



Nitrous Oxide Monitoring for the Dental Assistant

This hybrid course is designed to prepare the dental auxiliary to become certified to administer and monitor Nitrous Oxide under the direct supervision of their dentist in Missouri. (4 CE Credits)

Missouri Dental Association Clinical Training Center

3340 American Ave, Jefferson City MO 65109 (enter lower level, back of building)

9:15am Registration & Check-In • **9:30am-1pm** Lecture and Hands-On Competency Testing

Course Description: This course will provide online didactic information to dental assistants to gain knowledge to understand their responsibility of monitoring the patient when they assist their supervising dentist during the administration of nitrous oxide, as well as provide hands-on instruction and competency testing. This course is approved by the Missouri Dental Board for dental assistants to obtain certification. When successfully completed, the dental assistant will submit a permit application to the Missouri Dental Board.

Course Overview:

- Online Didactic Coursework
 - Nitrous Oxide Monitoring Learning Presentation
 - Online Written Competency Exam
 - Review of Skills Standards Evaluation
- Hands-On Clinical Course and Competency Testing

Cancellations:

A fee of \$50/per registrant will be charged for all cancellations more than two weeks from the course date. No refunds given less than two weeks prior to the course date. If you must cancel after that date, you may reschedule for the next available course date or transfer registration to another person. No refund or transfer provided to any registrant no-show without prior notification to the MDA.

**Students who are pregnant will not be allowed to have nitrous oxide administered to them during this course. If a student who is pregnant would still like to take the course, they will need to have a doctor's note allowing the student to administer (only) nitrous oxide for the purpose of training and competency testing.*

The consent and waiver forms included in this packet must be completed and returned by all registrants listed on the registration form. The registration will not be completed without the required forms.



NITROUS OXIDE MONITORING COURSE REGISTRATION FORM

REGISTRANT # 1 INFORMATION			
Name			
Address			
City		State	Zip
Phone		Personal Email	
REGISTRANT # 2 INFORMATION			
Name			
Address			
City		State	Zip
Phone		Personal Email	
REGISTRANT # 3 INFORMATION			
Name			
Address			
City		State	Zip
Phone		Personal Email	
REGISTRANT # 4 INFORMATION			
Name			
Address			
City		State	Zip
Phone		Personal Email	
SUPERVISING DOCTOR INFORMATION			
Name		ADA Membership #	Practice Name
<i>If the supervising doctor is a member of the ADA/MDA, the member fee will be charged (\$299/registrator).</i>			
<i>If the supervising doctor is NOT a member of the ADA/MDA, the non-member fee will be charged (\$359/registrator).</i>			
COURSE DATE <i>(All courses held at the MDA Clinical Training Center in Jefferson City)</i>			
Date			
REGISTRATION FEE \$299/REGISTRANT (MEMBER FEE) \$359/REGISTRANT (NON-MEMBER FEE)			
Total Amount Due \$		☐ Credit Card (VISA/MC/DISC) ☐ Check (Payable to MDA)	
Card Number		Exp Date	CSV
Name on Card		Signature	
Phone		Email	
CREDIT CARD BILLING ADDRESS <i>Provide only if paying by credit card</i>			
Address			
City		State	Zip

Registration deadline, one week prior to course date. Online coursework must be completed prior to the clinical course.

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Questions: Email Mandy Lewis at mandy@modentalmail.org.

Return Completed Form: Fax 573-635-0764 or Email mandy@modentalmail.org. To pay by check (made to MDA), send form and check to 3340 American Ave, Jefferson City MO 65109.

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AGREEMENT

In consideration for the services provided to me by the Missouri Dental Association (“MDA”), including, but not limited to, allowing me to enroll and participate in the Nitrous Oxide Monitoring Course (NOMC) as a student, I hereby agree to the terms and conditions as outlined below in this Assumption of Risk, Release, and Waiver of Liability Agreement (“Agreement”).

1. I acknowledge that my participation in MDA’s NOMC entails known and unanticipated risks, which could result in physical or emotional injury or damage to myself or my property. I understand that MDA has taken steps to minimize risk but that some risks simply cannot be eliminated.
2. I expressly agree and promise to accept and assume all the risks, known and unknown, existing in the NOMC. My participation in the NOMC is purely voluntary, and I was not forced or coerced into enrolling or participating in the program.

