

## Position Summary

Dentists must comply with the Dental Board of Australia registration standards to practise conscious sedation. It must remain available as a treatment option for relief of dental patients' anxiety and pain.

### 1. Background

- 1.1. Conscious sedation in dentistry has been safely practised in Australia for many years under various levels of regulation dependent upon jurisdiction.
- 1.2. A Registration standard for conscious sedation has been adopted by the Board.
- 1.3. Until 2010, the ADA had recognised the ANZCA and RACDS document PS21 published in 2003. This was replaced by ANZCA document PS09 in 2009.
- 1.4. In 2010, the *ADA Guidelines for Conscious Sedation in Dentistry* were adopted.
- 1.5. In 2019, ANZCA published the "Safe Procedural Sedation Competencies" that are applicable to adult patients.

#### Definitions

- 1.6. ANXIOLYSIS includes the use of a single low dose oral medication or inhalation of gases for treating anxious patients, but not inducing a state of conscious sedation. Appropriate initial dosing of a single oral drug should be no more than the maximum recommended dose. Anxiolysis does not include polypharmacy.
- 1.7. BOARD is the Dental Board of Australia.
- 1.8. CONSCIOUS SEDATION is a technique in which the use of a drug or drugs administered by the intravenous route produces a state of depression of the central nervous system enabling treatment to be carried out, and in which:
  - verbal contact with the patient can be maintained or the patient responds appropriately to tactile stimulation throughout the period of sedation, and
  - the drugs and techniques used have a margin of safety wide enough to render unintended loss of consciousness unlikely.

### 2. Position

- 2.1. Patient safety should be the prime consideration in forming guidelines for conscious sedation.
- 2.2. Regulation of conscious sedation in dental practice should be evidence-based.
- 2.3. The Board should adopt the ADA Recommended Guidelines for Conscious Sedation in Dentistry (Appendix 1).
- 2.4. Dentists practising conscious sedation must comply with the Board's registration standard.
- 2.5. Only dentists who have been endorsed by the Board should practise conscious sedation.

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**Policy Statement 6.17**

Adopted by ADA Federal Council, April 24,2020

# Appendix to Policy Statement 6.17 – ADA Guidelines for Conscious Sedation in Dentistry

These guidelines are designed to help dentists with conscious sedation in dentistry. However, dentists have an obligation to practise conscious sedation in accordance with the standard of the Dental Board of Australia.

## 1. Introduction

- 1.1. Conscious sedation for dental procedures (with or without local anaesthesia) includes the administration by any defined route or technique of drugs which result in depression of the central nervous system. The objective of these techniques is to produce a degree of sedation of the patient, without loss of consciousness, so that dental procedures may be facilitated. The overriding principles and techniques described in these guidelines are to ensure patient safety. The drugs and techniques used should provide a margin of safety that is wide enough to render loss of consciousness unlikely. Loss of consciousness constitutes general anaesthesia and carries specific risks.
- 1.2. Conscious sedation is not without risk because of the:
  - (a) potential for unintentional loss of consciousness
  - (b) depression of protective reflexes
  - (c) depression of respiration
  - (d) depression of the cardiovascular system
  - (e) wide variety and combinations of drugs which may be used, with the potential for drug interactions
  - (f) possibility of excessive amounts of these drugs being used to compensate for inadequate analgesia
  - (g) individual variations in response to the drugs used, particularly in children, the elderly and those with pre-existing medical disease
  - (h) wide variety of procedures performed, and
  - (i) differing standards of equipment and staffing at the locations where these procedures may be performed.
- 1.3. It is important to recognise the variability of effects that may occur with sedative drugs, however administered, and that over-sedation, airway obstruction or cardiovascular complications may occur at any time.
- 1.4. These guidelines do not apply to the use of nitrous oxide oxygen relative analgesia in dental practice. For guidance on nitrous oxide oxygen relative analgesia follow ADA Policy Statement 6.33 – ADA Guidelines for the Administration of Nitrous Oxide Oxygen Relative Analgesia. They are also not intended to constrain the use of a pre-operative, single, low dose oral sedative as an anxiolytic drug (for example, a single low dose oral administration of a short acting benzodiazepine).

## Definitions

- 1.5. ANXIOLYTIC DRUG means one of a group of drugs used to treat anxiety of various causes.
- 1.6. CONSCIOUS SEDATION is a technique in which the use of a drug or drugs administered by the intravenous route produces a state of depression of the central nervous system enabling treatment to be carried out, and in which:
  - verbal contact with the patient can be maintained or the patient responds appropriately to tactile stimulation throughout the period of sedation, and
  - the drugs and techniques used have a margin of safety wide enough to render unintended loss of consciousness unlikely.

- 1.7. DENTAL ASSISTANT means a dental assistant with an appropriate Australian qualification.
- 1.8. GENERAL ANAESTHETIC means any drug or substance that when administered to a patient will induce a controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including inability to maintain an airway independently and continuously, and inability to respond to physical stimulation or verbal command.

## 2. Assessment of the Patient

- 2.1. The patient should be assessed before the procedure and this assessment should include:
  - (a) an examination and a complete medical history, including appropriate investigations and identification of risk factors,
  - (b) informed consent for conscious sedation as well as the planned procedure, and
  - (c) instructions for preparation for the conscious sedation, the procedure, the recovery period, and discharge of the patient.
- 2.2. If the patient has any significant medical condition then the appropriate treating general medical practitioner and/or their specialist should be consulted prior to any planned treatment under conscious sedation. If the patient is deemed to be medically compromised, then an anaesthetist should be present to administer conscious sedation or the patient should be treated in a hospital environment.

