

# SEDATION/ ANESTHESIA COURSE

- Sedation Review Course for Doctors (Parenteral and Enteral permit holders)
- Sedation Assistant Monitoring Course (Hygienist or Dental Assistants)
- Anesthesia Assisting Monitoring Course (Oral Surgery Assistants)

### DATES

- Friday, September 27, 2024 8:00AM 5:00PM
- Saturday, September 28, 2024 8:00AM 4:00PM
- 3 hours optional Hands-on @ The Dental Anesthesia Center
- 15 CERP CE hours
- Missouri Dental Board Approved CE pertaining to airway management, required to renew a permit every 5 years.
- Registration deadline: September 20, 2024.

# LEARNING OBJECTIVES

#### **Basic Sciences**

Anatomy & Physiology of cardiovascular, circulatory, pulmonary, & central & peripheral nervous systems.

#### Patient Evaluation and Preparation

Emphasis on patients with medical problems, such as cardiac, pulmonary, and metabolic disease.

#### Anesthetic Drugs and Techniques

Drugs used in the administration of local, oral and IV sedation, as well as other administration techniques. Review of BNDD rules.

#### Monitoring

Definitions and descriptions of monitoring techniques and equipment, with an emphasis on equipment maintenance and checks.

#### **Emergency Procedures**

Highlights of various emergency situations and appropriate treatment.

#### Case reviews

Case reviews of actual sedation cases turned into the Missouri Dental Board for review.

**Simulated Airway Procedures** 

### **COURSE DESCRIPTION**

Discuss appropriate definitions; Review appropriate patient records including DEA and BNDD record keeping; Review of history and physical evaluation; Define the ASA classification; Discuss the indications for medical consultations; Review appropriate patient selection; Demonstrate a properly maintained and equipped facilities; Discuss oral and written informed consent; Review pharmacological review of common sedatives and reversal agents; Define and demonstrate a time oriented anesthesia record; Review monitoring and assessment of the sedated patient during treatment and recovery; Discuss appropriate documentation of the management and treatment of sedated patients; Discuss appropriate discharge criteria and post-sedation instructions; Understand responses to the most common emergencies incident to administration of moderate sedation; and An examination measuring knowledge required of a dentist essential for safe and efficient moderate sedation of dental patients.



# LOCATION

City Place Auditorium 1 Cityplace Dr. St. Louis, MO 63141 Phone: 314-569-0444 Fax: 314-569-0448 Email: emily@stlouisdental.org

## INSTRUCTORS

Sean M. Thoms, DMD, MS, FADSA Michael J. Hoffmann, DDS, FACD, FADSA, FAGD Diplomates, American Dental Board of Anesthesiology Diplomates, National Dental Board of Anesthesiology

### PRICING AND CANCELLATION

- \$750 ADA Member Doctor
- \$550 Assistant/Hygienist
- \$1,050 Non-ADA Member Dentists
- \$650 Non-ADA Member Assistants/Hygienist
- Full refund with 30 day cancellation notice

## SUPPORTED, IN PART BY



ADA C·E·R·P<sup>®</sup> Continuing Education Recognition Program

Greater St. Louis Dental Society is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Greater St. Louis Dental Society designates this activity for 15 continuing education credits.



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## MAIL/EMAIL/FAX **REGISTRATION FORM WITH PAYMENT TO:**

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### SUPPORTED, IN PART BY

THE DENTAL

#### ANESTHESIA CENTER www.DentalSleepStLouis.com 314-862-7844

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- \$750 ADA Member Doctor
- \$550 Assistant/Staff
- \$1.050 Non-Member Dentists
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ONE REGISTRATION FORM PER PERSON (PLEASE PRINT)	
ADA Dentist ADA Dental Assistant/Hygienist	Non-ADA Member Dentists Non-ADA Member Dental Assistant/Hygienist
License Number (dentists & hygienists only):	
Name	Name of Dentist
Business Address	
City/State/Zip Code	
Phone/Fax	Email
PAYMENT AND TERMS: 100% of the total f	fee is due upon receipt of agreement
Check - payable to Greater St. Louis Dental Society	Visa MasterCard AMEX
CC#	Expiration Date Sec Code
Credit Card Billing Address	
Signature (indicates approval for charges on your account)	

Greater St. Louis Dental Society 🔵 11457 Olde Cabin Road 🔵 Suite 300 🔵 St. Louis, MO 63141 314-569-0444 • fax 314-569-0448 • www.greaterstlouisdentalsociety.org • emily@stlouisdental.org

Cancellation Policy: request for cancellation must be received by August, 30, 2024. All refunds are subject to a \$25 processing fee per registrant.