



**Fear
Free**

Leaders in
Animal Wellbeing

Practical Fear Free Tips: Eye Medication

A clinical reference for veterinarians and veterinary technicians, and a teaching tool for client coaching

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In general practice, ophthalmic medications are often applied during the exam itself – fluorescein staining, proparacaine for invasive ophthalmic exams or to relieve patient discomfort and using lubricants for a demonstration dose before the patient goes home. Patients are rarely presented with experience using ophthalmic medications; the day's bigger task is usually teaching the client how to do it confidently at home. Eye medications are also among the most common causes of at-home compliance failure – small adjustments in environment, positioning, and pacing can reduce Fear, Anxiety, and Stress (FAS), improve medication delivery, and protect the trust your team has built.

Before You Begin

Set up the environment and the patient first.

- Use a quiet area with minimal distractions.
- Provide a true non-slip surface: a yoga mat or rubber-backed exam mat. A bare towel can slide on a table or floor and create insecurity; if you use a towel for tactile security, place it over a non-slip surface.
- Place medications and high-value treats within reach. Lickable treats (squeeze pouches, lickable purées) are especially valuable here; they are both distracting and naturally calming because of the sustained licking motion.
- Position yourself behind or beside the patient, not facing them directly. Avoid hovering or leaning over the head

Watch the Patient's Body Language

Pause and reassess if you see escalating signs of FAS. Many of these signs are subtle; naming them out loud during the visit also teaches the client what increasing FAS looks like, so they can recognize it at home.

- Head turning away or avoidance
- Lip licking, yawning out of context
- Stiff body, frozen posture
- Whale eye / dilated pupils
- Pulling away or escape attempts
- Vocalization (whining, growling, hissing)

Slowing down, or stopping often produces better long-term outcomes than escalating restraint

Build Positive Associations: Desensitization & Counterconditioning

For patients with facial sensitivity, prior negative experiences, or chronic conditions requiring lifelong medication (e.g., KCS), a structured desensitization sequence dramatically improves long-term compliance.

How to do this well

Work through the steps in order, and don't advance until the patient is consistently relaxed at the current step across multiple repetitions (often 5–10+). Reward during or immediately after the step – late rewards don't connect. Coach owners to replicate the same pattern at home. If subtle FAS signs appear, move back one or two steps rather than pushing forward.

1 Show the bottle

Present the capped bottle at a neutral distance. Reward calm interest.

2 Brief touch near the face

Briefly touch near the muzzle or above the eye with a finger – not the bottle. Reward.

3 Practice positioning

Move into the position you'd use for application (chin support, hand on head) without the bottle. Reward.

4 Capped bottle to the eye

With the patient in position, bring the capped bottle to the eye as if applying it. Maintain position and reward; this bridges 'seeing the bottle' and the real motion.

5 End before the patient is overwhelmed

Stop on a relaxed repetition. Multiple short successful sessions beat one long session that ends in FAS.

Refer out when it makes sense

For patients with established facial sensitivity or chronic conditions requiring daily lifelong medication (such as KCS), recommend a Fear Free Certified Trainer and/or schedule a Victory Visit. Trainers can build cooperative care behaviors – chin rest, eye drop stationing – that pay dividends every day for the rest of the patient's life.



Positioning Tips

Choose positions that help the patient feel secure with the least restraint necessary. The goal is stability, not immobilization.

General Handling

- Position the patient facing away from you when possible.
- Approach from the side rather than directly overhead.
- Rest the pinky side of your dominant hand on the head above the treated eye to absorb sudden movement.
- Support gently under the chin; avoid firm restraint of the muzzle.

For Facially Sensitive Patients

- Use a treat held above eye level to prompt the nose upward; let the patient lift their own head rather than lifting the chin manually.
- Apply drops to the medial canthus of the closed eye and allow the patient to blink the medication onto the surface.
- Hide the bottle in your palm; reveal only at the moment of application.
- Consider pre-visit pharmaceuticals for patients with documented FAS during ophthalmic procedures.

Often Helpful

- Caregiver's lap, patient facing outward.
- A second team member feeding a lickable treat during application.
- A loosely draped towel for tactile security (not wrap restraint).
- For small dogs and cats, a secure tabletop with non-slip mat at the handler's working height.

Cat-Specific Handling Tips

- Never retrieve a cat from a safe area (cat tree, hiding spot, favorite perch, under the bed). Doing so can damage trust in the one place the cat feels secure and accelerate avoidance.
- Use the cat's natural upward gaze. With the cat facing away from the handler, gently tilt the chin up with one hand and bring the bottle in from above with the other; the drop falls onto the eye as the cat looks toward the rising hand.
- Don't pair medication with mealtime. Cats can quickly associate drops with food and stop eating.

Application Techniques

Eye Drops

- 1 Hold the bottle like a pencil for fine motor control.
- 2 Position the nozzle above the eye; never touch the corneal surface.
- 3 Deliver the prescribed number of drops in one motion.
- 4 Allow the patient to blink naturally; don't force the lid open.

Eye Ointment

- 1 Hold the tube close to but not touching the eye.
- 2 Apply a small ribbon (about a grain of rice) to the conjunctival surface or lower lid.
- 3 Blinking distributes the medication; manual spreading isn't required.
- 4 Wipe the tube tip clean between patients.

Coach the Owner Before They Leave

Because most ophthalmic medication is given at home, the client's confidence (not your technique) is the biggest predictor of compliance.

- Demonstrate the technique in the room using a lubricating drop, then have the owner perform it once before they leave.
- Name the FAS signs you saw during your demonstration so the owner can recognize them at home; that's the cue to pause and reset, not push through.
- Send them home with the same treat reward they saw work (lickable treats are especially portable), and recommend short practice sessions (≤ 60 seconds) two or three times daily for the first 2–3 days, including gentle handling practice without medication.
- Consider sending owners a companion video to reinforce the in-clinic demo at home (e.g., Dômes Pharma's free "How to Apply Eye Drops to your Pet" at domespharma.us/learnmore/video-library).
- Set the expectation that pausing is acceptable, and often the right call.
- For chronic conditions or patients showing FAS at the demo, consider a trainer referral or Victory Visit (see above).



When to Stop and Reassess

Fear Free handling works best when the whole team agrees on when to stop pushing and switch to a different plan. Train techs, assistants, and DVMs on the same thresholds so no one feels like they're the one calling it.

Pause the Attempt

- FAS score reaches 3 or higher.
- The patient breaks free or attempts to bite/scratch.
- Three unsuccessful attempts in a row.
- The patient's body is shaking, frozen, or shutting down.

Change the plan

- Discuss pre-visit pharmaceuticals before the next appointment
- Ask whether the medication form (drops, ointment, or systemic) can be adjusted.
- Document the FAS score, triggers, and what worked in the patient's emotional medical record.
- Refer to a Fear Free Certified Trainer or schedule a Victory Visit before the next medicated appointment.

End on a positive note

What the patient remembers determines what the next visit looks like. Reward immediately after every attempt (successful or not) keep sessions short, and end before FAS escalates.

Document what worked in the chart. A less stressful experience today lays the foundation for a more cooperative patient tomorrow and builds trust over time.