

## DES 2055C | Administration of Local Anesthetics by Dental Hygienists

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### Student instructions:

1. **If you are not already a PSC student you must complete an application.**  
[www.pensacolastate.edu](http://www.pensacolastate.edu) \$30.00
2. **Log into Spyglass and attempt to register and answer the questions. You will not have access to register to the course but must complete this process to allow you to be registered.**
3. **Complete the trial schedule and email to Jeanine Dickinson at**  
[JADickinson@pensacolastate.edu](mailto:JADickinson@pensacolastate.edu) **to register for DES 2055C section 4141**
4. **In order to complete your registration for this course, you will need to the following forms:**
  1. Proof of current CPR certification
  2. A copy of current malpractice insurance
  3. A copy of current RDH license
  4. A completed health history form (your completed health history form must show no medical contraindications, including pregnancy, **you will be receiving local anesthesia injections during the clinical portion of the course**)
  5. 10 Hours of observation(form attached)

**These forms, along with payment, must be received prior to the course start date.**

### Additional information:

1. You will need Safety glasses and course book: 2<sup>nd</sup> Edition of Local Anesthesia For the Dental Hygienist by Demetra Logothetis
2. You will need to provide 2 patients, who have negative medical histories, to perform anesthesia on.
3. You must attend a mandatory course orientation meeting in the dental hygiene clinic 3103.  
**Date to be announced.**
4. You may access the course on **elearning** at the beginning of the term. You must complete all modules **prior** to the first day on campus.  
**You will not be permitted to participate in the hands on activities if the modules are not completed and you do not pass the written exam. Any delay in completion may result in failure of the course.**

Go to Pensacolastate.edu

Select elearning

Enter user name and password

Select course

Select content for course materials

# Administration of Anesthesia

## Observation Hours

Student's Name: \_\_\_\_\_

Supervising Dentist \_\_\_\_\_ Signature: \_\_\_\_\_

**10 hours of observation required prior to course, all injections must be observed.**

	Date & time of observation	Date & time of observation	Date & time of observation	Date & time of observation	Date & time of observation
Posterior Superior Alveolar					
Middle Superior Alveolar					
Anterior Superior Alveolar					
Inferior alveolar					
Buccal					
Mental					
Great Palatine					
Nasopalatine					
<b>Total Hours of Observation</b>					