

GUIDELINES FOR CONSCIOUS SEDATION

Because of the current concerns with the use of sedation in the pediatric dental office, the American Academy of Pediatric Dentistry has published "Guidelines for the Elective Use of Conscious Sedation, Deep Sedation and General Anesthesia in Pediatric Dental Patients". (Revised 1998).

The Department of Pediatric Dentistry adheres to the sedation guidelines of the American Academy of Pediatric Dentistry and the "Rules Governing The Administration of Anesthesia", Board of Dentistry, State of Oklahoma (Rules and Regulations Pursuant to Title 59 O.S. 328.1 Et Seq).

The Department of Pediatric Dentistry allows junior and senior dental students to provide limited use of conscious sedation for pediatric dental patients. Sedations are treatment planned and carried out with close faculty supervision.

A. The following is adopted from the American Academy of Pediatric Dentistry's guidelines.

1. "Conscious sedation is a minimally depressed level of consciousness that retains the patient's ability to maintain independently and continuously an airway and respond appropriately to physical stimulation and/or verbal command, e.g., patients should be able to open their eyes or give similar response to verbal command. It may be produced by either pharmacologic or non-pharmacologic methods, or a combination."
2. Candidates are those in the American Society of Anesthesiologists (ASA), Class I or II.
3. Facilities/Personnel - All facilities should be available to provide any emergency support.

B. If the attending faculty feels that conscious sedation is indicated, a full-time faculty member should examine the child. The faculty member(s) will determine what sedative medication(s) are indicated. The child's weight should be recorded in the chart.

C. The student must present the parent with the Conscious Sedation Consent form. This form is written informed consent. It contains the protocol for sedation. The form should be explained to the parent and initialed by them. ([Appendix 1.8](#)). In addition, the student must provide verbal instructions. If questions arise, contact either the Course Director or the attending faculty.

D. The health history must be updated. Medical conditions and medications should be reviewed with the parent.

E. Prior to administration of any drug, the blood pressure, respiration rate, pulse rate and weight of the child should be recorded on the sedation record ([Appendix 1.7](#)).

F. Monitoring should include:

1. Pulse Oximeter to monitor oxygen saturation and pulse rate.
2. A precordial or suprasternal stethoscope.
3. Child's color - nailbeds, mucosa, etc.
4. Respiration/pulse rate.
5. If restraints are used, they should be checked periodically to prevent restriction.

G. Post operative monitoring and instructions should include:

1. Vital signs checked.
2. Stable cardiovascular system and airway.
3. Patient alert, verbal, and can sit unaided.
4. Patient can walk with minimal assistance.

H. Post treatment instructions must be given as listed in Section 21.3.

I. Conscious Sedation Instructions For Students

Children usually respond well to this approach, but some will not, in which case alternatives will be discussed with you.

1. Before the Appointment
 - a. Consult with full-time faculty. **At least 48 hours before the appointment**, the student should discuss with the faculty member the sedation procedure for the patient. At this time a prescription will be written and any procedural questions addressed.
 - b. The child must be healthy. Prior to giving any medication, check to see if the child has a cold, nasal congestion, temperature, any kind of illness, or is taking medication of which we are not aware. If so, the appointment should be rescheduled. Medication amounts are recorded in the patient's chart. A faculty member will dispense the medication.
 - c. An empty stomach is needed – Parents will be given instructions regarding eating and drinking prior to the appointment. If these instructions are not followed the appointment will be rescheduled.
 - d. Supervision - The medications given generally require about 45 minutes to become effective. During this time, the parent must remain with the child in the waiting room and the student should remain in the clinic area. Parents are to remain in the waiting area during the appointment.
 - e. Adherence to instructions - Carrying out these instructions and any others that you may be given are of great importance to the effective and uneventful completion of the sedation. If you have any questions, discuss them with the faculty.
2. After the Appointment
 - . Patient dismissal. The attending faculty will examine the patient prior to dismissal from the clinic. Post-op instructions will be reviewed with the student and parent.

- a. Post-op call – Several hours after the appointment it is a good idea to call the parent and check on the patient's condition.

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