Where it all began

"In the Dentist's Chair"

"...only 17 states required dentists to have any training beyond dental school for administering general anesthesia to patients. In many states, a license to practice dentistry is a license to administer potentially dangerous drugs."

Robert M. Peskin, DDS
In the Dentist's Chair

...only 17 states required dentists to have any training beyond dental school for administering general anesthesia to patients. Everywhere else a license to practice dentistry is a license to administer potentially dangerous drugs.

Robert M. Peskin, DDS

...many of the deaths and injuries resulting from the use of conscious sedation and general anesthesia might have been avoided if the dentist had been equipped to deal with emergencies.

Robert M. Peskin, DDS

"In 1972, a report from our own National Institute of Health said that because of the life-threatening nature of anesthesia, what was really needed was a new specialty in the profession, dental anesthesiology."

Robert M. Peskin, DDS
Consensus Development Conference:
Anesthesia and Sedation in the Dental Office

National Institutes of Dental Research
Office of Medical Applications of Research (OMAR)
Center for Drugs and Biologics (CDB)
Bethesda, Maryland
April, 1985

What are the differences between general anesthesia, deep sedation, and conscious sedation?

What are the indications and contraindications for the use of general anesthesia and sedation in children, adults and the geriatric population?

What are the appropriate agents and techniques for general anesthesia and sedation?

What are the risks associated with the use of general anesthesia and sedation?
Consensus Development Conference: Anesthesia and Sedation in the Dental Office

- What facilities, equipment, personnel, and training are needed for managing and monitoring patients?
- What are the directions for future research?

ADA Anesthesia Documents

- Teaching Guidelines (1972)
- Policy Statement (1985)
- Use Guidelines (1990)

Other Anesthesia Guidelines and Parameters

- Parameters of Care for Oral and Maxillofacial Surgery
- American Association of Oral and Maxillofacial Surgery
- Guidelines for Intraoperative Monitoring of Patients Undergoing Conscious Sedation Deep Sedation, or General Anesthesia
- American Dental Society of Anesthesiology
- Guidelines for the Elective Use of Pharmacologic Conscious Sedation and Deep Sedation in Pediatric Dental Patients
- American Academy of Pediatric Dentistry
- Guidelines for the Use of Conscious Sedation in Periodontics
- American Academy of Periodontology
Other Anesthesia Guidelines and Parameters

- **Guidelines in-Office Use of Conscious Sedation in Periodontics**
  - American Academy of Periodontology

- **The Use of Conscious Sedation by Periodontists**
  - American Academy of Periodontology

**NB**: rescinded by the Board of Trustees of the American Academy of Periodontology in August, 2008

**NB**: rescinded by the Board of Trustees of the American Academy of Periodontology in January, 2013

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**Where are we now...**

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**AAP Statement on the Use of Moderate Sedation by Periodontists**

- **AAP Policy Statement**: The use of moderate sedation modalities during the course of periodontal therapy is within the scope of periodontal practice.
Standard 4-13

- The educational program must provide training for the student/resident in the methods of pain and anxiety control to achieve:
  - In-depth knowledge in all areas of conscious sedation;
  - Proficiency in more than one method of conscious sedation. These methods include nitrous oxide/oxygen inhalation sedation, oral sedation or intravenous sedation.

Use of Intravenous Sedation in Periodontal Practice: A National Survey

Tingey BT, Clark SH, Humbers LA, Tingey JD, Kummet CM
J Periodontol 2012;83(7):830-835
Use of Intravenous Sedation in Periodontal Practice

14.0% of respondents avoid or postpone dental appointments due to fear or anxiety.
18.1% would go more often if given a drug to reduce nervousness.
Periodontal surgery is among the most feared dental surgeries.
68.2% would prefer sedation or anesthesia for periodontal surgery.

