombardment of "pings, dings and chirps." When was the last time you turned off the background noise to embrace peace and solitude?

DISCLAIMER: The NAVTA website does not provide specific psychotherapy advice. The site is intended only for use by consumers in search of general information pertaining to wellbeing and related topics. Content is not intended to replace or serve as substitute for professional consultation or service. Observations and opinions on the website should not be misconstrued as specific advice.

One of my favorite vacations was to Lake Powell where there is absolutely NO cell service!

“Psychologists have recently proposed that burnout at work is actually a form of job-related depression. It’s clear that, over time, the inability to rest and relax, to focus on other areas of one’s life, takes a toll on mental and physical health. When you keep work from occupying all your time and, instead, take advantage of your well-deserved paid time off, you’ll be safeguarding your mental and physical health by boosting well-being, protecting against metabolic syndrome, and enhancing cardiovascular health, among many other benefits,” reports Sian Beilock in her *Forbes* article *Why You Need To Take a Vacation: Three Science-Backed Reasons*.

In the near future, we drive over the mountains and through the woods to visit my grandson for Thanksgiving, I have vowed to disconnect. He is a little over three and holidays are full of wonder for him. I can hardly wait to experience the day of gratitude with him!

Today I have made the commitment to leave my computer at home for four days which is a big step in disconnecting!

The steps I take to assure I am disconnecting:


1. Leaving computer at the office.
2. “Out-of-office” settings will be loaded on my 2 emails (personal and work related).
3. My phone settings will make it more challenging to hop on the internet, reply to Facebook comments, and write Instagram posts.
4. I will have to make a conscious decision to override the downtime parameters, decreasing my screen time.

I realize that phones are incredible and enormously useful, BUT it can be difficult to disconnect, especially when we reach to the phone to check work-related emails, follow up with a client or can’t help but “check in.”

Team members may feel they are missing out (FOMO). Missing out on the “team haps,” but really (in the big scheme of things) it’s better for your psychological health to step away fully and completely.

Your team will be just fine without you! That may be a bitter pill to swallow. Create your own haps! Get your dopamine hits in some other fashion rather than waiting with bated breath for the next text message or ping from work.

These are just a few concepts to consider. It’s a great way to support a life and career that is rejuvenating, reconnecting with loved ones this Holiday Season.

How will you be “Disconnecting” over the Holidays? 

6 WAYS TO UNPLUG

1. Give your brain a different (new) problem to solve; play a complex board game or feast on a new recipe
1. Put your phone down or celebrate when you haven’t used it for 1/2 day or longer
1. Set work-related notices, emails, slack OFF
1. Turn off all push notifications
1. Schedule a monthly digital detox
1. Leave your laptop in the trunk of your car or in the office (in my case, at home while I am in Gunnison)

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VETERINARY DENTAL CONSULTANT

★ ALTERNATIVE JOBS for VETERINARY TECHNICIANS ★

Mary Berg, BS, RLATG, RVT, VTS (Dentistry)

Q: Where do you currently work as a credentialed Veterinary Technician?

Job title/position?

Beyond the Crown Veterinary Education – President and Founder

Q: How did you learn about this opportunity?

I decided about nine years ago that in private practice, I could help a few animals get good dental care each week, but as a dental consultant, I could help thousands of animals receive the dental care they deserve. I was the second VTS (Dentistry) to start consulting full-time.

Q: What makes your position unique or different from working in a typical clinic/hospital? Other than your C/L/ RVT does your job require additional education/skills?

For a position like this, one must have advanced knowledge of the topic. Having a VTS in Dentistry and over 29 years of experience has helped me provide quality education to both Veterinary Technicians and Veterinarians. I offer training to clinics in ways that work best for them. The training may be via a webinar setting or in-clinic training with the team. During webinars, I can help the entire team understand dental disease better and improve their communication with clients, review dental anatomy, the oral examination, and the importance of

charting each patient. The webinars are shorter timeframe that can be scheduled over a lunch hour.

In-clinic training sessions can include the following areas of dentistry:

- Taking diagnostic dental radiographs
- Nerve blocks and pain management
- Hands-on oral examination and charting
- Tips for efficient and effective dental cleaning procedures
- Equipment use and maintenance
- Improving client communication (treatment plans, discharge appointments)
- Effective home care options
- How of fully utilize technicians in dentistry

An advantage of the in-clinic training sessions is that the entire team hears the same message, and they are training on the equipment used in their practice. I also work with veterinarians and practice owners on making decisions on purchasing new dental equipment if necessary and discuss best practices for pricing and scheduling dental procedures.

Q: What do you feel is the most rewarding part of your job?

It is so rewarding when someone understands how the oral cavity can affect the animals' overall health and realizes that they can play a valuable role in helping patients feel better. It's great when you see the changes in their perception of dental procedures.

An advantage of the in-clinic training sessions is that the entire team hears the same message, and they are training on the equipment used in their practice.





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Q: Are there any downsides?

This type of position requires a lot of travel, which I love, but it can take a toll on you.


Q: How did you set up your business?

When I decided to start Beyond the Crown, I had already been consulting part-time while working in private practice. I had a background in managing businesses and bookkeeping, but I needed help with websites and social media. I reached out to colleagues that had consulting businesses for advice and guidance. This networking brought me together with individuals that could help me as I began the business. I enjoy speaking with individuals that are contemplating this move and giving them resources and contacts.

Leaving a secure paycheck in private practice to be on my own was extremely scary, and it still can be at times. I had many colleagues and friends who encouraged me to move to business ownership, and I still reached out to them when I needed a boost!

Q: What advice would you give a new Vet Tech grad if they wanted to pursue the same career path?

It takes time to decide what you are genuinely passionate about and gain experience, additional education, and credentials to pursue this route. Be patient and learn as much as you can about a specialty before pursuing the pathway to a VTS.

Never say no to an opportunity. You never know where an opportunity can take you. Networking is essential to your success. Get involved in different organizations, volunteer your time, and the rewards come your way! 

EDUCATION IS ESSENTIAL

Professional Standards Expand Career Opportunities and Improve Care

Autumn Cooper, LVT

My name is Autumn. I am a licensed veterinary technician. This is who I am and what I do.

I work full-time in specialty medicine with a focus on surgery and anesthesia. I work part-time in academia with instruction of veterinary technology students. Every day, I am blessed to see the knowledge and impact that licensed veterinary technicians provide to veterinary medicine. I am amazed by the resilience and transformation of students as they learn, practice, and master each of the CVTEA-required essential skills. When fully utilized, veterinary technicians

are capable of revolutionizing the standard of care provided to our animal family members.

I support NAVTA's Veterinary Nurse Initiative (VNI).

I believe in the VNI goals of professional standards, public recognition, professional recognition, and expanding career potentials. We are progressing towards a new generation; a generation that views pets not only as animals but, also, as cherished members of the family. Our pets and pet owners are therefore entitled to receive a quality of care that is equivalent

I believe that education, specifically graduation from an AVMA-accredited veterinary technology or nursing program, is essential for protecting and expanding the careers of technicians.




to the human medical field. As the human-animal bond continues to strengthen, we must encourage our family, friends, hospitals, educational systems, and veterinary medical associations to promote unified certification and recognition for veterinary technicians.

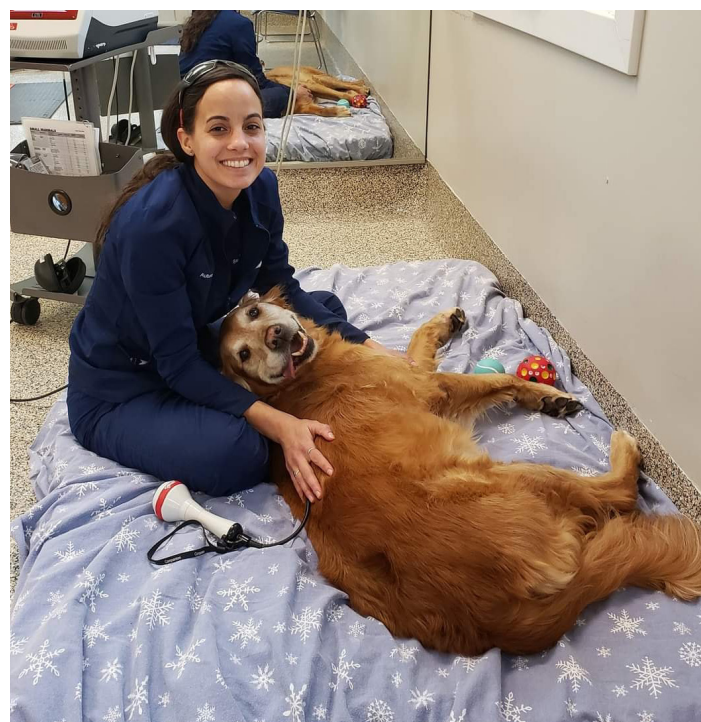
For me, the most alluring aspect of the VNI is professional standards. I believe that education, specifically graduation from an AVMA-accredited veterinary technology or nursing program, is essential for protecting and expanding the careers of technicians. Veterinary technician students undergo a rigorous curriculum — absorbing critical information via textbooks, hands-on laboratories, and lectures. Completion of skills assessments (including physical examination, dental prophylaxis, venipuncture, radiology, endotracheal intubation, intravenous catheterization, and so many more) is the apotheosis of a veterinary technology or nursing program. This is the foundation to a lifelong commitment to learning through continued education. To draw a parallel to the field of human medical nursing, our profession must be willing to commit to this degree of education.

