

Welcome!



Welcome to the review of the LMV training session held March 5, 2014 at Good Samaritan Hospital for general volunteers interested in supporting dental work.

This is quite a photo-extensive review rather than a simple presentation. We hope that volunteers will find it helpful.

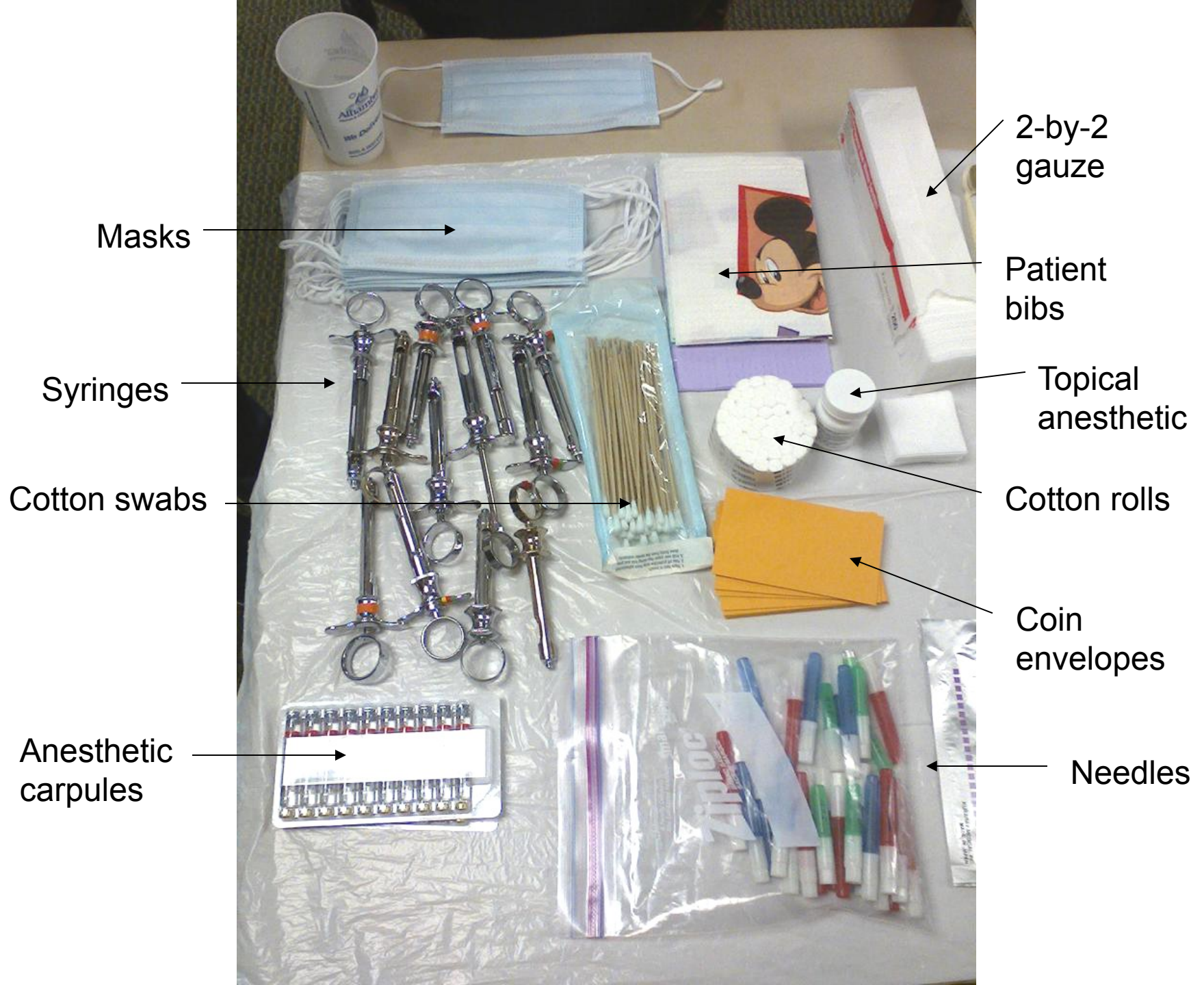


Basic hygiene and a legal note:

Before assisting, please be sure to wear a mask and gloves. If you will be assisting with a new patient, wear new gloves. It is not necessary to change masks. If you are wearing a surgical gown, and it becomes soiled, change gowns, and dispose of the old one in a red bio-waste trash bag.