## 3. Practitioner and Staffing

- 3.1. The practitioner administering conscious sedation requires sufficient knowledge to be able to:
  - (a) understand the actions of the drug or drugs being administered,
  - (b) detect and manage appropriately any complications arising from these actions. In particular, medical and dental practitioners administering conscious sedation must be skilled in airway management and cardiovascular resuscitation,
  - (c) anticipate and manage appropriately, the modification of sedative drug actions by any concurrent therapeutic regimen or disease process that may be present. Techniques intended to produce loss of consciousness or compensate for inadequate local analgesia, by means of increased level of sedation, must not be used unless an anaesthetist is present,
  - (d) provide a written record of the dosages of drugs and the timing of their administration. Such entries should be made as near to the time of administration of the drugs as possible. This record should also note the regular readings of the monitored cardio-vascular variables. These details must be kept as a part of the patient's records.
- 3.2. An appropriately trained medical or dental practitioner must be present and be responsible for administration of conscious sedation. The conscious sedation clinician is to be one of the following;
  - (a) A dentist who has completed relevant postgraduate training
  - (b) A medical practitioner with formal training at least equivalent to the Graduate Diploma in Clinical Dentistry (Conscious Sedation and Pain Control) from the University of Sydney, or training in accordance with ANZCA current professional requirements, or
  - (c) A registered anaesthetist
- 3.3. A dentist must not administer conscious sedation to a patient unless:
  - (a) The dentist has completed a course of training in conscious sedation that is acceptable to the Dental Board of Australia. The Board has approved the Graduate Diploma in Clinical Dentistry (Conscious Sedation and Pain Control), University of Sydney and has a process for assessing other qualifications.
  - (b) The dentist is assisted by another person, in addition to the usual dental assistant, whose sole duty shall be to monitor the level of consciousness and cardio-respiratory function of the patient and who is usually a registered nurse or enrolled nurse with training as outlined in the Board's

## 4. Facilities

- 4.1. The procedure must be performed in a location adhering to state and territory legislation and regulation which is adequate in size and staffed and equipped to deal with a cardiopulmonary emergency. This must include:
- (a) an operating table, trolley or dental chair which can be readily tilted,
  - (b) adequate uncluttered floor space to perform resuscitation,
  - (c) adequate suction and room lighting,
  - (d) a supply of oxygen and suitable devices for the administration of oxygen to a spontaneously breathing patient,
  - (e) a self-inflating bag suitable for artificial ventilation together with a range of equipment for advanced airway management,
  - (f) appropriate drugs for cardiopulmonary resuscitation and a range of intravenous equipment as per PS9 (See Appendix I),
  - (g) a monitor for pulse oximetry (oxygen saturation), heart rate, blood pressure and ECG and
  - (h) ready access to a defibrillator.

## 5. Monitoring

- 5.1. All patients undergoing conscious sedation must have their oxygen saturation and blood pressure monitored continuously and this equipment must alarm when certain set limits are exceeded. According to the clinical status of the patient, other monitors such as ECG may be required.

## 6. Oxygenation

- 6.1. Degrees of hypoxaemia may occur during sedation without oxygen supplementation and therefore oxygen should be administered routinely during conscious sedation procedures.

## 7. Drugs Used for Sedation

- 7.1. A variety of drugs and techniques are available for conscious sedation. Drugs must only be used by an appropriately trained medical or dental practitioner, and titrated in doses which do not allow for intended loss of consciousness. Monitoring of consciousness by whatever means must continue throughout a conscious sedation procedure.

## 8. Continuing Education

- 8.1. All dentists practising conscious sedation must attend an accredited course relevant to the practice of conscious sedation and emergencies in the dental surgery every twelve months.

## 9. Discharge

- 9.1. The patient should be discharged only after an appropriate period of recovery and observation in the procedure room, or in an adjacent area, which is adequately equipped and staffed. Oxygen must be available in any area used for patient recovery.
- 9.2. Discharge of the patient should be authorised by the practitioner who administered the drugs, or another appropriately qualified practitioner. The patient should be discharged into the care of a responsible adult to whom written and verbal instructions should be given.
- 9.3. On discharge, the patient should travel by private transport.
- 9.4. Adequate staffing and facilities must be available in the recovery area for managing patients.

## 10. Other

- 10.1. A number of ANZCA Professional Documents should be noted where appropriate, particularly the following:

PS04 Recommendations for the Post-Anaesthesia Recovery Room,

<http://www.anzca.edu.au/Documents/ps04-2006-recommendations-for-the-post-anaesthesia.pdf>

PS06 The Anaesthesia Record. Recommendations on the Recording of an Episode of Anaesthesia Care,

<http://www.anzca.edu.au/Documents/ps06-2006-the-anaesthesia-record-recommendations-o.pdf>

PS07 Guidelines on the Pre-Anaesthesia Consultation and Patient Preparation,

<http://www.anzca.edu.au/documents/ps07-2008-recommendations-for-the-pre-anaesthesia.pdf>

PS09 Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures,

<http://www.anzca.edu.au/getattachment/Resources/Professional-documents/ps09-2014-guidelines-on-sedation-and-or-analgesia-for-diagnostic-and-interventional-medical-dental-or-surgical-procedures.pdf>

ANZCA Safe Procedural Sedation Competencies. Version 1.0 February 2019. This document will be incorporated into ANZCA PS09 at the next review but until this time should also be

and

PS18 Guidelines on Monitoring During Anaesthesia

<http://www.anzca.edu.au/Documents/ps18-2015-guidelines-on-monitoring-during-anaesthe.pdf>

## Appendix

Emergency drugs should include at least the following:

- Adrenaline
- Atropine
- dextrose
- lignocaine
- naloxone
- flumazenil
- portable emergency oxygen supply