I see a desire in my students to experience veterinary medicine to its fullest potential and achieve public and professional recognition. This desire is echoed by me and my colleagues in veterinary practices in my state. As licensed veterinary technicians, we seek to add value to our workplaces and increase the standard of care provided to our patients. We should be utilized by workplaces to lessen the taskload of the veterinarian. Veterinary technicians are capable of performing physical skills

Increased utilization and expansion of career opportunities encourages retention of veterinary technicians in the workplace.

like those mentioned above as well as intellectual skills such as client education and advanced medical math calculations. When given the opportunity, veterinary technicians can expand upon their knowledge of a sector of veterinary medicine to obtain a specialty certification within their area of expertise. Increased utilization and expansion of career opportunities encourages retention of veterinary technicians in the workplace.

Our pets deserve to have formally educated caretakers and the best of veterinary nursing. For these reasons I support the Veterinary Nurse Initiative. 



AUTUMN COOPER, LVT

Autumn Cooper is a LVT in Delaware and RVT in Maryland. She graduated from Delaware Technical Community College (DTCC) in 2013 with an associate's degree in veterinary technology. Autumn earned her bachelor of science in business management from Wilmington University in 2018. She worked in small animal clinical practice from 2013-2019 and as an educational laboratory specialist at DTCC from 2013-2016. She currently works as a surgical and anesthesia technician at a specialty hospital and has been adjunct faculty at DTCC since August 2016.



HEAD TO TAIL
with Steve Dale

CONSENT TRAINING *for Cats*



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The latest buzzwords among dog trainers are “consent training” or “cooperative care.” I suggest cats can benefit from this practice, and arguably even more so than dogs.

The concept of consent training is to allow the dog to partake in decisions, or at least that is the perception. For example, ask the dog to lift a paw before clipping a nail and then simultaneously a treat is offered. If the dog declines, never force the issue, (as previously practiced) just try again later.^{1,2}

This dog training approach certainly falls into what Fear Free espouses: minimizing fear, anxiety and stress, instead of forcing the issue with—in this instance—the clippers and holding down a screaming dog and likely causing a true panic attack whenever nail cutters appear.

Using the philosophical approach consistent with consent training may be the pathway to radically minimize dog bites. Of course, it’s still important to ask the dog’s handler “Can I pet your dog?”

In my perfect world, veterinary technicians and nurses would also ask the dog, “Do you want to be petted?” On the surface, that may sound wacky. But what if the handler says, “Yes, you may pet my dog,” but the dog is standing stiffly and looking the other way, with ears and tail straight down? That’s a subtle (arguably not so subtle) message saying, “Don’t interact with me now.”

To be effective, the public will have to learn “dog” as a second language. Dogs and also cats are always telling us what they think. Yes, cats!

One issue is that cats can be so subtle that even many experienced cat parents think the cats are not communicating. Often, from the cat’s perspective, they’re screaming at us.³

Many dog trainers agree that dogs benefit from consent training, which falls under the umbrella of positive reinforcement.^{4,5,6,7,8} I suggest cats have far more to gain. For starters, cats are only



Cats can be so subtle that even many experienced cat parents think the cats are not communicating. Often, from the cat’s perspective, they’re screaming at us.

comfortable when they perceive that they are in control.

The ethological explanation is that cats, being both predator and prey, require feeling safe to feel most secure.

One reason why so many cats feel so unsure in veterinary clinics is that that they are uncomfortable out of their territory and feel they’ve lost control.

Studies specifically targeted to consent or cooperative care dog training are not available (at least not yet) and in cats, no one even talks about consent training or ever has until this story (as far as I can tell). I will be elaborating further at both the VMX veterinary conferences and Viticus (WVC) with a talk called *Do Cats Consent to Anything: How Cat Consent Supports the Human Animal Bond*.