Please note that only doctors and registered dental assistants will be working in patients' mouths. General volunteers assisting with dental work may help to prepare and pass along the tools and materials required but may not work in the mouth. Even so, this kind of support is needed and important, and we will greatly appreciate it.

Overview: Names



Wedges

Amalgam
bur block

Articulating
paper

Amalgam
dispensers

Matrix
band

Explorers

Cotton pellet
forceps

Mirrors

Small
spoons

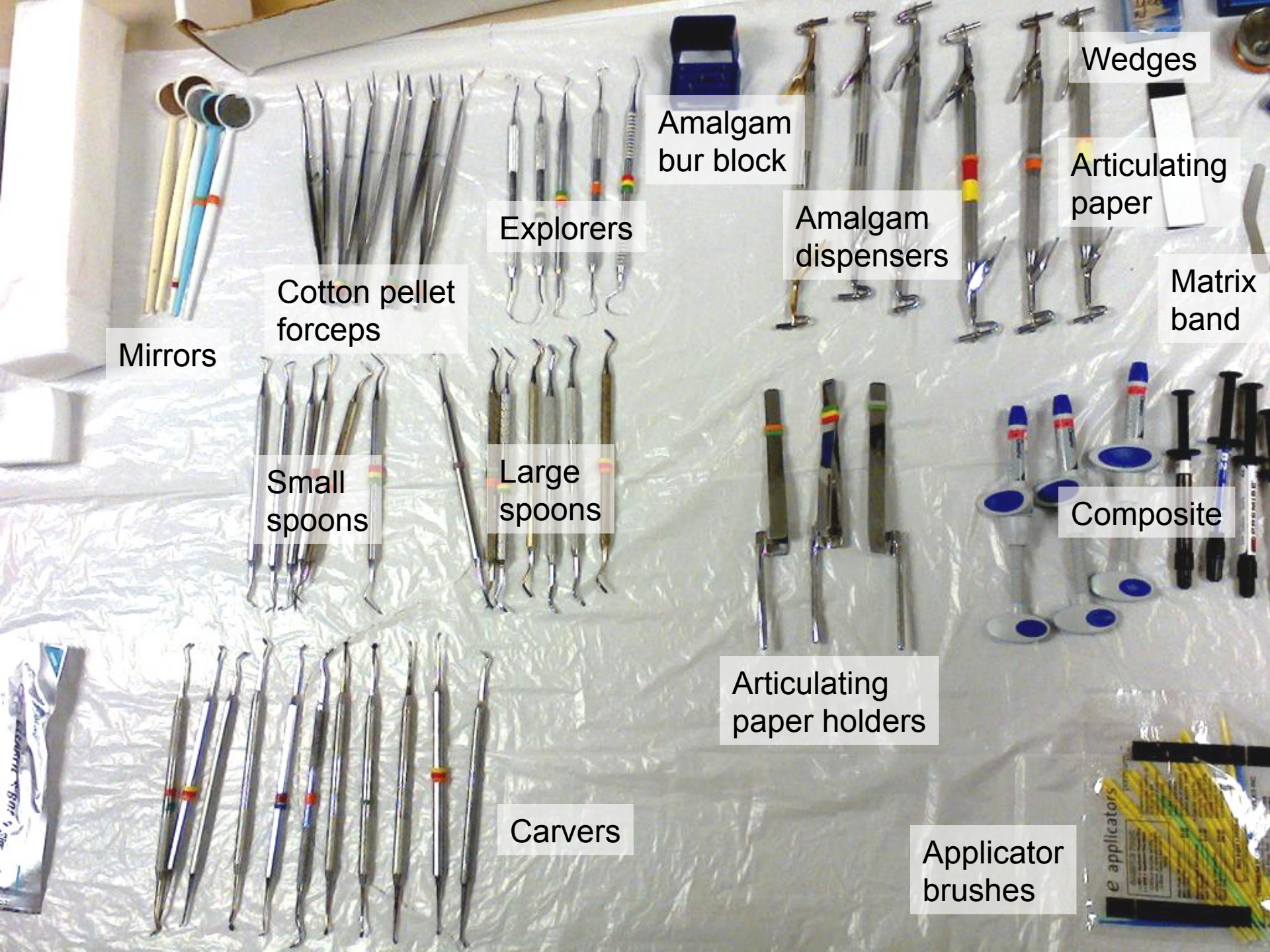
Large
spoons

Composite

Articulating
paper holders

Carvers

Applicator
brushes



Primer
and bond

Tofflemire
Matrix Retainers

Maxillary
forceps

Elevators

Root tip
elevators

Periosteal
elevators/
curettes



Scissors and
hemostats



Mandibular
forceps



Sutures



Primer and bond
(2-in-1)



Composite
dispenser



Composite
dispenser tips

Composite
dispenser tips

Trays

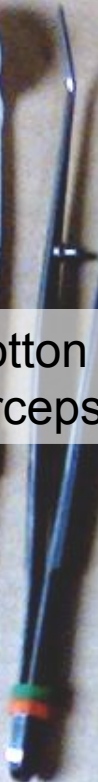
The following slides present
three common tray set-
ups:

1. Basic
2. Amalgam
3. Composite

Mirror



Cotton pellet
forceps



Explorer



2-by-2s



Basic Tray

Note: In practice, trays must be set up on actual dental trays with sterile paper or plastic covers.



Amalgam Tray

Also desirable but not displayed: Burnisher, squeeze cloth, and a sickle-shaped explorer

Discoid
cleoid

Amalgam dispenser

Large
spoon

L-to-R:
Needles and
carpule

Wedges

Articulating paper and articulating paper holder

Amalgam
well

Amalgam

Explorer

A blue and white plastic container, likely for the disinfectant solution, and a metal lid, possibly for the ultrasonic bath.

Amalgam Tray:
A closer look



Amalgam Tray: A closer look



Amalgam Tray: A closer look



Amalgam Tray: A closer look



Composite Tray

Composite



Composite Tray: A closer look



Composite Tray: A closer look



Special Items

Tips for identifying maxillary and mandibular forceps:

1. “Maxillary” refers to the upper part of the mouth. “Mandibular” refers to the lower part of the mouth or jaw.

2. Lay the tools down so that all handles are arched upward.

3. Tips facing up are for the upper part of the mouth (maxillary). Tips facing down are for the lower part (mandibular).



Maxillary and mandibular forceps: A closer look



Maxillary and mandibular
forceps: Anterior forceps

These are anterior forceps – for
the front teeth. Both handles
and tips lie flat.





Maxillary and mandibular
forceps: Cow horns

These are cow horns, a more
universal mandibular extraction
tool. The handles lie flat. The
tips are shaped like horns.

Periosteal elevators/ curettes:

If the patient's chart reads "EXT," then the doctor will be performing an extraction, and he or she will require one of these:



ted Feature Syndicate, Inc.

Root-tip
elevators:

These are also
used for
extractions.
Coleena
recommends
they be coveted
and hoarded!



Preparation

Injections:

Before assisting an injection, pass the doctor a small amount of topical anesthetic on a cotton swab.



Suction:

