**IV sedation theory course for the dental team with a focus of treating special care patients (IACSD Accredited)**

Tuesday 24 May 2022

Royal Hospital for Neuro-disability, London UK

This one day theory course has been accredited by the IACSD, Royal College of Surgeons and is suitable for dentists, dental nurses and new starters.

The day will have specific emphases on IV sedation with midazolam for adults with additional needs including learning disabilities, older adults and people with complex medical histories.

The day is being led by experienced consultants and nurses in special care dentistry

After this training delegates will need to find mentors if they are a new starter to sedation

This day will also be useful CPD for dental team who need a refresher course in sedation or want to learn more about sedating patients with additional needs. The day will include:

* Patient assessment
* Pharmacology and physiology
* Practical IV sedation
* Oral/Tranmuscoal sedation
* Managing sedation related complications

**Cost per delegate:**

**£90 for dentists**

**£70 for dental nurses**

**Contact:**

[**institute@rhn.org.uk**](mailto:institute@rhn.org.uk) **/ (+44 0)208 780 4500 x5140**

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**Registration form**

**£90 Dentist fee**

**£70 Dental nurse fee**

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| **Title:** Click here to enter text. **First Name:** Click here to enter text. **Surname:** Click here to enter text. |
| **Job Title:** Click here to enter text. **Organisation:** Click here to enter text. |
| **Address:** Click here to enter text.  **Postcode:** Click here to enter text. |
| **Telephone:** Click here to enter text. **Mobile:** Click here to enter text.  **Email:** Click here to enter text. |
| **Special requirements: Click here to enter text.** |
| **PAYMENT METHOD (Please tick your chosen method)**    **Credit/Debit Card: We accept debit and credit card payments; please contact 020 8780 4500 Ext. 5141/5140 to pay securely by phone**    **Invoice: INVOICE REQUESTS WILL NOT BE ACCEPTED IF A PO/REFERENCE IS NOT PROVIDED**  **PO or other reference number: Click here to enter text.**  **Invoicing address: Click here to enter text.**  **Accounts payable contact email: Click here to enter text. Accounts payable contact tel: Click here to enter text.**  **☐ BACS Please send to the following Natwest Bank, RHN General Account**  **4 1 6 5 5 2 7 3**  **6 0 2 0 0 9**  **Sort code Account no.**  4 1 6 5 5 2 7 3  **Please send your BACS remittance form as confirmation of payment.**  **Your BACS reference – please include the code N005 and your surname: Click here to enter text.**  **Cheque: Payable to The Royal Hospital for Neuro-disability and send for the attention** **of Anna Harlow** |
| **If you are not self-funding please confirm who has authorised your attendance at this course and the funding:**  **Name:** Click here to enter text. **Position:** Click here to enter text.  **Contact email:** Click here to enter text. **Tel:** Click here to enter text. |
| **Please add me to the mailing list to receive information about future RHN academic events** |

**Please return this form (one per applicant) to the Conference Manager at** [**institute@rhn.org.uk**](mailto:institute@rhn.org.uk) **– or by post:**

Royal Hospital for Neuro-disability, West Hill, Putney, London SW15 3SW United Kingdom

**Venue:** Royal Hospital for Neuro-disability, London.

**Cancellations/refunds:** A refund, less 20% administration fee will be made if cancellations are received in writing at least 4 weeks before the course. We regret that refunds cannot be made for cancellation or non-attendance after this time. Substitute attendees are welcome at any time.