1993
AAP began encouraging postgraduate periodontal programs to train residents in the use of conscious sedation.

1994
AAP offered a training course for all periodontal program faculties on the use and postgraduate training of conscious sedation.
**18- Question Survey Instrument**

- IV sedation training
- current use of IV sedation
- periodontal residencies
- year of graduation
- current practice location
- medications used
- cost of malpractice insurance
- perceived patient desire for sedation & treatment acceptance

---

**Results**

- 34.1% personally provided IV sedation
- 49.7% offered IV sedation personally or by another practitioner
- Most common non-self-provider was a dentist anesthesiologist (13.2%)
- 90.2% who offer IV sedation, also offer oral sedation

---

**Notes**

- 1596 active periodontists in February, 2010
- 596 completed surveys accepted through April 15, 2010
- 596 responses received (37.3%)
- 22 retired periodontists excluded from survey
- 574 surveys analyzed for study

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**References**

Robert M. Peskin, DDS
Tingey BT, et al
*J Periodontol*
2012;83(7):830-835
Results

- Respondents completed training 1959 – 2010
- Mean = 1989
- Two-thirds completed residency prior to 1996*
- Average time in practice ≈ 20 years

* 1996 first class to fully benefit from faculty training

- Mean number of IV sedations during training = 31.4
- Respondents personally performed 4.5 sedations/month
- Positive correlation between percentage of respondents who personally provide IV sedation and year of residency completion

- Positive correlation between number of IV sedations provided in residency and the number of IV sedations personally performed in practice

Robert M. Peskin, DDS
Tingey BT, et al
J Periodontol 2012;83(7):830-835
Results

- Positive correlation between number of IV sedations provided in residency and the percentage of respondents who currently provide IV sedation.

Robert M. Peskin, DDS

Tingey BT, et al

J Periodontol 2012;83(7):830-835

Mean Number of Sedations by Region

District 8 — Federal Dental Services
- Highest number of sedations training 87 per residency

District 5:
- Largest # periodontists using IV sedation 74.0%

District 7:
- Smallest # periodontists using IV sedation 15.6%
Mean Number of Sedations in Residency By Region

CODA Accredited Dental Anesthesiology Residencies By State

<table>
<thead>
<tr>
<th>District</th>
<th>University/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 2</td>
<td>Pennsylvania University of Pittsburgh</td>
</tr>
<tr>
<td>District 6</td>
<td>California UCLA</td>
</tr>
<tr>
<td>District 4</td>
<td>Ohio The Ohio State University</td>
</tr>
<tr>
<td>District 7</td>
<td>New York Jacobi Medical Center</td>
</tr>
<tr>
<td>Ontario, Canada</td>
<td>University of Toronto</td>
</tr>
</tbody>
</table>

Discussion

35.6% to 59.7% of those who provided 10 – 29 IV sedations in training now use IV sedation

60.5% to 76.8% of those who provided 30+ IV sedations in training now use sedation

Robert M. Peskin, DDS
Tingey BT, et al
J Periodontol 2012;83(7):830-835
Conclusion

49.8% offer IV sedation in their practices
83.4% offer oral sedation in their practices
34.1% personally provide IV sedation
90.2% of those who offer IV sedation, also offer oral sedation

Robert M. Peskin, DDS
Tingey BT, et al
J Periodontol 2012;83(7):830-835

Those who did not offer IV sedation, felt there was no need.
Yet 70.4% of those who did provide IV sedation thought it increased patient acceptance

...and where are we going
Standard 4-11

The educational program must provide training for the student/resident in the methods of pain control and sedation to achieve:

a) In-depth knowledge in all areas of minimal, moderate and deep sedation as prescribed by the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students and
b) Clinical training to the level of competency in adult enteral and parenteral minimal and moderate sedation as prescribed by the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

Robert M. Peskin, DDS

CODA Accreditation Standards for Advanced Specialty Education Programs in Periodontics

Proposed Revised Standards 2014

Standard 4-11

Intent: To follow the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* regarding all aspects of training in minimal enteral and moderate parenteral sedation including:

...didactic instruction, health status assessment, monitoring, airway management, emergency care, and number of required cases.