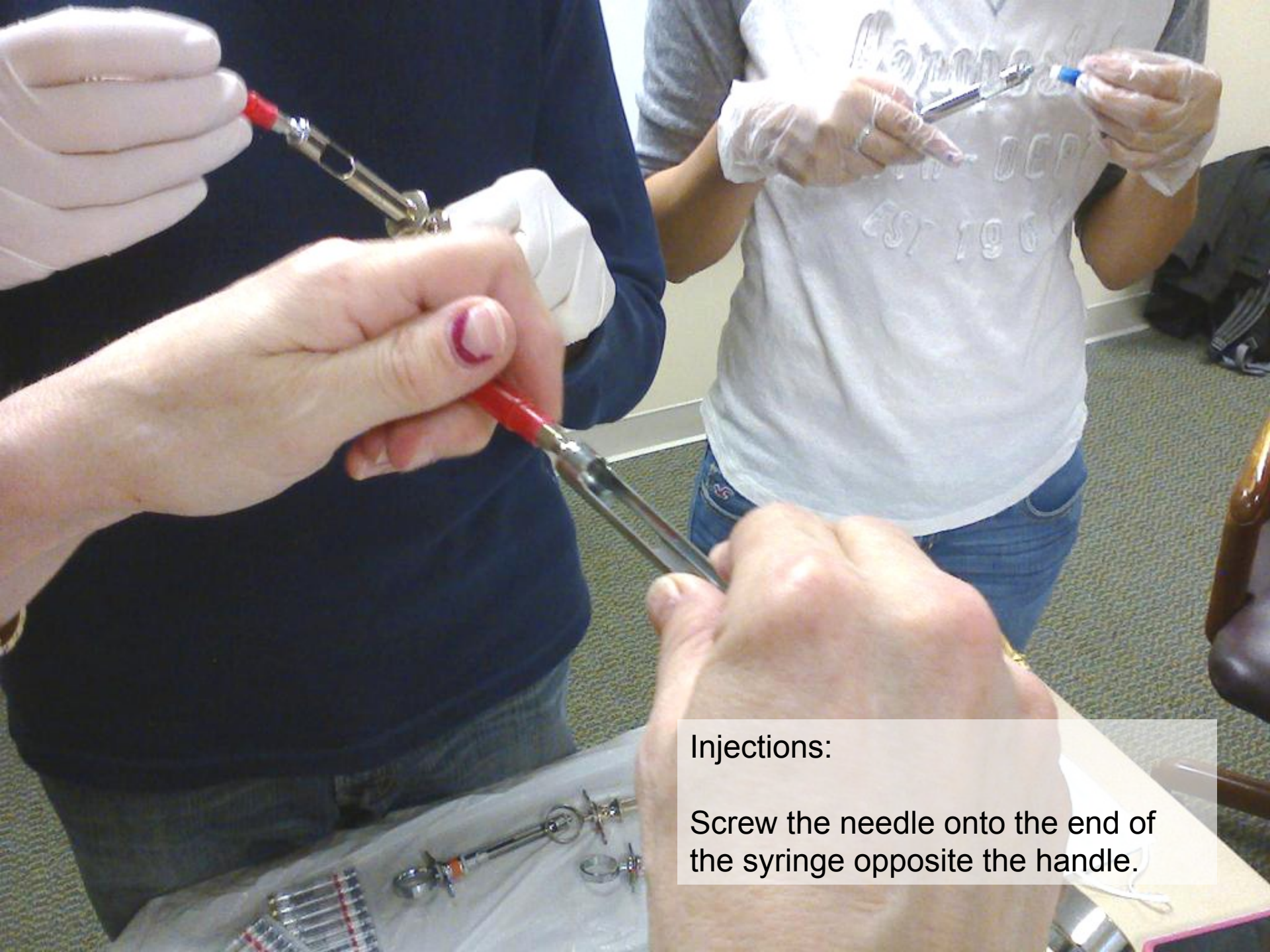
You may be asked to hold a suction tube (here represented by a straw) to keep the topical solution from washing down the patient's throat – or in other cases to remove saliva or blood. If this is needed, the doctor will request “suction.”



Injectons:

Pick up your syringe, and pull down on the handle/ring.





Injectons:

Screw the needle onto the end of the syringe opposite the handle.

When it comes to injections, generally,

- **Blue** indicates short needles and maxillary or mandibular injections.
- **Red** indicates long needles and mandibular injections.

