

Official but unformatted

Clinical Guideline on Use of Anesthesia Care Providers in the Administration of In-office Deep Sedation/General Anesthesia-to the Pediatric Dental Patient

Originating Committee

Council on Clinical Affairs – Sedation and General Anesthesia Subcommittee

Review Council

Council on Clinical Affairs – Sedation and Anesthesia Subcommittee

Adopted

2001

Revised

2005

Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes that there exists a patient population for whom routine dental care using nonpharmacologic behavior guidance techniques is not a viable approach.¹ The AAPD intends this guideline to assist the dental practitioner who elects to use an anesthesia care provider for the administration of deep sedation/general anesthesia for pediatric dental patients in a dental office or other facility outside of an accredited hospital or surgicenter. This document will discuss the personnel, facilities, documentation, and quality assurance mechanisms necessary to provide optimal and responsible patient care.

Methods

The revision of this guideline is based upon a review of current dental and medical literature pertaining to deep sedation/general anesthesia of dental patients. A MEDLINE search was performed.

Background

Pediatric dentists seek to provide oral health care to infants, children, adolescents, and those with special health care needs in a manner that promotes excellence in quality of care and concurrently induces a positive patient attitude toward dental treatment. Behavior guidance techniques have allowed most pediatric dental patients to receive treatment in the office with minimal discomfort and without expressed fear. Minimal or moderate sedation has provided others with the ability to accept treatment. However, there exists a subset of children and special needs patients that, because of extensive treatment needs, acute situational anxiety, uncooperative age-appropriate behavior, immature cognitive functioning, disabilities, or medical conditions, require deep sedation/general anesthesia to receive dental treatment in a safe and humane fashion. Access to hospital-based anesthesia services may be limited for a variety of reasons, including restriction of coverage of third-party payors. Many pediatric dentists, and others who treat children, have sought to provide for the administration of deep sedation/general anesthesia by properly trained individuals in their offices or other facilities outside of the traditional surgical setting.

Utilizing deep sedation/general anesthesia in the dental office offers benefits for the patient and for the dental team. Access to care may be improved; both the number of dentists utilizing these advanced behavior guidance techniques and the availability of surgical setting options for the operating dentist may be increased. The treatment may be scheduled more easily and efficiently. Facility charges and administrative procedures may be less than those associated with a surgical center. Complex or lengthy treatment can be provided comfortably while minimizing patient memory of the dental procedure. By decreasing patient movement, the quality of care may be improved. The dentist can use his/her customary delivery system with access to supplemental equipment, instrumentation, or supplies should the need arise.

The use of anesthesia care providers to administer deep sedation/general anesthesia in the pediatric dental population is an accepted treatment modality.²⁻⁴ The AAPD supports the provision of deep sedation/general anesthesia when, in the judgment of the dental practitioner, clinical indications have been met and additional, properly trained and credentialed personnel and appropriate facilities are used (see pages XX).¹ In many cases, the patient may be treated in an appropriate outpatient facility including the dental office because the extensive medical resources of a hospital are not necessary. It is

Official but unformatted

well documented that this is a safe and viable approach.²⁻⁴

This guideline does not supercede, nor is it to be used in deference to, state and local credentialing and licensure laws and codes. It cannot and does not predict nor guarantee a specific patient outcome.

Recommendations

Personnel

In-office deep sedation/general anesthesia techniques require at least 3 individuals. In addition to the anesthesia care provider and treating dentist, support staff shall be present to assist the operator as necessary.

It is the obligation of the treating practitioner, when employing anesthesia-trained personnel to administer deep sedation/general anesthesia, to verify their credentials and experience.

1. The anesthesia care provider must be a licensed dental and/or medical practitioner with appropriate state certification for deep sedation/general anesthesia.
2. The anesthesia care provider must have completed a 1- or 2-year dental anesthesia residency or its equivalent, as approved by the American Dental Association (ADA) and/or medical anesthesia residency as approved by the American Medical Association (AMA).
3. The anesthesia care provider must be licensed by and in compliance with the laws of the state in which he/she practices. Laws vary from state to state and must be respected.
4. If state law permits a certified registered nurse anesthetist to function under the supervision of a dentist, the dentist is required to have completed training in deep sedation/general anesthesia and be licensed or permitted, as appropriate to state law.

The dentist and anesthesia care provider must be compliant with the AAPD's Clinical Guideline on Elective Use of Minimal, Moderate, and Deep Sedation and General Anesthesia for Pediatric Dental Patients¹ or other appropriate guideline(s) of the ADA, AMA, and their recognized specialties. The recommendations in this document may be exceeded at any time if the outcome of the change involves improved safety and is supported by currently accepted practice and/or is evidenced-based.

The dentist and anesthesia care provider must work together to enhance patient safety. Effective communication is essential. The dentist introduces the concept of deep sedation/general anesthesia to the parent and provides appropriate pre-operative instructions and informational materials. The dentist or his/her designee coordinates medical consultations if necessary. The anesthesia care provider explains potential risks and obtains informed consent for sedation/anesthesia. Office staff should understand their additional responsibilities and special considerations (eg, loss of protective reflexes) associated with in-office delivery of deep sedation/general anesthesia.

