

Wed 10/29/2014 5:10 PM

Stanley Malamed [malamed@usc.edu](mailto:malamed@usc.edu)  
Re: Supervision level for local anesthesia  
To: mikedebshardt <[mikedebshardt@diodecom.net](mailto:mikedebshardt@diodecom.net)>

Ms. Schardt:

I am unaware of any increased risk (morbidity/mortality) associated with the administration of local anesthesia by dental hygienists under general supervision versus indirect supervision. So long as the person injecting the drug is trained to (1) administer properly (aspirate, slow injection); (2) adequately perform a physical evaluation of the patient (review medical history); (3) be able to recognize signs & symptoms of 'problems', and (4) be able to manage those problems, whether or not a doctor is physically present in the office should not make a difference in safety.

SFM

Dr. Stanley Malamed  
Dentist Anesthesiologist  
Emeritus Professor of Dentistry  
Ostrow School of Dentistry of USC  
Los Angeles, CA

tel: 818.822.7951  
E-mail: [malamed@usc.edu](mailto:malamed@usc.edu)  
[www.drmalamed.com](http://www.drmalamed.com)

On Oct 26, 2014, at 19:09, mikedebshardt <[mikedebshardt@diodecom.net](mailto:mikedebshardt@diodecom.net)> wrote:

Dr. Malamed,

Nebraska is currently under going a technical review for scope of practice changes for dental hygienists and dental assistants.

Do you have any information on any increased risks in allowing dental hygienists to administer local anesthetic under general supervision as opposed to indirect supervision? I know there are 8 states who currently allow this procedure under general supervision.

Any assistance you could provide would be most appreciated.

Thank you!

Deb Schardt

Deb Schardt, RDH  
5644 Rd. U  
Carleton, NE 68326  
[mikedebshardt@diodecom.net](mailto:mikedebshardt@diodecom.net)  
402 310 4428---cell  
402 365 4262---home

Sent from my Verizon Wireless 4G LTE smartphone