

SOME FINAL POINTS

.....in no particular order.....

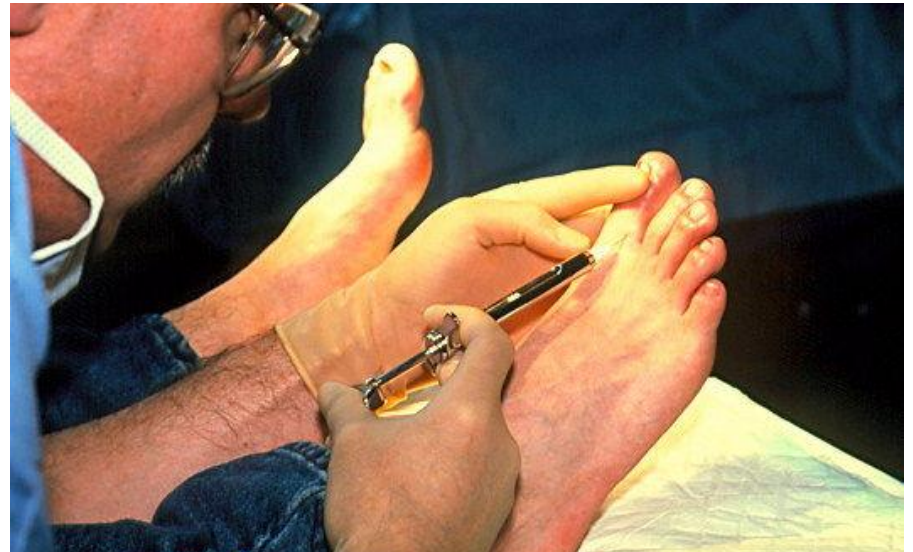
**Multiuse
vials?**

Oh No!!



Delivery systems

- Topical
 - EMLA cream
- LA container
 - Ampoule
 - Cartridge
- Needle
 - Gauge
 - Length
 - Tip
- Syringe
 - Plastic disposable 2ml or 5ml
 - Dental pattern
 - Self-aspirating
 - Clawed plunger



EMLA cream

- Eutectic Mixture of Local Anaesthetics
- Topical cream
- Contains 2.5% lignocaine and 2.5% prilocaine
- Special formulation will penetrate *thin* epidermis
- Cover with Tegaderm
- Up to 1 hour to take effect
- May allow a less painful injection



LA container

- Ampoule
 - Plastic
 - Glass
 - Varying sizes
- Cartridge



© BDA Dental Museum



Needles

May be silicone or
Teflon® coated

The needle should be

- Correct length for the job
- Correct gauge for the job
 - Minimal pain
 - Drawing up fluid

SPECIFICATION

COLOR CODE	GAUGE LENGTH	
	26G(0.45mm)	1/2" (13mm)
	25G(0.5mm)	5/8" (16mm)
	24G(0.55mm)	3/4" (19mm) 1" (25mm)
	23G(0.6mm)	1" (25mm) 3/4" (19mm) 1 3/4" (32mm)
	22G(0.7mm)	1" (25mm) 1 1/4" (32mm) 1 1/2" (38mm)
	21G(0.8mm)	1" (25mm) 1 1/4" (32mm) 1 1/2" (38mm)
	20G(0.9mm)	1 1/4" (32mm) 1 1/2" (38mm)
	19G(1.1mm)	1 1/4" (32mm) 1 1/2" (38mm)
	18G(1.2mm)	1 1/4" (32mm) 1 1/2" (38mm)
	17G(1.3mm)	1 1/2" (38mm)

Syringes

- Plastic disposable
- Safety-system
- Dental pattern
 - Stainless steel
 - Disposable



Always inject proximally to areas of infection

- **Do not inject into hyperaemic areas**
 - Depth of anaesthesia less effective
 - pH is low / acidic
 - LA 'wears off' more rapidly
 - Chance that LA will increase an area of infection
- **Inject proximal to the inflamed area**
 - You might need to use a different LA technique

The LA does not 'take'

- Stay calm!
 - the patient will be nervous enough for both of you
- Keep calm and carry on: i.e.: Wait 5 mins
- Massage the injected area
 - stimulated nerves take up LA quicker
- If you decide to re-inject
 - Ensure you do not exceed the patient's MSD for that LA
 - Perhaps use a different technique
 - No more than 4ml per hallux (less in lesser toes)

