August 13, 2018

Hi Bernie (and Marion)

SDAA had inquired to CDSS for an opinion regarding RDA's applying Cetacaine. You responded on April 23, 2018 indicating that you believed it was appropriate, but at the same time were referring the request to the CDSS Standards Committee. To date, SDA has not received any further update from yourself or the Standards Committee. Can you please advise where we are at with this?

Susan Anholt, RDA, BA, Executive Director/Registrar

August 13, 2018

My Thoughts:

I think this is a perfectly reasonable task for a dental assistant and the procedure is self limiting with very minimal risk. I don't believe they would need any special module for this or have to have already completed an extra module such as cord-packing.

I feel this could be done by any DA as long as the order for where and when it is to be applied is given by the dentist, hygienist (who has the ability to give LA), or dental therapist within the office and one of them is present in the office at the time of application.
Drew

August 14, 2018

I am having trouble thinking of one good reason that Dental Assistants could not deliver cetacaine or oraqix sub gingivally, my only thought is that perhaps it would open the door to them being able to scale sub gingival but its a very far stretch. I would think that after a retraction cord course they would be able to handle this task. I also think the retraction cord module could easily be incorporated into the existing Dental assistant course at SIAST instead of a extra module and this skill could be combined with their existing training for topical application. I hope this is helpful.

Allison Mang

August 14, 2018

I do not see a problem for DAs to administer cetacaine for procedures that would benefit from its use. I like the idea of having prior approval first from the dentist, hygienist, or therapist. I feel that there is a bit of a technique as to administration (micro brush vs pipette) and amount to be administered. If this can be covered when topical placement is discussed, I feel this is adequate along with possible practice placement once with supervision. From what I read, there can be some contradictions on placement ie) not under cotton rolls or dentures that may need to be discussed. I don't think gingival cord placement unit is really needed to administer. I do think a demo by rep or qualified dental health professional would be helpful for those out of school and covering it in school would be adequate.
Thanks
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MECHANISM OF ACTION

The combination of benzocaine (short duration for a quick onset in 30 seconds), tetracaine hydrochloride (slow onset for an extended duration of 30 to 60 minutes) and butamben (intermediate action bridge) acts by reversibly blocking nerve conduction. The speed and duration of action are determined by the ability of these agents to be absorbed by the mucous membrane and nerve sheath and then diffuse out, and

ultimately be metabolized, primarily by plasma cholinesterases, to inert metabolites which are excreted in the urine.

INDICATIONS

Production of anesthesia of all accessible mucous membranes except the eyes. Ideal for these situations:

- Implants uncovery
- Laser dentistry
- Periodontal treatment
- Pre-probing procedures
- Pre-scaling and root planing procedures
- Retraction cord placement
- Rubber dam placement
- Topical anesthetic for pre-injection
- X-ray radiography

BENEFITS

- Cost-efficient: approximately $1.10 per quadrant
- Facilitates patient comfort and co-operation
- Improved patient chairside experience
- Long lasting: 30 to 60 minutes
- Luer-lock system allows to extrude only the necessary quantity
- Quick onset: 30 to 60 seconds
- Thin and flexible applicator for sub-gingival application
- 30g bottle = 75 full mouths or 300 quadrant applications

ACTIVE INGREDIENTS

- Benzocaine 14%
- Butamben 2%
- Tetracaine Hydrochloride 2%

KIT INCLUDES

- 30g Cetacaine liquid bottle
- Luer-lock dispenser cap
- 100 graduated 0.4ml dispensing syringes
- 100 microcapillary dispensing tips

DIN

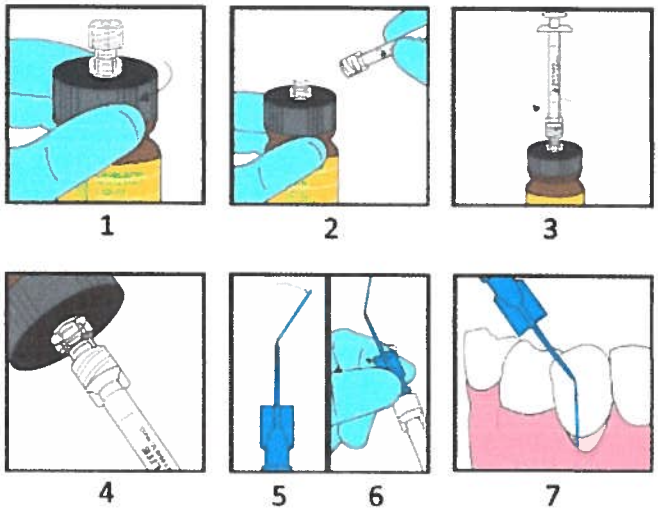
02028867

DIRECTIONS FOR USE

1. Remove the shipping cap, discard and replace with luer-lock dispensing cap. Once dispensing cap is in place, it should not be removed.
2. Remove the small cap from the luer-lock port.

