

Anesthesia Protocols

1. Our goal is to relieve pain and address the most urgent need(s). Please remember this is not like doing dentistry in a dental office where more options are available and the patient has the ability to access a dentist more frequently.
2. The goal of the numbing station is to increase the efficiency of the mission by providing anesthesia to patients prior to being seen in the restorative department. Oral Surgery will do the anesthetic at the department's chairs.
3. The first patients into the clinic will bypass Anesthesia and be escorted directly to the appropriate department to be numbed and treated. Once the clinic begins to fill, patients will be brought to anesthesia to be numbed.
4. PRINT on the patient charts – DO NOT USE ABBREVIATIONS
5. Review health history and medications.
6. The treatment to be done will be circled in RED pen by one of the Routing doctors. Anesthetize using good clinical judgment about type and amount of anesthetic needed for the indicated procedures.
7. The following anesthetic agents are available (unless supplies run out):
 - a. Lidocaine 2% epi 1:100,000
 - b. Articaine 4% epi 1:100,000 and 1:200,000
 - c. Mepivacaine 3% no epi
 - d. Bupivacaine 0.5% epi 1:200,000
8. Because the use of articaine for lower mandibular blocks has been associated with a higher incidence of paresthesia, it is recommended that articaine not be used for lower blocks. For multiple extractions consider using bupivacaine because of its added duration.
9. Please PRINT the amount, type and location(s) of anesthesia administered and PRINT the provider name on the patient's record.
10. Use your RED card to signal a Patient Escort. Give the clipboard and the patient to the Escort who will then take the patient to the appropriate department (oral surgery or restorative area).