The ADA Guidelines were developed and approved by the ADA Council on Dental Education and Licensure and adopted by the ADA House of Delegates.

Robert M. Peskin, DDS

Most Common Fears

1. Ophidophobia
   - fear of snakes
2. Arachnophobia
   - fear of spiders
3. Agoraphobia
   - fear of outdoors, crowds, uncontrolled social situations
4. Glossophobia
   - fear of public speaking
5. Acrophobia
   - fear of heights
6. Achluophobia/Lygophobia/Nychtophobia
   - fear of darkness
7. Astraphobia
   - fear of thunder and lightning
8. Aviophobia
   - fear of flying
9. Cynophobia
   - fear of dogs
10. Odontophobia
    - fear of the dentist

Definition of Pain

Pain: an unpleasant emotional experience usually initiated by a noxious stimulus and transmitted over a specialized neural network to the central nervous system where it is interpreted as such.

Robert M. Peskin, DDS
Monheim's Local Anesthesia and Pain Control in Dental Practice

Other Patient Groups Who May Benefit from Moderate Sedation
- Anxious and Apprehensive
- Special Needs Patients
- Physically and/or Emotionally Handicapped
- Developmentally Disabled
- Uncooperative
- Very young
- Dementia / Alzheimer’s
- Medically Compromised

Robert M. Peskin, DDS
Continuum of Depth of Sedation Definition of General Anesthesia and Levels of Sedation/Analgesia

Approved by American Society of Anesthesiologists House of Delegates October 13, 1999 and Amended on October 27, 2004

Analgesia

- The diminution or elimination of pain.

Local Anesthesia

- The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists

Robert M. Peskin, DDS

adopted by the ADA House of Delegates

October 1, 2007

Although the use of local anesthetics is the foundation of pain control in dentistry and has a long record of safety, dentists must be aware of the maximum, safe dosage limits for each patient. Large doses of local anesthetics in themselves may result in central nervous system depression, especially in combination with sedative agents.

- The use of minimal and moderate sedation requires an understanding of local anesthesia and the physiologic and pharmacologic implications of the local anesthetic agents when combined with the sedative agents.
Safe Practice

- "Dentists administering sedation and anesthesia should be familiar with the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists. Dentists who are qualified to utilize sedation and general anesthesia have a responsibility to determine if patients undergoing dental treatment by:

  - Using only those drugs and techniques to which they have been appropriately trained;
  - Limiting use of these modalities to patients who require them;"

Robert M. Peskin, DDS
adopted by the ADA House of Delegates
October 1, 2007
ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists

Safe Practice

- Conducting a preoperative evaluation of each patient consisting of at least thorough review of medical and dental history, physical examination and consultation, when indicated, with appropriate medical and dental personnel;
- Conducting physiological and visual monitoring of the patient;
- Having available appropriate emergency drugs, equipment and facilities and maintaining competency in their use;
- Maintaining fully documented records of drugs used, dosage, vital signs monitored, adverse reactions, recovery from the anesthetic, and, if applicable, emergency procedures employed.

Robert M. Peskin, DDS
adopted by the ADA House of Delegates
October 1, 2007
ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists

"The Association expects that patient safety will be the foremost consideration of dentists who use sedation and general anesthesia."
Standards

- Standards are intended to be applied rigidly and carry the expectation that they be applied in all cases and any deviation from them would be difficult to justify.
- A standard of care indicates that measurable criteria are present and these criteria shall be used to order to arrive at a given level of outcome.
- Standards say what must be done.

Guidelines

- Guidelines are intended to be more flexible than standards.
- Guidelines should be followed in most cases, but they recognize that treatment can and should be tailored to fit individual needs, depending on the patient, setting and other factors.
- Deviations from guidelines would be fairly common and could be justified by differences in individual circumstances.
Parameters

- Parameters describe the range of appropriate treatment for a given condition.
- In comparison to standards or guidelines, parameters broaden the range of professional judgment for the practitioner.
- They strengthen the ability of the provider to evaluate options and arrive at appropriate treatment.

