New Course Request

Indiana University

Fort Wayne Campus

Check Appropriate Boxes: Undergraduate credit [ ] Graduate credit [ ] Professional credit [ ]

1. School/Division: Health & Human Services/Dental Education

2. Academic Subject Code: DHYG

3. Course Number: H250 (must be cleared with University Enrollment Services)

4. Instructor: Dr. Brenda Valliere

5. Course Title: Local Anesthesia and Pain Control

Recommended Abbreviation (Optional) (Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Summer II 2010

7. Credit Hours: Fixed at 2.0 or Variable from ______ to ______

8. Is this course to be graded S-F (only)? Yes [ ] No [ ]

9. Is variable title approval being requested? Yes [ ] No [ ]

10. Course description (not to exceed 50 words) for Bulletin publication: Same as existing IU course (This course addresses coverage management for conscious dental clients. The indications, contraindications, and pharmacology of topical anesthesia, local anesthesia, and nitrous oxide and oxygen sedation used in dentistry will be discussed. Local anesthesia techniques and the administration of nitrous oxide and oxygen sedation will be studied.)

11. Lecture Contact Hours: Fixed at 1.0 or Variable from ______ to ______

12. Non-Lecture Contact Hours: Fixed at 1.0 or Variable from ______ to ______

13. Estimated enrollment: 30 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: Annual [ ] Will this course be required for majors? Yes [ ]

15. Justification for new course: Was just added to the list of responsibilities of a licensed dental hygienist by changes in IN laws.

16. Are the necessary reading materials currently available in the appropriate library? Yes [ ]

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: [Signature] Date: 3/15/10

[Name]
Date Department Chairman/Division Director

[Name]
Date Dean of Graduate School (when required)

[Name]
Date Chancellor/Vice-President

[Name]
Date University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

UPS 724

University Enrollment Services Final-White; Chancellor/Vice-President-Blue; School/Division-Yellow; Department/Division-Pink; University Enrollment Services Advance--White
DHYG H250
Local Anesthesia and Pain Control
Fall, 2010

Credit Hours: 2
Day/Time: TBA
Instructor: Brenda M. Valliere, D.D.S.
Office: Neff 150F
Phone: 481-6902
E-mail: vallierb@ipfw.edu

Course Description:
This course addresses coverage of pain and anxiety management for conscious dental clients. The indications, contraindications and pharmacology of topical anesthesia, local anesthesia and nitrous oxide and oxygen sedation used in dentistry will be discussed. Local anesthesia techniques of common infiltration injections and mandibular block injections will be taught to clinical proficiency.

Course Objectives:
Successful completion of this course will prepare the student to meet the following objectives:
1. Understand the theory of pain control. Identify legal and ethical issues associated with the administration of pain control. Understand the psychological component of pain control and use of behavior management techniques in the delivery of local anesthetic agents.
2. Understand the neurophysiology of nerve conduction and impulse conduction and the effect of local anesthetic agents on this process.
3. Assess clinical situations which indicate the use of local anesthetic agents.
4. Evaluate a patient's medical history for potential complications and contraindications for the administration of pain control techniques.
5. Relate the chemical properties of local anesthetic agents, vasoconstrictors and nitrous oxide with the clinical application of these agents.
6. Name and locate anatomical landmarks associated with local anesthesia administration for the ASA, MSA, PSA, Supraperiosteal, NP, GP, MI, GNG, IANB, L, VA, AMSA, P-ASA and GG injections.
7. List the anatomical areas innervated by the following nerves: anterior superior alveolar, middle superior alveolar, posterior superior alveolar, infraorbital, nasopalatine, greater palatine, mental, incisive, inferior alveolar, lingual and buccal.
8. Demonstrate the proper and safe handling, assembly, disassembly and disposal of local anesthesia armamentarium, and maintaining infection control.
9. Demonstrate proper application of topical anesthetics prior to the administration of local anesthetic agents.
10. Describe the techniques used to administer local anesthesia.
11. Administer local anesthesia in a safe and effective manner to patients in a clinical setting.
12. Properly document the administration of local anesthesia appropriately in a patient’s dental record.
13. Recognize and manage signs and symptoms of local and systemic complications associated with local anesthetic administration.

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<thead>
<tr>
<th>Week</th>
<th>Clinical Laboratory Exercise</th>
<th>Check-off required</th>
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<tbody>
<tr>
<td>1</td>
<td>Infection control process evaluation; Assembling, unloading and disposal of local anesthesia armamentarium process evaluation</td>
<td>YES</td>
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<tr>
<td>2</td>
<td>Identification of oral landmarks process evaluation; Placement of topical anesthetic process evaluation</td>
<td>YES</td>
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<tr>
<td>3</td>
<td>Medical history review process evaluation; Assembling of local anesthesia process evaluation; Local infiltration tooth #7 injection process evaluation</td>
<td>YES</td>
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<td>4</td>
<td>ASA injection process evaluation; MSA injection process evaluation; Local infiltration tooth #10 process evaluation; Medical and dental emergencies scenario evaluation</td>
<td>YES</td>
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<td>5</td>
<td>PSA injection process evaluation; GP injection process evaluation; NP injection process evaluation; IANB injection process evaluation</td>
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<td>6</td>
<td>IANB injection process evaluation; BNB injection process evaluation; Local infiltration tooth #24 process evaluation</td>
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<td>7</td>
<td>IANB injection process evaluation; Mental/Incisive nerve block process evaluation; Gow-Gates Mandibular Block injection process evaluation</td>
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<td>8</td>
<td>Competency evaluation for Maxillary and Mandibular injections</td>
<td>YES</td>
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