Retain for replacement after use.

3. Lock a delivery syringe onto the port.
4. Invert the bottle and slowly draw liquid (0.4ml maximum) into syringe. If air is drawn into syringe, push the liquid back into the bottle and slowly re-draw liquid into syringe.
5. Holding bottle upright, remove the syringe from the port and replace the small port cap.
6. Attach a microcapillary delivery tip to the syringe. The tip may be bent to improve access.
7. Apply Cetacaine Liquid drop-wise to accessible mucous membrane (such as the buccal and lingual sulcus) by slowly depressing the syringe plunger.
8. Wait 60 sec. for maximum anesthesia before beginning procedure.



REASONS TO SWITCH TO CETACAINE

REASONS	CETACAINE 30g bottle	COMPETITOR (20 carpules x 1.7g = 35g)	BENZOCAINE ONLY PRODUCTS
FACILITATES YOUR WORK AND INDICATED FOR PRE-INJECTION USE	Yes	Not indicated for pre-injection	Does not facilitate work significantly.
SUB-GINGIVAL APPLICATION	Yes	Yes	Microbrush does not allow sub-gingival application.
LONGEST-LASTING	30 to 60 minutes	20 minutes	Approx. 10 minutes
FAST ONSET	30 seconds	30 seconds	Approx. 5 minutes
INGENIOUS DELIVERY SYSTEM	Extrude only the quantity you need.	Once the carpule is open you can't reuse the product later on.	Microbrush
HIGHEST QUANTITY OF QUADRANTS TREATED PER KIT	Approx. 300 quadrants	Approx. 20 quadrants (1 carpule = 1 quadrant)	Not significant, since the anesthesia obtained is far less profound and it needs to be continually reapplied.
LOWEST COST PER QUADRANT	Approx. $1.10	Approx. $7.40 (Kit of 20 carpules = $148)	n/a
MAXIMUM DOSE PER VISIT	0.4ml 1.3% of the kit	8.7g or 5 carpules 24% of the kit	n/a

IMPORTANT NOTES

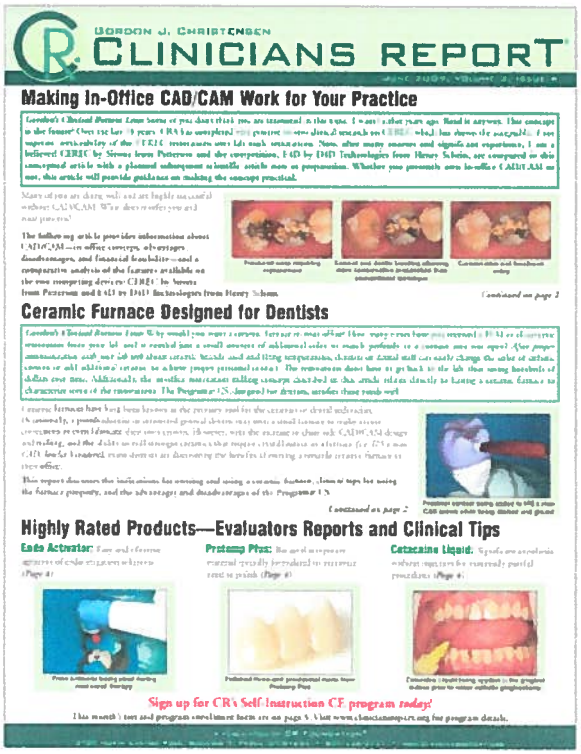
• For optimal use, apply Cetacaine on 2 to 3 teeth at a time. If necessary, reapply until pain is controlled without exceeding 0.4ml.

• Using a microbrush is indicated when periodontal pocketing is not deep but the tissues are inflamed and sensitive. Place a few drops of Cetecaine in a Dappen dish and apply with a microbrush by running it along the sulcus.

WARNINGS

Should never be used for injection. Should not be administered to patients who are hypersensitive to any of its ingredients or known to have cholinesterase deficiencies. Should not be used under dentures or cotton rolls, as retention of the active ingredients could possibly cause an escharotic effect. The complete product monograph is available by contacting us at 1-888-442-7070 or here.

FEATURED PUBLICATIONS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