Avoid overdose

- Calculate the MSD for the LA drug in relation to the patient's body mass
 - There is 10mg of drug in 1ml of 1% soln
 - There is 20mg of drug in 1ml of 2% soln
 - There is 40mg of drug in 1 syringe (2ml) of 2% soln
 - There is 80mg of drug in 1 syringe (2 ml) of 4% soln
- So **KNOW the MSD for each LA**

Avoid overdose

- Always **ASPIRATE THE SYRINGE BEFORE DEPOSITING ANY LA SOLUTION**
 - If blood enters the syringe, withdraw the syringe, and keep to 1 side
 - Take a fresh syringe and re-start the injection
- Include any used LA from the 'bloody' syringe in final overall calculation of amount of LA used

CONSENT

- Consent must be VALID i.e.:
- The consenting person must have CAPACITY
- The consenting person must be given and understand the relevant INFORMATION
- The consent must be given without COERSION

CONSENT may be

- Implied
 - The patient has requested the treatment
 - Presumably is willing to have that treatment
- Verbal
 - You explain what the treatment involves
 - The patient says 'OK - go ahead'
- Written
 - You explain what the treatment involves (+ and -)
 - The patient says 'OK – go ahead' in front of a witness
 - The patient and a witness sign their agreement
 - The patient gets the top copy of the consent

CONSENT

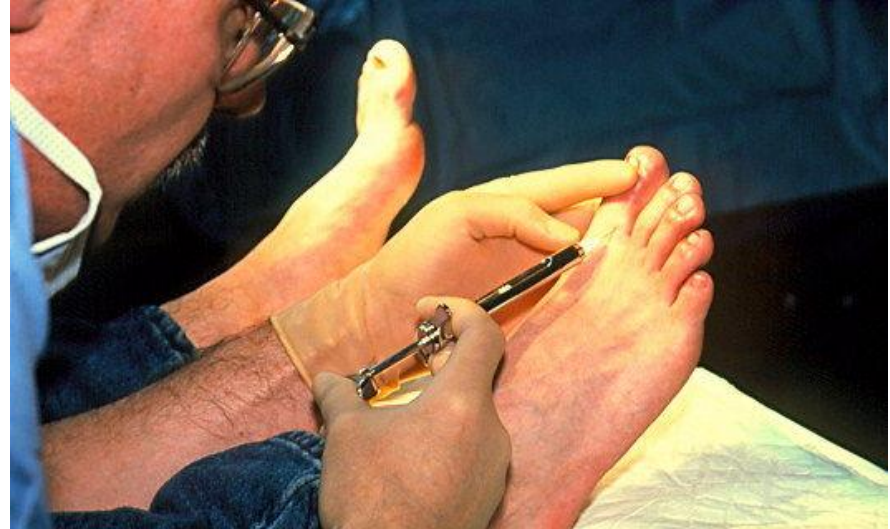
- Consent implies *patient* understanding of
 - The nature of the proposed LA
 - The consequence of not using LA
 - The nature of the proposed procedure (t/w outcomes)
 - The consequence of not undertaking proposed procedure
 - The dressings and aftercare regime
- Consent should be *written consent*
 - signed by patient or responsible adult
 - witnessed
 - copy of consent given to patient
- Use a form of consent that complies with the SCP guidelines and local protocols
 - Age of consent?

AGE of CONSENT?

- Adult = 18 years
 - Child = <18 years
- Ability to understand (*Capacity*)
 - Learning difficulties?
- Gillick competency / Fraser Guidelines
 - Is a child (person) mature enough to make decisions *and* understand the implications of those decisions?
 - “The child (person) must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed so the consent, if given, can be properly and fairly described as true consent” (Lord Wolff)
- Withdrawal of consent
 - In law, although the child can give consent, he cannot deny consent

Documenting the patient assessment before administering a POM drug

- Chief complaint (c/o)
- Initial examination (o/e) –
 - OPQRSTUVWXYZ
 - SOCRATES
- History
 - Medical history
 - Drugs history
 - Family history
 - Social history
- Differential diagnosis – Working diagnosis
- Treatment plan

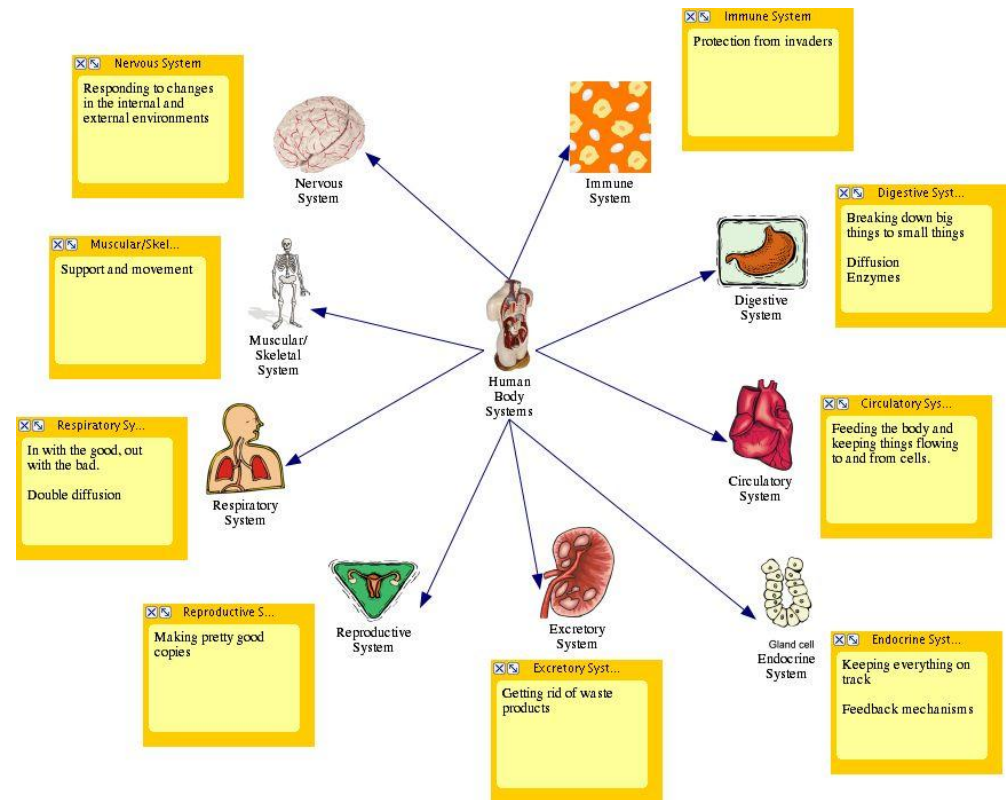


Medical History

- Always completed a full medical history as part of the consent process
- ? Current and past health
 - Follow an acronym
- ? Current and past medications regimes
- ? Experience of previous LA

Med Hx Acronym : Crangles

- **C**ardiovascular
 - Heart
 - Vessels
 - Blood
 - Immune
- **R**espiratory
- **A**limentary
- **N**eurological
 - CNS
 - PNS
- **G**enitourinary
- **L**ymphatic
- **E**ndocrine
- **S**kin



Based on the medical history

Ask specifically if there is current / history of

- Proneness to infection / Immunosuppressant therapy
- Poor healing
- Diabetes mellitus
- Adverse reaction to LAs, A/bios
- Known liver problems
- Known renal problems
- Known circulatory problems
- Medication with known C/I drugs
- Then you can decide how suitable the patient is to undergo the LA, and the procedure

Record keeping:

Use a form that prompts you to note:

- Date
- Patient's
 - Name, DoB
 - Address
 - GP
 - Next of kin
 - Body mass (Kg)
- Consent signed Y/N
- LA:
 - Type, %, ml *and* mg administered
 - Site of delivery and LA technique
 - Product code and use by date

Record keeping:

Use a form that prompts you to note

- Procedure:
 - Name of procedure
 - Details of procedure (what you did)
 - Amount of any tissue removed
 - Phenol: % and application duration
 - Surgical flush
 - Tourniquet time
 - Vascular return time after removal
 - Post-op haemorrhage
 - Dressing applied
 - Any adverse events during the procedure
 - Patient reaction to the procedure
- Post-operative regime
 - Dressings regime and return date
 - Emergency contact number
 - Letter to GP

CONTACT ME AT

DrJeanMooney@gmail.com