I suggest that while consent training has many applications and benefits for dogs,

it’s even more true and more important for cats, including cats in clinic. Here are the potential outcomes in clinic:

- To increase feline veterinary visits.
- Cats are control freaks—support their feeling of control.
- Cats, similar to dogs (and most mammals), appreciate choice (or at least the perception of choice).
- If cat parents are paying more attention to their cats, perhaps they will be better able to gauge when a cat isn’t feeling well.
- For vet exams, if cats are more cooperative, the exam can be more efficient, and more likely that the cat will return.

It all begins before the visit. Understand no cat that is panicked (often referred as fractious) is going



to volunteer to be handled. Each cat should have an emotional record, which may suggest carrier training (which begins with encouraging clients to find appropriate carriers), pre-medication of a nutraceutical, pheromone and/or pharmaceutical. The goal is at least a moderately contented cat upon arrival at the clinic.

Just as your own physician wouldn't begin an exam without first saying "Hi," get acquainted with kitty first by offering a kitty handshake (aim finger pointed toward cat's nose, to which a cooperative cat will reply with a touch). Note: Don't try if this is a fearful cat.

A slow blink can further calm a slightly anxious cat; it's a way of saying "It's okay."

Of course, the cat has to be reasonably calm in the first place to respond. Only now is it polite to touch the cat, and do so appropriately. It's interesting that, on average, a cat's favorite places to be petted correspond with locations of pheromone fractions.^{9,10,11,12}

When practical, begin the exam where the cat is at—even in the carrier—and with the least invasive first from head to tail.

Even if the cat is on the table—let's be real, that vaccine is going to happen. There's no option for the cat to say, "Let's try this next week." But still offer a reasonably calm cat a distraction, such as a high value treat or toy (one that moves is best). If the cat isn't having it—a 30-minute wait isn't reasonable, a three-minute wait may do the trick.

Consent training in homes happens all the time, even when owners have no idea. Clearly, cats are extraordinary human trainers, and particularly adept at asking for more food—demanding and we comply. If that weren't the case, 59.5 percent of cats wouldn't be overweight or obese.¹³

It's not what clients feed cats, it's how they are fed that matters most. Contrafreeloading is a preference to work for food rather than to chow down from an endless bowl, and at least some cats apparently prefer this option—using food dispensing toys and food puzzles.^{14,15,16} By hiding food, cats' natural prey drive is activated.

One great example of how to use consent in cats is the issue of petting-induced over-stimulation.¹⁷ Some cats can

be petted all day long, but others manage only a minute or two at a time before lashing out. There are several reasons which may explain why some cats barely have any petting patience. For some cats, they may be uncomfortable or downright painful when touched for too long,

For cats who typically allow a minute of petting, quit petting after 30 seconds or so. Leaving to the cat to decide "I want more." If so, the cat will ask to be petted more, and again offer only a few seconds, continuing to leave many cats wanting still more. At some point the cat will likely say, "Ok, that's enough." The cat remains in control.

Carrier training¹⁸ can be conducted utilizing a method consistent with consent. Leave the carrier out 24/7, and periodically drop treats in it so it becomes an automatic treat dispenser. Once the cat feels comfortable checking out the carrier for treats, close the carrier with the cat inside, and then quickly let the cat out. Now, offer dinner. Up the ante, and close the carrier and offer the cat a tour around the house while inside the carrier before being let out for dinner. At some point, the cat will jump inside the carrier hoping for

It all begins before the visit. Understand no cat that is panicked (often referred as fractious) is going to volunteer to be handled . . . The goal is at least a moderately contented cat upon arrival at the clinic.



dinner. No one is forcing the cat into the carrier—the cat makes the choice, and that is consent training. **J**

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Steve Dale, CABC, has been a member of the Winn Feline Foundation Board of Directors for thirteen years. Steve is a founding member of the CATalyst Council, and serves on the Board of Directors of the Human Animal Bond Association. He's a contributor to several books including *The Cat: Clinical Medicine and Management*, edited by Dr. Susan Little; and *Treatment and Care of the Veterinary Geriatric Patient*, edited by Dr. Mary Gardner and Dr. Dani McVety; and he edited *Decoding Your Dog*, authored by members of the American College of Veterinary Behaviorists. Steve is the host of three radio talk shows, and he speaks at veterinary and animal welfare conferences around the world. His website is www.stevedalepetworld.com.



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