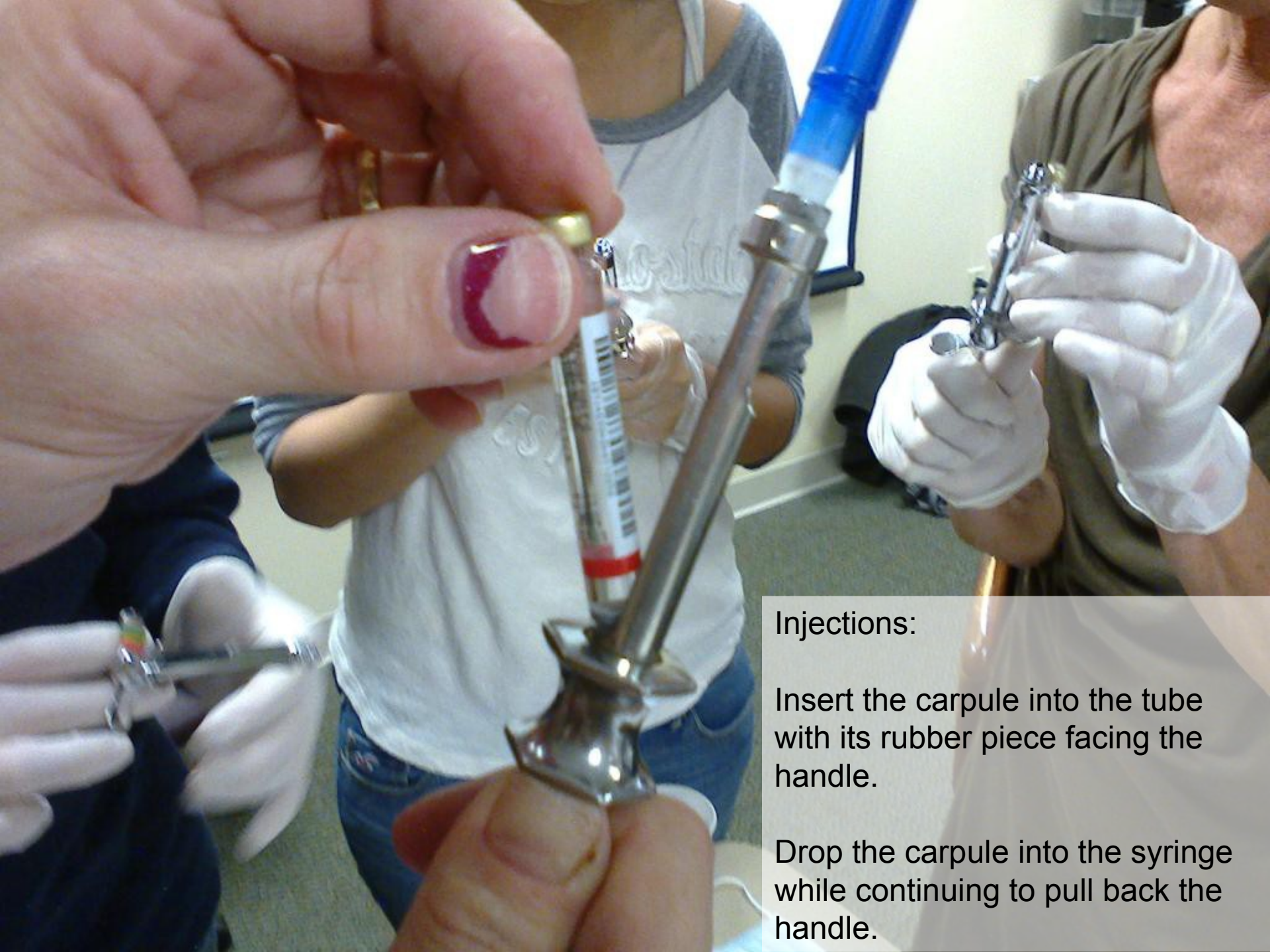
However, color coding depends on the manufacturer.



Injectors:

Pull the handle/ring back far enough that the harpoon (sharp inner piece of the syringe) within the tube can no longer be seen. —————>





Injectons:

Insert the carpule into the tube with its rubber piece facing the handle.

Drop the carpule into the syringe while continuing to pull back the handle.

Injectons:

Once the carpule is fully inside the syringe, release the handle.



Injectons:

Turn the syringe so that the handle/ring faces up, and tap the ring three times with moderate pressure to insert the harpoon into the carpule dam.



Injectons:

Pass the ring end of the syringe to the doctor for his or her safety.



Injectons:

Receive the syringe by its ring
end after use.





Injections:

Carefully slide the used needle into its plastic cover.

Do not hold the needle cover or otherwise cause the needle to approach your person.

Take any necessary measure to avoid pricks or other forms of contamination. If you have any concerns and prefer not to cover and dispose of the needle, please ask the doctor to do so directly.

If there is any incident, such as a prick, keep the needle so that it can be tested, and advise the doctor so that you can be treated.