Robert M. Peskin, DDS

1993 Annual Reports and Resolutions
American Dental Association

Robert M. Peskin, DDS

ADA Anesthesia Documents

http://www.ada.org/sections/educationAndCareers/pdfs/teaching_paincontrol_guidelines.pdf
http://www.ada.org/sections/about/pdfs/statements_anesthesia.pdf
http://www.ada.org/sections/educationAndCareers/pdfs/anesthesia_use_guidelines.pdf

Teaching Guidelines (1972)
Policy Statement (1985)
Use Guidelines (1996)

Teaching Guidelines (2007)
Use Guidelines (2007)

Teaching Guidelines (2012)
Policy Statement (2012)
Use Guidelines (2012)

Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Adopted by House of Delegates
American Dental Association
October 1, 2007
"The administration of local anesthesia, sedation and general anesthesia is an integral part of the practice of dentistry. The American Dental Association is committed to the safe and effective use of these modalities by appropriately educated and trained dentists."

"...The intent of these Guidelines is to provide direction for the teaching of pain control and sedation to dentists and can be applied at all levels of dental education from predoctoral through continuing education. They are designed to teach initial competency in pain control and minimal and moderate sedation techniques."

"It is not the intent of the guidelines to fit every program into the same rigid educational mold. This is neither possible nor desirable. There must always be room for innovation and improvement. They do, however, provide a reasonable measure of program acceptability, applicable to all institutions and agencies engaged in predoctoral and continuing education."
"Techniques for the control of anxiety and pain in dentistry should include both psychological and pharmacological modalities. Psychological strategies should include simple relaxation techniques for the anxious patient and more comprehensive behavioral techniques to control pain."

Pharmacological strategies should include not only local anesthetics but also sedatives, analgesics and other useful agents. Dentists should learn indications and techniques for administering these drugs enterally, parenterally and by inhalation as supplements to local anesthesia."
Introduction

“The knowledge, skill and clinical experience required for the safe administration of deep sedation and/or general anesthesia are beyond the scope of predoctoral and continuing education programs.”

ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

“Advanced education programs that teach deep sedation and/or general anesthesia to competency have specific teaching requirements described in the Commission on Dental Accreditation requirements for those advanced programs and represent the educational and clinical requirements for teaching deep sedation and/or general anesthesia in dentistry.”

Conscious Sedation

- A minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command...

... and that is produced by a pharmacologic or non-pharmacologic method or a combination thereof...
Conscious Sedation

- In accord with this particular 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.

Robert M. Peskin, DDS
adopted by the ADA House of Delegates
October 22, 2012

ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Combination Inhalation-Enteral Conscious Sedation

- Combined conscious sedation
- Conscious sedation using inhalation and enteral agents
- When the intent is anxiolysis only, and the appropriate dosage of agents is administered, then the definition of enteral and/or combination inhalation-enteral conscious sedation (combined conscious sedation) does not apply.

Robert M. Peskin, DDS
adopted by the ADA House of Delegates
October 1, 2007

ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Minimal Sedation

- Definition previously associated with analgesia
Minimal Sedation

- A minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command...

- Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

Robert M. Peskin, DDS

 adopted by the ADA House of Delegates

October 1, 2007

ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use.

Further, patients whose only response to repeated painful stimuli would not be considered to be in a state of minimal sedation.

Robert M. Peskin, DDS

 adopted by the ADA House of Delegates

October 1, 2007

ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students
Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures

- American Academy of Pediatrics
- American Academy of Pediatric Dentistry

Minimal Sedation

- Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation.
- Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

Minimal Sedation

- Maximum recommended dose (MRD)
- Incremental dosing

maximum FDA-recommended dose of a drug as printed in FDA-approved labeling for unsupervised home use.

administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).
Moderate Sedation

- A drug-induced depression 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.

