ANESTHESIA PROTOCOL

The goal of the anesthesia area is to ready the patients for restorative or oral surgery with the necessary local anesthesia for the procedures to be done in order to maximize the number of patients able to be treated.

The Anesthesia Lead will have Patient Ambassadors escort patients from the treatment department waiting area to anesthesia. After the patient is anesthetized a Patient Ambassador will escort the patient to the treatment department ‘on deck’ area.

1. If you have an emergency, there are EMT services on site. Stay with the patient, send your assistant to alert the department head who will immediately radio for an EMT. Either you or your assistant should hold up the EMT station card so the EMT can quickly identify where to go once they have been radioed.

2. Please PRINT on the patient charts — DO NOT USE ABBREVIATIONS. Indicate treatment provided, print your name and chair number.

3. Only **BLUE** pens should be used on patient charts — **NO BLACK** ink.

4. Review health history and medications.

5. The treatment to be done will be circled in **RED** pen. Anesthetize accordingly.

The following anesthetic agents are available (unless supplies run out):

- Lidocaine 2% epi 1:100,000
- Mepivicaine 3% no epi
- Bupivicaine 0.5% epi 1:200,000
- Articaine 4% epi 1:100,000
- Articaine 4% epi 1:200,000

Choose your anesthetic agents based on your best clinical judgment for the procedures to be done.

There remains some concern over the use of Articaine 4% (Septocaine) in mandibular blocks. Again, use your best clinical judgement. Multiple extractions are best served by Bupivicaine because of the duration issue.

We suggest for multiple maxillary teeth the use of block (PSA, MSA, IO) anesthesia administration rather than multiple infiltrations as this can minimize the amount of anesthetic used and therefore make the addition of more anesthetic less of an issue if anesthesia wears off due to delays before treatment begins.
For maxillary teeth that are to be extracted, please also anesthetize the palate. For mandibular teeth, don’t forget the long buccal.

There is a chart in the anesthesia station with the manufacturer’s maximum recommended dosages by anesthetic and weight for your reference.

Please print the amount, type and locations of anesthesia administered and PRINT the provider name on the patient’s record and chair number.

All patients should have their record verified before being taken to the on-deck area for their respective department.

Anesthesia for children (12 and under) will be administered in the Pediatric Department.