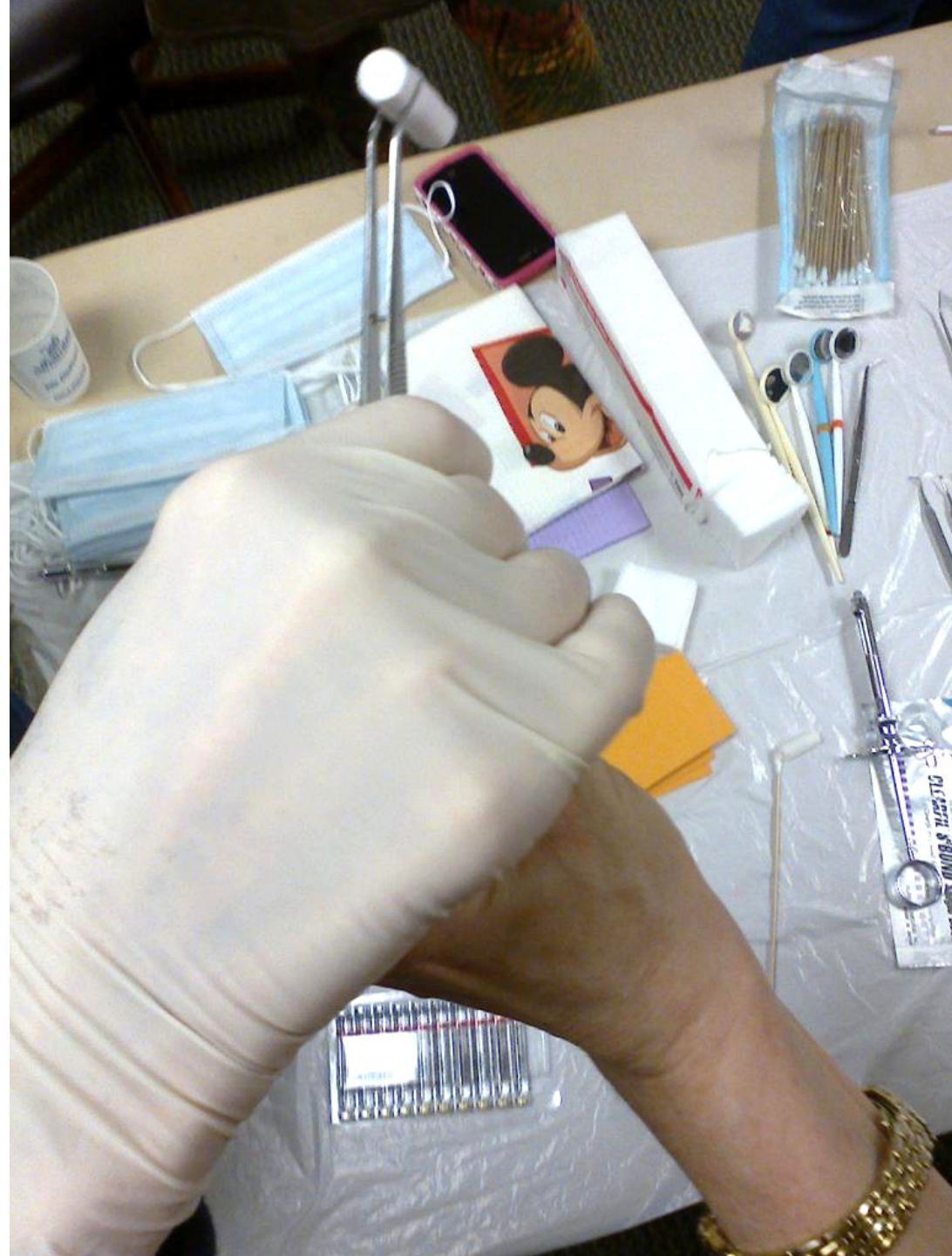
Dispose of any bio-waste such as used needles, carpules and excessively bloody 2-by-2s in this container. Lightly blooded 2-by-2s and cotton swabs may be disposed of together with other special medical waste – in the red trash bags.

Isolating a tooth:

To isolate a tooth and absorb excess saliva, the doctor may require cotton rolls. Pick up each cotton roll with cotton pellet forceps. Squeeze firmly to keep the cotton roll from slipping or falling.



Pass the forceps to the doctor, continuing to squeeze the forceps firmly.



Isolating a tooth:

If a Tofflemire Matrix Retainer is required to isolate the tooth, the doctor or a registered dental assistant will prepare it.



Primer and bond:

Primer and bond is used for amalgam and composite procedures.

The materials may come in two containers or in one 2-in-1 tube or packet.



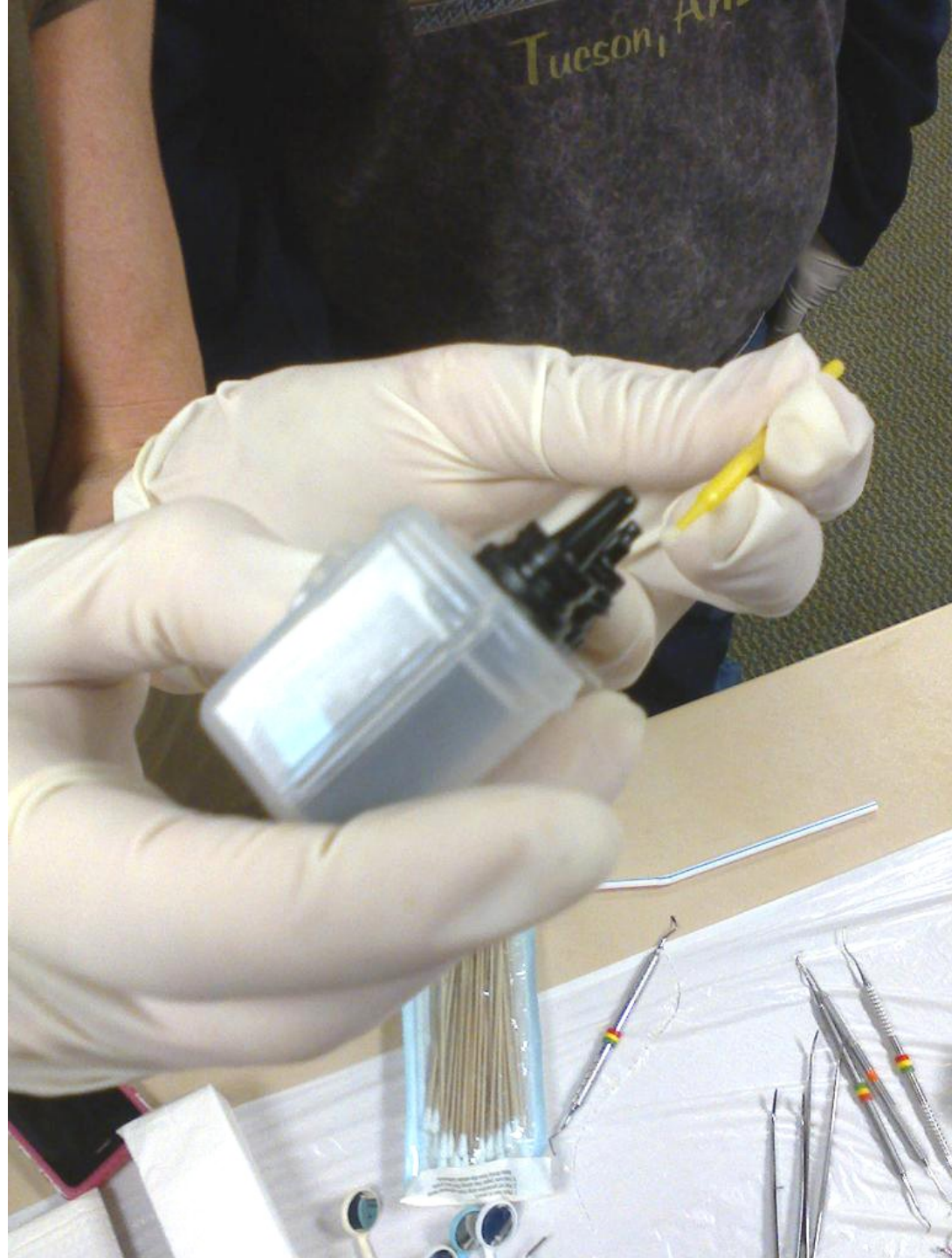
Primer and bond:

The materials are applied with micro brushes. If the primer and bond are in different containers, each should be applied with its own separate brush.



Primer and bond:

A closer look at applying primer
to a micro brush





Thank you!

Thank you to all of the volunteers who participated in this activity for your participation. Thank you to all of those who could not attend but who viewed this presentation for your attention. Thanks to everyone for your desire to serve with us!

If you have any questions, please let us know. We do plan to provide additional resources as we develop them and look forward to continuing to work with you!

Until next time!

