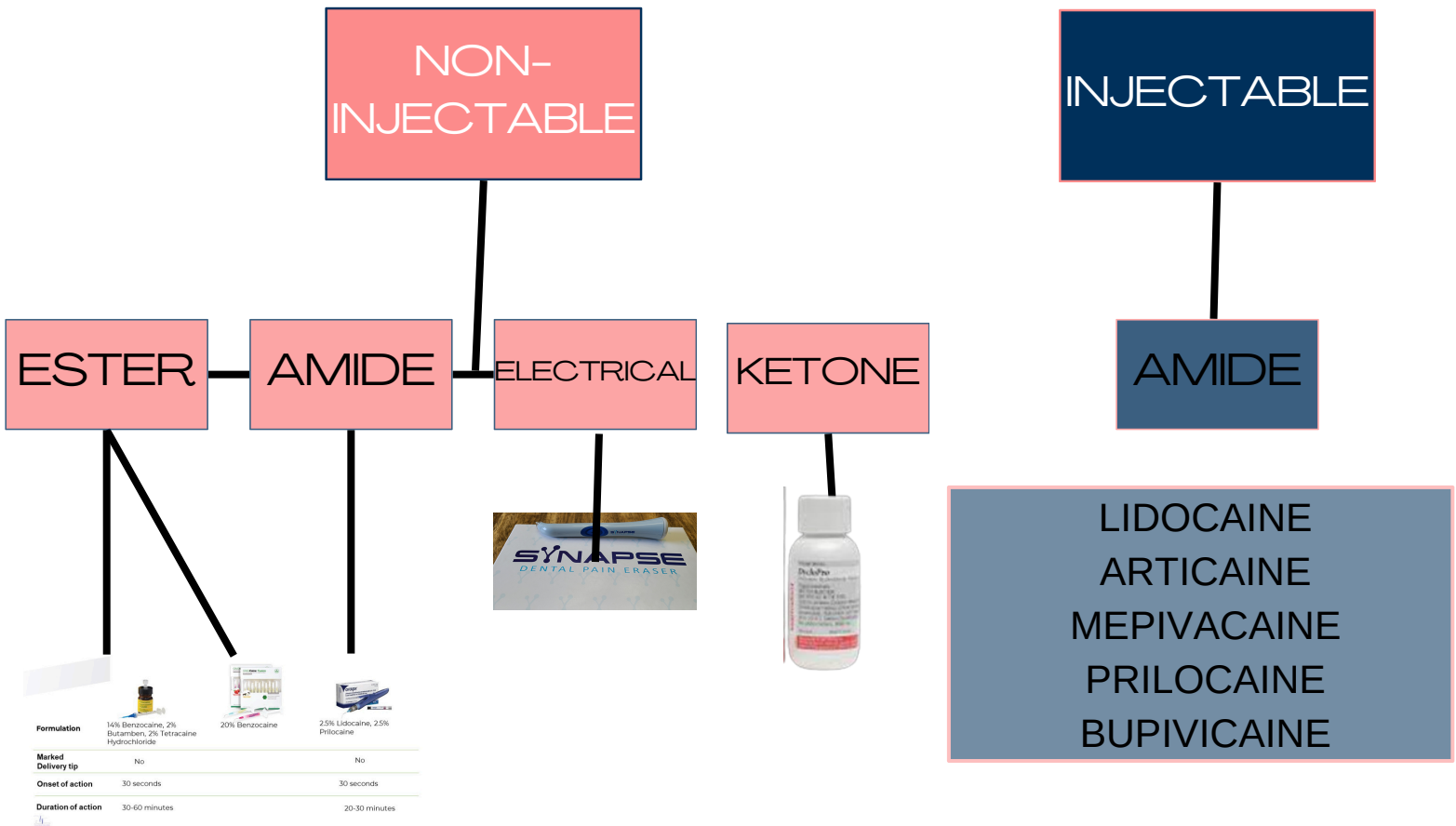


# ANESTHESIA SUCCESS

TINA CLARKE RDH ME.d

Studies have shown most adults do not want to visit the dental office, due to fear of the injection. And some clinicians avoid performing anesthesia or shy away from certain procedures due to their fears about their ability to provide safe and effective anesthesia. Let's spend some time together to lessen these concerns for everyone involved.