Advanced training in recognition and management of pediatric emergencies is critical in providing safe sedation and anesthetic care. Although it is appropriate for the most experienced professional (ie, the anesthesia provider) to assume responsibility in managing anesthesia-related emergencies, the operating dentist and clinical staff need to maintain current expertise in basic life support (BLS). An individual experienced in recovery care must be in attendance in the recovery facility until the patient exhibits respiratory and cardiovascular stability through continual monitoring and appropriate discharge criteria have been met. In addition, the staff of the treating dentist must be well-versed in emergency protocols (including cardiopulmonary resuscitation) and contact numbers for emergency medical services and ambulance services. Emergency preparedness must be updated and practiced on a regular basis.

Facilities

There exists a continuum among the levels of sedation and general anesthesia. These levels are not easily differentiated and patients may drift among them. When anesthesia care providers are utilized for the in-office administration of deep sedation or general anesthesia, the facilities in which the dentist practices must meet the guidelines and appropriate state codes for administration of the highest possible level of sedation/anesthesia. The treatment room must accommodate the dentist and auxiliaries, the patient, the anesthesia care provider, the dental equipment, and all necessary anesthesia delivery

Official but unformatted

equipment along with appropriate monitors and emergency equipment. It is beyond the scope of this document to dictate equipment necessary for the provision of deep sedation/general anesthesia, but equipment must be appropriate for the technique used and consistent with the guidelines for anesthesia providers in accordance with state rules and regulations. Because laws and codes vary from state to state, the “Clinical Guideline on Elective Use of Minimal, Moderate, and Deep Sedation and General Anesthesia for Pediatric Dental Patients”¹ must be followed as the minimum requirements. Minimal monitoring equipment for deep sedation includes a blood pressure monitor, pulse oximeter, precordial stethoscope, capnograph, and electrocardiograph. In addition to the monitors required for deep sedation, a temperature monitor and pediatric defibrillator are required for general anesthesia. Emergency equipment must be readily accessible and should include the necessary drugs and age-/size-appropriate equipment to resuscitate and rescue a nonbreathing and unconscious pediatric dental patient and provide continuous support while the patient is being transported to a medical facility. Recovery facilities must be available and suitably equipped.

Documentation

Prior to delivery of deep sedation/general anesthesia, appropriate documentation shall address rationale for sedation/general anesthesia, informed consent, instructions to parent, dietary precautions, and preoperative health evaluation.

Because laws and codes vary from state to state, the “Clinical Guideline on Elective Use of Minimal, Moderate, and Deep Sedation and General Anesthesia for Pediatric Dental Patients” must be followed as minimum requirements for a time-based anesthesia record.

1. Vital signs: Pulse and respiratory rates, blood pressure, and oxygen saturation must be monitored and recorded at specific intervals throughout the procedure and until the patient has met documented discharge criteria.
2. Drugs: Name, dose, route, site, and time of administration of all drugs, including local anesthesia, must be documented. When anesthetic gases are administered, concentration, flow rate, and duration of all agents and oxygen shall be documented.
3. Recovery: The condition of the patient, that discharge criteria have been met, time of discharge, and into whose care the discharge occurred should be documented.

Various business/legal arrangements may exist between the treating dentist and the anesthesia provider. Regardless, because services were provided in the dental facility, the dental staff must maintain all patient records, including time-based anesthesia records, so that they may be readily available for emergency or other needs. The dentist must assure that the anesthesia provider also maintains patient records and that they are readily available.

Risk management and quality assurance

Dentists who utilize in-office anesthesia care providers should take all necessary measures to minimize risk to patients. Knowledge, preparation, and communication between professionals are essential. The dental office must provide quality of care equal to that of the hospital-based facility. Prior to subjecting a patient to deep sedation/general anesthesia, the patient must undergo a preoperative health evaluation.^{1,5} High-risk patients should be treated in a facility properly equipped to provide for their care.^{1,5} The dentist and anesthesia care provider must communicate during treatment to share concerns about the airway or other details of patient safety. Furthermore, they must work together to develop mechanisms of quality assurance. Untoward and unexpected outcomes must be reviewed to monitor the quality of services provided. This will decrease risk, allow for open and frank discussions, and improve the quality of care for the pediatric dental patient.

References

1. American Academy of Pediatric Dentistry. Clinical guideline on elective use of minimal, moderate, and deep sedation and general anesthesia for pediatric dental patients. *Pediatr Dent*. 2004;26(7):95-103.
2. American Dental Association. Policy Statement: The Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Dentistry. Available at: <http://ada.org/prof/resources/positions/statements/useof.asp> Accessed February 16, 2005.

Official but unformatted

3. Nick D, Thompson L, Anderson D, Trapp L. The use of general anesthesia to facilitate dental treatment. *General Dentistry*. 2003;51:464-468.
4. Wilson S. Pharmacologic behavior management for pediatric dental treatment. *Pediatr Clinics North America*. 2000;47:1159-1173.
5. American Dental Association. Guidelines for the Use of Conscious Sedation, Deep Sedation, and General Anesthesia for Dentists. Available at: http://ada.org/prof/resources/positions/statements/anesthesia_guidelines.pdf Accessed February 16, 2005.