

Guidelines

In-Office Use of Conscious Sedation in Periodontics*

In this time of heightened awareness of periodontal diseases and the potential consequences of untreated disease, a deterrent in the delivery of periodontal care continues to be patient anxiety concerning treatment and the fear of pain. These guidelines are intended for periodontists in the in-office use of enteral, inhalation, and/or parenteral conscious sedation in the delivery of care. The definitions, educational guidelines, and policies presented in these guidelines are consistent with the most current American Dental Association (ADA) documents *Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists* and the *Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry* available from the American Dental Association, 211 E. Chicago Avenue, Chicago, IL 60611 or <http://www.ada.org>, and for *Revisions to Anesthesia Care Standards Comprehensive Accreditation Manual for Ambulatory Care*, effective January 1, 2001, Joint Commission on Accreditation of Health Care Organizations, available through <http://www.jcaho.org/standard/anesamb.html>. This paper replaces the former position paper entitled "Guidelines for the Use of Conscious Sedation in Periodontics." *J Periodontol* 2001;72:968-975.

Minimal to moderate conscious sedation is a safe and effective means of anxiety control when administered by trained individuals. The in-office use of minimal to moderate conscious sedation enables periodontists to extend oral health care to many individuals who otherwise would avoid treatment. Conscious sedation has as its goal a drug-induced state in which the conscious patient is free of fear, anxiety, and apprehension while pleasantly relaxed. Sedation may be achieved by several different methods of drug administration including oral, rectal, inhalation, and parenteral (intramuscular, intravenous, or submucosal). The methods most commonly used by periodontists are oral, nitrous oxide/oxygen inhalation, intramuscular, and intravenous sedation.

Conscious sedation is not a method of pain control and, therefore, should not be confused with deep sedation/general anesthesia and the inherent risks associated with these modalities. The use of sedative drugs in periodontics by appropriately trained individuals has an excellent safety record. Therefore, qualified individuals are trained in professional standards and techniques to administer pharmacologic agents to predictably achieve desired levels of light and moderate sedation. They are also trained to monitor patients carefully in order to achieve and maintain them at the desired level of sedation. The American Academy of Periodontology strongly supports the right of appropriately trained periodontists to use these modalities for the management of periodontal patients and is committed to supporting their safe and effective use.

Adherence to these voluntary guidelines will not guarantee successful treatment in every situation. Furthermore, these guidelines should not be deemed inclusive of all proper methods of providing conscious sedation. The ultimate judgment regarding the propriety of any specific procedure must be made by the periodontist in light of all circumstances presented by the individual patient and as required by individual state law and regulations.

DEFINITIONS

Methods of Anxiety and Pain Control

A variety of terms are used to describe the different methods of controlling anxiety and pain. The following are definitions used in this document and are accepted throughout all of dentistry.

Localized anesthesia: The elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.

Analgesia: The diminution or elimination of pain in the conscious patient.

Minimal sedation (anxiolysis): A drug-induced state during which patients respond to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate sedation/analgesia ("conscious sedation"): A pharmacological-induced minimally depressed level of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

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In accordance with this definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.

Combination inhalation-enteral conscious sedation (combined conscious sedation): Nitrous oxide/ oxygen when used in combination with appropriate sedation agents may produce anxiolysis (the resolution of restlessness, apprehension achieved through pharmacologic management), conscious sedation, or deep sedation/general anesthesia. Because of the possibility of the combination of nitrous oxide/oxygen-enteral sedation agents to result in mild to moderate conscious sedation, deep sedation, or general anesthesia, it is important for appropriate sedative agents and dosages to be administered when using combined inhalation-enteral sedation to achieve anxiolysis. The enteral route typically exhibits a 30-minute latent period following bolus administration of the drug. Therefore, it is impossible to titrate a patient to a level of sedation that predictably achieves anxiolysis. The dose of an enteral drug should be selected to provide light sedation and then titrated to a level of anxiolysis with the addition of nitrous oxide/oxygen sedation.

Deep sedation/analgesia: Drug-induced state of depressed consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Patients may require assistance in maintaining a patent airway and spontaneous ventilatory function may be inadequate. Cardiovascular function is usually maintained.

Anesthesia: Consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Routes of Administration

The following are definitions of terms used in this document to describe routes of administration:

Enteral: Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal, sublingual).

Parenteral: A technique of administration in which the drug bypasses the GI tract (i.e., intramuscular [IM], intravenous [IV], submucosal [SM], subcutaneous [SC], or intraocular [IO]).

Transdermal/transmucosal: A technique of administration in which the drug is administered by patch or iontophoresis (the introduction of a chosen medication into the tissues by means of an electrical current).

Inhalation: A technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and the primary effect is due to absorption through the pulmonary bed.

Terms

The terms used in this document were carefully selected and indicated the relative weight attached to each statement. The definitions of these words are as follows:

Must/shall: An imperative need and/or duty; an essential or indispensable item; mandatory.

Should: The recommended manner to obtain the standard; highly desirable.

May/could: Freedom or liberty to follow a reasonable alternative.

Continual: Repeated regularly and frequently in a steady succession.

Continuous: Prolonged without any interruption at any time.

Time-oriented anesthesia record: Documentation at appropriate intervals of drugs, doses and physiologic data obtained during patient monitoring.

Immediately available: On site in the facility and available for immediate use.

Levels of Knowledge

The following definitions of levels of knowledge are used in this document:

Familiarity: A simple knowledge for the purpose of orientation and recognition of general principles.

Understanding: Adequate knowledge with the ability to apply.

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding; the highest level of knowledge.

Levels of Skill

The following definitions of levels of skill are used in this document:

Exposed: The level of skill attained by observation of or participation in a particular activity.

Competent: Displaying special skill or knowledge derived from training and experience.

Proficient: Level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time; highest level of skill.

EDUCATIONAL REQUIREMENTS

The American Academy of Periodontology, in an effort to provide a uniform level of education in teaching of anxiety and pain control, adopts and follows the conscious sedation recommendations published and adopted by the American Dental Association Council on Dental Education in the *Guidelines for Teaching Comprehensive Control of Pain and Anxiety in Dentistry* in Parts One and Three. A practitioner should not use conscious sedation without appropriate supervision unless competent to do so.

PATIENT PHYSICAL STATUS

The American Society of Anesthesiologists (ASA) patient classification system should be used as a basis to identify the physical status of candidates for conscious sedation. All patients must be dealt with on an individual basis, but patients who are ASA I or II are usually candidates for conscious sedation, while patients who are ASA III require special considerations. Patients who are ASA IV are not candidates for in-office conscious sedation. The ASA Anesthesiologists classifications are:

1. ASA I: normal healthy patient.
2. ASA II: patient with mild systemic disease.
3. ASA III: patient with severe systemic disease that limits activity.
4. ASA IV: patient with an incapacitating disease that is a constant threat to life.
5. ASA V: moribund patient who is not expected to survive 24 hours with or without the operation.
6. ASA VI: declared brain-dead patient whose organs are being removed for donor purposes;
7. E: emergency operation of any variety used to modify one of the above classifications (i.e., ASA III-E).

INFORMED CONSENT

Each patient (or the patient's guardian if the patient is a minor or incompetent) is entitled to appropriate information about conscious sedation so that the patient (or guardian) may give informed consent to the procedure. This information includes disclosure of the risks of the specific type of conscious sedation and sedative agents to be used.

Written consent must be obtained according to the procedure outlined by the individual state laws.

AMERICAN DENTAL ASSOCIATION EDUCATIONAL REQUIREMENTS

- I. Enteral and/or Combined Inhalation-Enteral Conscious Sedation (combined conscious sedation)
 - A. To administer enteral and/or combined inhalation-ental conscious sedation, it is advisable that the periodontist satisfy one of the following ADA criteria:
 1. Must have training to the level of competency in enteral and/or combined inhalation-ental conscious sedation consistent with that prescribed in Part I or Part III of the ADA *Guidelines for Teaching Comprehensive Control of Pain and Anxiety in Dentistry*.
 2. Completion of an ADA-accredited periodontal postdoctoral training program which affords comprehensive and appropriate training necessary to administer and manage enteral and/or combined conscious sedation.
 - B. The following guidelines shall apply to the administration of enteral and/or combined conscious sedation in the periodontal office.
 1. Administration of enteral and/or combined conscious sedation by another duly qualified dentist or physician requires the operating periodontist and his/her clinical staff to maintain current expertise in basic life support (BLS).
 2. When a certified registered nurse anesthetist (CRNA) is permitted to function under the supervision of a periodontist, administration of enteral and/or combined conscious sedation by a CRNA shall require the operating periodontist to have completed training in enteral and/or combined conscious sedation, consistent with the standards of these guidelines.
 3. A periodontist administering enteral and/or combined conscious sedation, as well as his/her clinical staff, must maintain current expertise in basic life support (BLS).
- II. Parenteral Conscious Sedation
 - A. To administer parenteral conscious sedation, it is advisable that the periodontist satisfy one of the following ADA criteria:
 1. Completion of a comprehensive training program in parenteral conscious sedation that satisfies the requirements described in Part

I or Part III of the ADA *Guidelines for Teaching Comprehensive Control of Pain and Anxiety in Dentistry* at the time training was commenced.

2. Completion of an ADA-accredited periodontal postdoctoral training program which affords comprehensive and appropriate training necessary to administer and manage parenteral conscious sedation.
- B. The following guidelines shall apply to the administration of parenteral conscious sedation in the periodontal office.
1. Administration of parenteral conscious sedation by another duly qualified dentist or physician requires the operating periodontist and his/her clinical staff to maintain current expertise in basic life support (BLS).
 2. When a certified registered nurse anesthetist (CRNA) is permitted to function under the supervision of a periodontist, administration of parenteral conscious sedation by a CRNA shall require the operating periodontist to have completed training in parenteral conscious sedation, consistent with the standards of these guidelines.
 3. A periodontist administering parenteral conscious sedation, as well as his or her clinical staff, must document and maintain current expertise in basic life support (BLS).

FACILITIES AND EQUIPMENT GUIDELINES

I. Facilities

The periodontist who utilizes inhalation sedation or any type of sedation medication must follow accepted infection control guidelines and have available the proper facilities, personnel, and equipment to manage any reasonably foreseeable emergency situation which may be experienced by the patient and to satisfy legal requirements.

II. Emergency Management

- A. Back-up emergency services should be identified with the protocol outlining necessary procedures for their immediate employment.
- B. For non-hospital facilities, an emergency-assist system should be identified for ready access to ambulance or paramedical service. The anesthesia permit holder/provider is responsible for the anesthetic management, the adequacy of the facility, and the diagnosis and treatment of emergencies associated with the administration of enteral, combined conscious

sedation, or parenteral conscious sedation until the emergency medical service arrives to take over the management and transportation of the emergency to a medical facility. There must be immediate access to pharmacologic antagonists, if any, and appropriate sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen. When administering conscious sedation to patients who are other than ASA I or II patients (i.e., ASA III patients) in an office setting, a defibrillator must also be immediately available.

III. Equipment

- A. A positive pressure oxygen delivery system must be available that is capable of administering greater than 90% oxygen at a 5 liter/minute flow for at least 60 minutes. Equipment must be able to accommodate the patients who are sedated.
- B. Inhalation sedation equipment must include:
 1. Inhalation equipment used in conjunction with combined conscious sedation must be evaluated for proper operation and delivery of inhalation agents prior to use on each patient.
 2. Adequate oxygen supply determination must be completed prior to use with each patient.
 3. Provide a maximum of 100% and never less than 25% oxygen concentration at a flow rate appropriate to the patient's size. An inline oxygen analyzer must be used if the nitrous oxide and oxygen delivery equipment is capable of delivering less than 25% oxygen.
 4. A fail-safe system that is appropriately checked and calibrated.
 5. The equipment must have an appropriate scavenging system.
- C. Equipment that is appropriate for the technique being used and will monitor the physiologic state of the patient before, during, and after the procedure must be present.
- D. An emergency cart or kit must be immediately accessible and should include the necessary drugs and equipment to assist in the resuscitation of a non-breathing and unconscious patient. This is inclusive of pharmacologic antagonists and appropriate sized equipment for establishing a patent airway and providing positive pressure ventilation with

oxygen. When treating ASA III patients in an office setting, a defibrillator must also be immediately available. There must be documentation that all emergency equipment and drugs are checked and maintained on a scheduled basis.

PERSONNEL

The periodontist responsible for the treatment of the patient and/or the administration of drugs or sedative agents for conscious sedation shall be appropriately trained in the use of such techniques. During administration of enteral, combined conscious sedation, or parenteral conscious sedation, the minimum number of personnel shall be two; e.g., the periodontist and a chairside dental assistant (an assistant trained to monitor appropriate physiologic parameters and assist in any support of resuscitation measures if required). At a minimum, such individuals must have current training in basic life support (BLS), shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The periodontist and all office personnel should participate in periodic reviews of the office's emergency protocol.

MONITORING PROCEDURES

- I. Operative Monitoring
 - A. Whenever drugs for conscious sedation are administered, a trained individual shall continuously monitor (direct clinical observation) the patient. Heart rate, blood and tissue oxygenation, blood pressure, and ventilation must be continually monitored.

Oxygenation: Oxygen saturation must be evaluated continually by pulse oximetry. Color of mucosa, skin, or blood must be continually evaluated.

Ventilation: A trained individual must observe chest excursions and should auscultate breath sounds.

Circulation: Blood pressure and heart rate must be continually monitored (unless the patient is unable to tolerate such monitoring). Continuous electrocardiographic monitoring of patients with significant cardiovascular disease (ASA III) must be accomplished.
 - B. The best method of monitoring the physical status of the patient is continuous patient contact. The patient's color; e.g., nailbeds, mucosa, etc., should be visually monitored on a contin-

uous basis. If a sterility barrier, which covers the patient is used, a hand or a foot should be kept exposed. Verbal contact should be continuously maintained.

- C. An appropriate time-oriented anesthesia record must be maintained.
 - D. The patient's head position should be checked frequently to ensure a patent airway.
 - E. At no time shall a sedated person be left unobserved by a trained person.
- II. Postoperative Monitoring
 - A. When the treatment procedures have been completed and the patient is being readied for discharge, vital signs should be recorded.
 - B. The periodontist must assess the patient's responsiveness and should discharge the patient only when the following discharge criteria are met:
 1. Vital signs are stable.
 2. Patient is alert.
 3. Patient can talk.
 4. Patient can sit up unaided.
 5. Patient can ambulate with minimal assistance.
 6. Patient has returned to his or her preoperative vital sign status.

DOCUMENTATION

- I. Prior to Treatment

The periodontist must document each sedation procedure in the patient's chart. Documentation shall include:

 - A. Suitable preoperative health evaluation

Prior to the administration of sedative drugs, a current health evaluation must be documented. Such a health evaluation should include:

 1. Patient physical status (ASA classification)
 2. Health history including:
 - a. Allergies and previous allergic reactions.
 - b. Current medication regimen.
 - c. Possible medical consultation with primary care physician or consulting medical specialist regarding potential procedural risk or special monitoring of individuals who may not be medically stable or who have a significant disability that places them in an ASA III category.
 - B. Name, address, and telephone number of the patient's physician
 - C. Name, address, and telephone number of responsible adult to notify in case of emergency

- D. The periodontist should provide verbal and/or written instructions to the patient or guardian. The instructions must be explicit.
 - E. Specific dietary restrictions should be delineated based on the technique used and the patient's physical status.
 - F. In the case of enteral (oral) sedation, a copy or a note describing the content of the medication given or prescribed should be placed in the patient's chart, along with a description of the instructions given to the patient.
- II. During Treatment
- A. The patient's chart must include documentation of heart rate, blood and tissue oxygenation, blood pressure, pulse, adequacy of respiration, length of the procedure, and sedation notes.
 - B. Medication given: The periodontist should list the route, site, and time of administration together with the type of drugs and the dosages.
 - C. The sedation record should document individuals present during the administration of the enteral and/or combined conscious sedation or parenteral conscious sedation.
- III. After Treatment
- An assessment of the patient's stable vital signs and alertness should be documented prior to discharge. The time of discharge should be documented in the chart, along with the name of the responsible adult to whom he/she was discharged. It should further be documented that written postoperative instructions were distributed.
- RESPONSIBLE ADULT**
- After determining that a consciously sedated patient has met discharge criteria of stable vital signs, alertness, and assisted mobility, the periodontist should make sure that a responsible adult shall accompany the patient from the office.
- SUMMARY OF SUGGESTED PROTOCOL GUIDELINES FOR EACH OF THE FOLLOWING CONSCIOUS SEDATION PROCEDURES**
- I. Enteral Conscious Sedation Guidelines
- A. A suitable pretreatment physical evaluation of the patient should be performed.
 - B. Preoperative preparation
 - 1. The patient and/or guardian must be advised regarding the procedure and give consent in writing.
 - 2. Adequacy of oxygen supply must be determined.
 - 3. Baseline vital signs (blood pressure, pulse rate, oxygen saturation, and ventilation) should be determined, unless the patient's behavior prohibits such delineation.
 - 4. Appropriate instructions for specific medication(s), inclusive of dietary instructions, should be given to patient or guardian.
- C. Monitoring of operative blood pressure, pulse, oxygen saturation, and ventilation.
- D. If enteral sedation is utilized, make sure that at least one additional person in the office is present in addition to the periodontist. This may be the surgical assistant.
- E. Maintenance of appropriate time-oriented anesthetic record, including documentation of individual(s) present during the enteral sedation procedure.
- F. Recovery and discharge
- 1. Operating and recovery area must have immediately available oxygen and suction equipment.
 - 2. Until oxygenation, circulation, and ventilation are stable and the patient is appropriately responsive for discharge from the facility, the patient must have monitoring.
 - 3. The periodontist must provide an explanation of postoperative instructions to the patient and/or a responsible adult at the time of discharge as well as making sure that the patient is accompanied by a responsible adult.
 - 4. The periodontist must determine that the patient has met discharge criteria prior to leaving the office.
- G. Emergency management (see emergency management, page 971)
- II. Combined Inhalation-Enteral Conscious Sedation (combined conscious sedation) Guidelines
- A. To administer combined conscious sedation, the periodontist must complete appropriate training to the level of competency in combined conscious sedation consistent with that prescribed in Part I and Part III of the *ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry* (adopted by the ADA House of Delegates, October 1999).
 - B. A suitable pretreatment physical evaluation of the patient should be performed.
 - C. Preoperative preparation
 - 1. The patient and/or guardian must be advised regarding the procedure associated

with the delivery of any sedative agents and must give consent in writing.

2. Inhalation equipment used in conjunction with combined conscious sedation must be evaluated for proper operation and delivery of inhalation agents prior to use on each patient.
 3. Adequacy of oxygen supply should be determined prior to use with each patient.
 4. Baseline vital signs (blood pressure, pulse, oxygen saturation, and ventilation) should be determined unless the patient's behavior prohibits such determination.
 5. Appropriate verbal and/or written instructions for specific medication(s), including dietary instructions should be given to the patient or guardian.
- D. Personnel: During the administration of combined conscious sedation, at least one additional person must be present, in addition to the periodontist. This may be the surgical assistant.
- E. Equipment
A fail-safe oxygen system must be appropriately checked and calibrated.
1. Nitrous oxide and oxygen delivery equipment capable of delivering oxygen in concentrations of less than 25% require an in-line oxygen analyzer.
 2. The nitrous oxide and oxygen equipment must have an appropriate scavenging system.
 3. A pulse oximeter must be used to monitor oxygen saturation.
 4. A stethoscope and blood pressure cuff (sphygmomanometer) or an automatic blood pressure and pulse rate monitor must be used to continually monitor blood pressure and pulse rate. EKG monitoring must be used if patients with significant cardiovascular disease (ASA III) are sedated.
 5. A defibrillator must also be immediately available when ASA III patients are sedated using combined conscious sedation.
 6. An emergency cart or kit must be immediately available and should include the necessary drugs and equipment to assist in the resuscitation of a non-breathing and unconscious patient. The cart or kit must include pharmacologic antagonists and appropriate sized equipment for establishing a patent airway and providing positive

pressure ventilation with oxygen. There should be documentation that all emergency equipment and drugs are checked and maintained on a scheduled basis.

7. An appropriate time-oriented anesthetic record must be maintained, including documentation of the individuals present during the combined conscious sedation procedure.

F. Recovery and discharge

1. Operating and recovery area must have immediate oxygen and suction equipment.
2. Until oxygenation, circulation, and ventilation are stable and the patient is appropriately responsive for discharge from the facility, the patient must be continuously monitored.
3. Postoperative instructions must be given to the patient and/or a responsible adult at the time of discharge and the provision of such instructions should be documented.
4. The periodontist must determine that the patient has met discharge criteria prior to leaving the office under the care of a responsible adult.

G. Emergency management (see emergency management, page 971)

III. Parenteral Conscious Sedation Guidelines

- A. To administer parenteral conscious sedation, the periodontist must satisfy completion of appropriate training to the level of competency in parenteral conscious sedation consistent with that prescribed in Part I and Part III of the *ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry* (adopted October 1999).
- B. A suitable pretreatment physical evaluation of the patient should be performed.
- C. Preoperative preparation
1. The patient and/or guardian must be advised regarding the procedure associated with the delivery of any sedative agents and must give consent in writing.
 2. Inhalation equipment used in conjunction with parenteral conscious sedation must be evaluated for proper operation and delivery of inhalation agents prior to use on each patient.
 3. Adequacy of oxygen supply should be determined prior to use with each patient.
 4. Baseline vital signs (blood pressure, pulse, oxygen saturation, and ventilation) should

- be determined, unless the patient's behavior prohibits such determination.
5. Appropriate verbal and/or written instructions for specific medication(s), including dietary instructions should be given to the patient or guardian.
- D. Personnel: During the administration of parenteral conscious sedation, at least one additional person must be present in addition to the periodontist. This may be the surgical assistant.
- E. Equipment
1. Fail-safe oxygen delivery system must be appropriately checked and calibrated.
 2. Nitrous oxide and oxygen delivery equipment capable of delivering oxygen concentrations of less than 25% require an inline oxygen analyzer. The nitrous oxide and oxygen equipment must have an appropriate scavenging system.
 3. A pulse oximeter must be used to monitor oxygen saturation.
 4. A stethoscope and a blood pressure cuff or an automatic blood pressure and pulse rate monitor must be used to continually monitor blood pressure and pulse rate.
 5. EKG monitoring must be used if patients with significant cardiovascular disease (ASA III) are sedated.
 6. A defibrillator must also be immediately available when ASA III patients are sedated using parenteral conscious sedation.
 7. An emergency cart or kit must be immediately available and should include the necessary drugs and equipment to assist in the resuscitation of a non-breathing and unconscious patient. The cart or kit must include pharmacologic antagonists and appropriate sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen. It must be documented that all emergency equipment and drugs are checked and maintained on a scheduled basis.
- F. An appropriate time-orientated anesthetic record must be maintained, including documentation of the individuals present.
- G. Recovery and discharge
1. Operating and/or recovery area must have immediate available oxygen and suction equipment.
 2. Until oxygenation, circulation, and ventilation are stable and the patient is appropriately responsive for discharge from the facility, the patient must be continuously monitored.
 3. Postoperative instructions must be given to the patient and/or a responsible adult at the time of discharge and the provision of such instruction documented.
 4. The periodontist must determine that the patient has met discharge criteria prior to leaving the office under the care of a responsible adult.
- H. Emergency management (see emergency management, page 971).

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