3. I, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVE AND ESTATE, HEREBY VOLUNTARILY RELEASE, WAIVE, AND FOREVER DISCHARGE ANY AND ALL CLAIMS OF NEGLIGENCE AGAINST THE MISSOURI DENTAL ASSOCIATION, ITS BOARD OF TRUSTEES, AGENTS, OWNERS, VOLUNTEERS, PARTICIPANTS, EMPLOYEES, TRAINERS, GRADERS, AND ALL OTHER PERSONS OR ENTITIES ACTING IN ANY CAPACITY ON THEIR BEHALF (“AFFILIATES”), THAT RELATE IN ANY WAY TO ANY ACTIVITY I UNDERTAKE WHILE ENROLLED OR PARTICIPATING IN THE EXPANDED FUNCTIONS DENTAL ASSISTANT PROGRAM.

4. I further agree to indemnify and hold harmless MDA and its Affiliates from any and all claims, demands, causes of action, including attorney’s fees, arising from my negligence, or willful acts while enrolled or participating in the NOMC. Should MDA or any of its Affiliates be required to incur attorney’s fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I agree to bear the costs of any personal injury or damage I may cause while enrolled in or participating in the NOMC. I certify that I am willing to assume the risk of any medical or physical condition I may have.

6. I acknowledge that enrollment and participation in the NOMC does not guarantee that I will successfully obtain NOMC certification. I understand that I must complete the courses within the program to the satisfaction of the Trainers and Graders, in their professional judgment. I also acknowledge that even if I do successfully obtain my NOMC certification, it does not assure that I will obtain employment as a dental assistant. I agree to raise any concerns or complaints about grading or my completion of the NOMC directly with MDA before filing a claim or bringing an action against MDA or its Affiliates based on these concerns.

7. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Missouri, without reference to any choice of law provision therein. Venue shall be exclusively in the State of Missouri for any action or proceeding arising from or related to this Agreement. If any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement. I further certify that I have read and understood it, and I agree to be bound by its terms. **I further acknowledge that this document contains a negligence waiver and indemnification provisions.**

Name	Signature
NOM Course Date	Email
Phone	Date Signed

**Missouri Dental Association
Informed Consent for Nitrous Oxide Monitoring Course**

Procedure to be performed: Student will be administering Nitrous Oxide to another student partner for training and competency testing purposes.

I understand that the administration of nitrous oxide has hazards, risks, and potential side effects. They include, but are not limited to, the following:

- Excessive perspiration, sweating, and/or feeling 'flush.'
- Excessive talking, laughing, nervousness, anxiousness, disassociation, and/or hallucinations.
- Shivering/chills, tingling, lightheadedness, and/or heavy feeling followed by feeling of floating.
- Nausea and vomiting.
- Impaired speech, mental performance, and motor reflexes.
- Medical conditions including hypotension (decrease in blood pressure), apnea (occasional pause in breathing), respiratory suppression, diffusion hypoxia (short-term reduction in oxygen supply to lungs immediately following Nitrous Oxide use), and adverse reproductive effects.

My supervising dentist has discussed with me the benefits of nitrous oxide which can include, but are not limited to, reducing or preventing fears and anxieties that may precipitate other medical problems including fainting, racing heartbeat, panic attacks, hyperventilation, or other heart related disorders. This consent is valid for the clinical course date _____ and for the purposes of training and competency testing only.

Please mark any of the following conditions you have:

- ☐ Pregnancy* (*Please see below*)
- ☐ Cystic fibrosis
- ☐ Emphysema
- ☐ Congestion to nose
- ☐ B12 deficiency (pernicious anemia)
- ☐ Medication sensitivities
- ☐ Chronic bronchitis
- ☐ Acute otitis media (ear infection)
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Inadequate hematocrit or hemoglobin levels
- ☐ Recent use of alcohol, barbiturates, narcotics, or recreational drugs
- ☐ Recent tympanic membrane graft
- ☐ Current use of psychiatric mood-altering drugs/medications
- ☐ Treatment with bleomycin sulfate
- ☐ Pneumatic Retinopexy
- ☐ Methylenetetrahydrofolate deficiency

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Post Operative Instructions

- Nitrous oxide is a non-absorbed gas that is quickly cleared from the system by the administration of oxygen. The following is a brief list of post-care recommendations to aid recovery and minimize complications.
- Although exhaustion in adults is uncommon, it can occur.
- It is recommended to not eat or drink anything for 2 hours following your appointment to avoid the chances of nausea and vomiting.
- Vigorous exercise and heavy lifting may want to be avoided for 24 hours following use of nitrous as you may become lightheaded or nauseous.
- If you begin to feel nauseous or lightheaded, please limit your physical activity and refrain from operating a motor vehicle until symptoms subside.

PATIENT CONSENT:

I understand and consent to the above procedure and agree to cooperate with the course trainers. I will follow post-operative instructions to the best of my ability for my own comfort and safety. I have had an opportunity to ask questions about the above treatment.

Student:	Date:
Supervising Dentist:	Witness: