# Monitoring Nitrous Oxide for the DA and RDH

# SEAHEC

Friday, August 26, 2016 | 9:00am—4:00pm SEAHEC | 2511 Delaney Avenue | Wilmington, NC 28403

#### **Course Description:**

Monitoring Nitrous Oxide for the DA and RDH will cover all of the objectives required by law along with more detailed and important information. You will go over definitions and descriptions of physiological and psychological aspects of pain and anxiety, states of drug-induced central nervous system, patient monitoring, potential health hazards of trace anesthetics and more.

#### **Target Audience:**

Dental Assistants, Registered Dental Hygienists, and all other interested dental health professionals

#### Agenda:

8:30—9:00am Registration 9:00—10:20am Part I, The Law,

**Education Requirements-**

Anxiety & Pain

10:20-10:35am Break

10:35—11:45am Part II, Nitrous Oxide and

the Respiratory and

Circulatory System

**11:45am—12:45pm** Lunch (provided) 12:45—2:00pm Part III, Monitoring

Nitrous and Safety

2:00–2:15pm Break

2:15-4:00pm Part III, Complete

#### **Objectives:**

At the conclusion of this live educational activity, participants should be able to:

- Describe the NC educational requirements for the dental assistant and registered dental hygienist to monitor nitrous oxide-oxygen;
- Define monitoring;
- Describe the physiological and psychological aspects of pain and anxiety;
- ◆ List three indications for use of N20-02;
- Differentiate between the conscious and unconscious state;
- Describe the signs and symptoms of nitrous oxide sedation.

### **Featured Speaker:**

#### Catherine R. Cotter, RDH, Med

Catherine Cotter is currently an Instructor for dental hygiene at Coastal Carolina Community College and is licensed to practice dental hygiene in North Carolina and Virginia.

# **Click Here for Online Registration**



#### **Contact Information:**

Registration fee \$150 includes credit, cost of instruction, and breakfast.

Payment methods: Full payment must accompany your registration. Payment may be in the form of: cash, check (payable to SEAHEC), Visa or MasterCard.

In Person or by Mail: 2511 Delaney Ave.

Wilmington, NC 28403

By Fax (credit card only): **866-734-4405**Online (credit card only): <a href="https://www.seahec.net">www.seahec.net</a>

**Refunds/Cancellations:** Notification must be received at least two business days prior to the start date, you may choose one of the following:

- ▶ Receive a refund, minus a 30% processing fee;
- Provide us with the name of a substitute who will attend the program in your place;
- Transfer your registration to a different program.

If notification is received less than 2 days prior to start date, SEAHEC is unable to process any refund option.



If you have any question concerning accessibility or special needs assistance please call 910-667-9330.

#### Credit:

5.5 Contact Hours

5.5 Credit Hours for Dental Hygienists

Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. AGD #217248

Academy
of General Dentistry

PACE
Program Approval for
Continuing Education

10/1/2012 to 9/30/2016

#### **Disclosure Statement:**

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SEAHEC is an approved provider of CE and CDE by the American Academy of General Dentistry, the Dental Assisting National Board, and the North Carolina State Board of Dental Examiners.

SEAHEC is committed to equality of educational opportunity and does not discriminate against applicants, students, or employees on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation or veteran's status.

## SEAHEC REGISTRATION FORM Course Name: Monitoring Nitrous Oxide for the DA and RDH Date: August 26, 2016 Registration fees: \$150.00 Course #: **D48700** Name: \_\_\_\_\_Last Four Digits of SS#: Degree/Cert:\_\_\_\_\_\_Title/Occupation:\_\_\_\_\_ Preferred e-Mail Address: In order to receive all course notifications and materials, please provide a preferred e-mail address. Thank you! Home Address: Home City/State/Zip: \_\_\_\_\_\_Home Phone: \_\_\_\_\_ Workplace/Dept.: \_\_\_\_\_ Work Phone: \_\_\_\_\_ \_\_\_\_\_Work City/State/Zip: \_\_\_\_\_ Work Address: \_\_\_\_\_ Payment method (if applicable): □Cash □Check □VISA □MasterCard Credit Card Account #: Expiration Date: Print Name as it Appears on Card: \_\_\_\_\_ Cardholder's Signature: Cardholder's Address (if different than above):