

## SUGGESTIONS FOR ASSISTANTS FOR ANESTHESIA CASES

- ❑ Once the patient is seated, the assistant cannot leave the room unless relieved by another person. Their must be two people with the patient at **all** times.
- ❑ Prepare the local anesthesia tray with:
  - a. Lidocaine 1:100,000 and Marcaine 1:200,000
  - b. 25ga long and 30ga short needles
  - c. Assortment of bite blocks and glove up
- ❑ Due OSHA regulations once the patient is breathing nitrous oxide and oxygen, please don't engage in unnecessary conversations with them since speaking bypasses the scavenging system.
- ❑ A Word About Water...
  - a. Water for cooling during tooth preparations is necessary and can be set to as high a flow as necessary as long as **very little** of it reaches the back of the throat. This may necessitate two assistants with extra suction and/or a throat screen or reducing the water.
  - b. Do not use excessive water unless the patient is alert enough to swallow, looks at you when you warn them you are rinsing.
  - c. Ask your dentist not to use the air/water syringe without your knowledge.
  - d. The less water that reaches the back of the throat, the better the anesthetic will seem to be. ☺ The more water they swallow, the more likely they will need to go to the bathroom.
- ❑ About Objects in the Mouth...
  - a. Avoid placing objects in the mouth that could be swallowed or inhaled unless dental floss is tied to it. Caution must be taken during extractions or when crowns are being cut off, cemented or tried in if the patient is deeply asleep.
  - b. Tie floss to the bite block, cotton rolls, gauze and rubber dam clamps.
  - c. If a rubber dam is being used you do not need to put floss on endo files. You still need to tie the bite block and the clamp.
- ❑ Radiographs  
Gaggers will not usually be able or willing to hold x-rays for you. Plan having a hemostat, two bite blocks, the film and a roll of gauze tied with floss available for the task. It may take two assistants. You cannot leave Dr. Davies alone even to develop the film.
- ❑ Impressions
  - a. Keep overflow to a minimum.
  - b. Have several mirrors and 4x4 gauzes available.
  - c. If it is a bite registration, be prepared to hold the patient closed or they will fall asleep and open before it is set. If you want patient cooperation advise Dr. Davies 10min in advance.
- ❑ Rides and Family Members  
Allow no one to enter the operatory until the case is over and the room is almost clean enough for the next patient.
- ❑ Please don't hesitate to ask Dr. Davies to open sterile items, pass instruments, take photographs, adjust the light etc. when necessary. If safe, he will do so.
- ❑ When the case is over they may need to use the restroom. They should never go unattended. Same sex rules apply. I go with male patients and female patients go with female assistants.
- ❑ Plan on obtaining a wheel chair and escorting the patient to their car at the end of the appointment if elevators are involved. It is best to give postoperative instructions to the ride, not the patient, since they will not remember most of what you say to them.
- ❑ Questions? Please ask! If the case doesn't seem easier than normal then something is wrong. I probably have a solution to the problem.

# Treatment Suggestions for Anesthesia Cases

The office should be open 30 minutes prior to the patient's arrival. (Nothing is more stressful to a nervous patient than to arrive early to find the door locked)

Give the patient's ride a "return back time" based on the earliest you might finish even if they have a cell phone. The responsibility to return should be the ride's and not your secretary's. They can call occasionally to check on time.

For the first case or two, anesthesia could be a slight disruption to you and your staff. Print out a detailed time frame (and practical) treatment plan and put it on the wall like in dental school. If there has been a change in the treatment plan length since the case was scheduled, please advise me prior to my arrival.

By law the patient must always have two people in the room with them.

Some dentists take advantage of anesthesia patients to treat others at the same time. This is obviously unprofessional & unethical and I have refused to work with those dentists. Very short hygiene checks, phone calls, bathroom breaks, snack time are of course fine.

Please tell me 10 minutes in advance if you want cooperation from the patient.

When I ask what is next or how long a procedure will take, it is because I need to fine-tune the anesthesia for both you & the patient. The anesthesiologist needs to be a part of the team.

Water: there are many misconceptions about the use of water. Use all you want as long as little to none reaches the back of the throat. Coughing is not a bad thing. It is a *protective* reflex. However, swallowed water increases the likelihood of their needing to go to the bathroom. Large-bore high speed suction, gauze 4x4s, sponges, rubber dams, etc will improve your production.

If you advise me one hour, then 30 minutes prior to finishing I can wake the patient up faster.

Pre-fabed temporaries: I have worked in hundreds of offices and seen as many prefabricated temporaries. About 20% save time and the rest cause more stress and take longer than your everyday temps. If you are planning on using the pre-fabs, be prepared to start over with your regular routine.

Anesthesia cases are easier and more relaxing than "normal" cases. If you aren't sensing that, there is something you are unnecessarily fighting and I can help you with it.

Thanks so much.

Sincerely,

Dr. Ron Davies

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