## TYPES OF ANESTHETIC



## NON-INJECTABLE MODES OF APPLICATION

SUB-GINGIVAL APPLICATION: apply canula along gingival margin, then place into pocket.

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SWAB APPLICATION: apply minimal amounts

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OTHER APPLICATIONS

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## INJECTABLE SOLUTIONS

LIDOCAINE: Moderate duration approx. 1 hour pulpal and 2.5-3.5 hours soft tissue. Be aware of vaso's for cardiac compromised patients. MRD 3.2 mg/lb Absolute 500 mg

ARTICAINE: Moderate duration approx. 1 hour pulpal and 2.5-3.5 hours soft tissue. Be aware of vaso's for cardiac compromised patients. High preference for patients with liver issues due to metabolism in bloodstream. MRD 3.2 mg/lb

MEPVICAINE: Short duration approx 30 min pulpal and 2-2.5 soft tissue. Be cautious with liver compromised patients. MRD 3.0 mg/lb Absolute 400 mg

PRILOCAINE: short-moderate duration Plain solution: 10 min pulpal 1.5-2 hours soft tissue. W/Vaso 60 min pulpal and 3-5 hours soft tissue. Moderate preference for liver compromised patients. Be aware of vaso's for cardiac compromised patients MRD 3.6 mg/lb Absolute 600 mg

BUPIVICAINE: Long duration approx 1.5-3 hours pulpal up to 12 hours soft tissue. Be aware of vaso's for cardiac compromised patients. MRD .9mg/lb absolute 90 mg.

**PAY ATTENTION TO DOSE WITH PEDIATRIC AND GERIATRIC PATIENTS. MAY NEED TO REDUCE AMOUNT.**



# TYPE OF INJECTIONS

**PSA-POSTERIOR SUPERIOR ALVEOLAR:** maxillary molars

**MSA-MIDDLE SUPERIOR ALVEOLAR:** maxillary premolars

**ASA-ANTERIOR SUPERIOR ALVEOLAR:** maxillary canine to midline

**IO-INFRAORBITAL:** maxillary premolars to midline

**GP-GREATER PALATINE:** maxillary posterior hard palate

**NP-NASOPALATINE:** maxillary anterior hard palate canine to canine

**AMSA-ANTERIOR MIDDLE SUPERIOR ALVEOLAR:** maxillary premolar to midline, posterior/anterior hard palate

**IA-INFERIOR ALVEOLAR:** mandibular molars to midline, lingual tissues, facial tissue premolar to midline

**LB-LONG BUCCAL:** mandibular molar facial tissues

**GG-GOW-GATES:** mandibular quadrant

**VA-VAZIRANI AKINOSI:** mandibular quadrant

**INCISIVE-INCISIVE:** mandibular premolar to midline (no lingual tissue)

## MY NOTES REGARDING SPECIFIC INJECTIONS

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# TIPS FOR SUCCESS




PALPATION

VISUALIZATION

RETRACTION

STABILIZATION

 Tina, Clarke RDH M. Ed [www.teachertinardh.com](http://www.teachertinardh.com)



## ATRAUMATIC TECHNIQUES

NEEDLE/INFECTION \_\_\_\_\_

\_\_\_\_\_

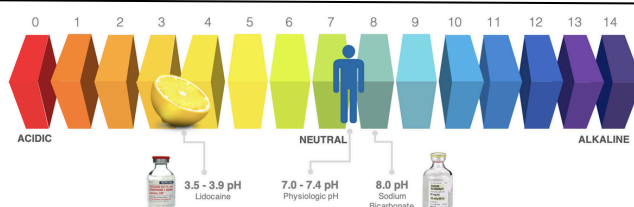
PRE ANESTHESIA/NON-  
INJECTABLE \_\_\_\_\_

RETRACT/DEPOSITION RATE \_\_\_\_\_

\_\_\_\_\_

BUFFERED ANESTHETIC \_\_\_\_\_

\_\_\_\_\_



# ANESTHETIZING FOR THE PROCEDURE

**MAXILLARY INJECTIONS**

- PSA, IO
- PSA, AMSA
- PSA, IO, GP, NP

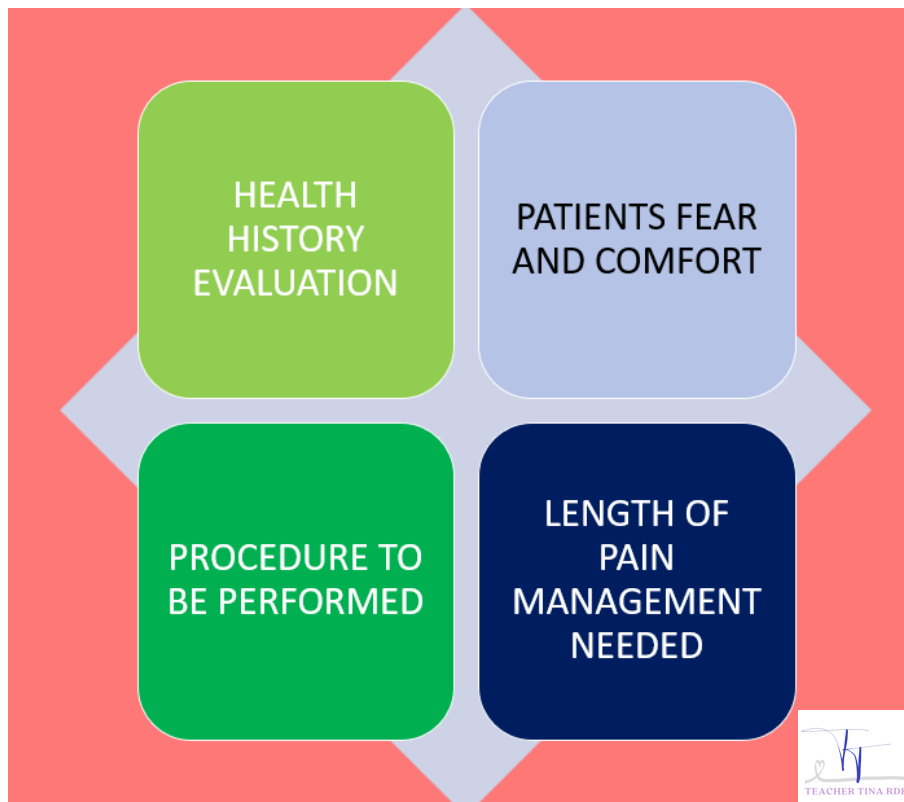
**MANDIBULAR INJECTIONS**

- MANDIBULAR BLOCK
- INCISIVE

**OTHER**

- NON-INJECTABLES: i.e. SUB-G APPLICATION
- PAPILLARY FOR HEMOSTASIS

TEACHER TINA RDH





## CONSIDERATIONS PROCEDURE

When giving injections to our patients there are several issues we need to consider. The patients health history status, vital signs, anatomy along with the anesthetic selection and dosage. This is especially true when we work with our pediatric and geriatric patients.



Tina Clarke RDH M. Ed [www.teachertinahrdh.com](http://www.teachertinahrdh.com)



## TIPS TO REMEMBER

IA- DOES NOT ANESTHETIZE BUCCAL TISSUE

INCISIVE DOES NOT ANESTHETIZE LINGUAL TISSUE

ONLY THING FOR MAX MOLARS IS PSA

PSA, IO DO NOT ANESTHETIZE PALATAL TISSUE

AMSA WILL NOT ANESTHETIZE UPPER LIP

ADJUST ANESTHETIC TYPE AND DOSE FOR THE PROCEDURE



## CONNECT WITH TINA

EMAIL: [tina@teachertinardh.com](mailto:tina@teachertinardh.com)

INSTAGRAM: [teacher\\_tina\\_rdh](#)

FACEBOOK: [Teacher Tina RDH](#)

LINKEDIN: [Tina Clarke RDH MEd](#)

WEBSITE: [www.teachertinardh.com](http://www.teachertinardh.com)

ADDITIONAL LEARNING: <https://teachertina.thinkific.com/>

SCHEDULE COACHING:

<https://calendly.com/teachertinardh/coaching-session>