Note: In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely...

Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.
Titration

The following definition applies to administration of moderate and deeper levels of sedation:

**Titration**: administration of incremental doses of a drug until a desired effect is reached...

Knowledge of each drug’s time of onset, peak response and duration of action is essential to avoid over sedation.

---

Robert M. Peskin, DDS
adopted by the ADA House of Delegates
October 1, 2007

ADA Guidelines for Teaching
Pain Control and Sedation to Dentists and Dental Students

Deep Sedation

A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposively to verbal responses or painful stimulation. The ability to independently maintain ventilatory function may be impaired...

Patients may require assistance in maintaining a patent airway, see apneic or ventilatory paralysis may be inadequate. Cardiovascular function is usually maintained.
General Anesthesia

- 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 pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Rescue

Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the consequences (rescue) of patients whose level of sedation becomes deeper than initially intended.

For all levels of sedation, the practitioner must have the training, skills, drugs and equipment to identify and manage an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

definitions

**Enteral**
- any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa
  - oral
  - rectal
  - sublingual

**Parenteral**
- a technique of administration in which the drug bypasses the gastrointestinal (GI) tract
  - intramuscular (IM)
  - intravenous (IV)
  - intranasal (IN)
  - submucosal (SM)
  - subcutaneous (SC)
  - intraocular (IO)
Inhalation

- A technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas-blood interface.

Robert M. Peskin, DDS

Adopted by the ADA House of Delegates

October 1, 2007

ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists

Definitions

- Analgesia: The diminution or elimination of pain.

Local Anesthesia

- The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

Robert M. Peskin, DDS

Adopted by the ADA House of Delegates

October 1, 2007

ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Course Duration: Minimal Sedation

- The course should include a minimum of 16 hours, plus clinically-oriented experiences during which competency in enteral and/or combined inhalation-ental minimal sedation techniques is demonstrated.

- Clinically-oriented experiences may include group observations on patients undergoing enteral and/or combination inhalation-ental minimal sedation. Clinical experience in managing a compromised airway is critical to the prevention of life-threatening emergencies.
Course Duration: Moderate Enteral Sedation

A minimum of 24 hours of instruction, plus management of at least 10 adult case experiences by the enteral route and/or an additional 10 case experiences by the enteral-nitrous oxide/oxygen route per participant is required to achieve competency...

...These ten cases must include at least three live clinical dental experiences managed by participants in groups no larger than five...

...The remaining cases may include simulations and/or video presentations, but must include one experience in returning (rescue) a patient from deep to moderate sedation...

...Clinical experience will be provided in managing healthy adult patients. This course in moderate enteral sedation is not designed for management of children (aged 12 and under)...

...Additional supervised clinical experience is necessary to prepare participants to manage medically compromised adults and special needs patients. This course in moderate enteral sedation does not result in competency in moderate parenteral sedation.
Course Duration: Moderate Parenteral Sedation

- A minimum of 60 hours of instruction, plus management of at least 20 patients by the intravenous route per participant, is required to achieve competency in moderate sedation techniques...

- Clinical experience in managing a compromised airway is critical to the prevention of emergencies. Participants should be provided supervised opportunities for clinical experience to demonstrate competence in management of the airway.

Robert M. Peskin, DDS

October 1, 2007

ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Guidelines for the Use of Sedation and General Anesthesia by Dentists

Adopted by House of Delegates
American Dental Association
October 1, 2007

Patient Physical Status Classification

- ASA I
  - a normal healthy patient
- ASA II
  - a patient with mild systemic disease
- ASA III
  - a patient with severe systemic disease
- ASA IV
  - a patient with severe systemic disease that is a constant threat to life
- ASA V
  - a patient who is not expected to survive without the operation
- ASA VI
  - a declared brain-dead patient whose organs are being removed for donor purposes

Robert M. Peskin, DDS

American Society of Anesthesiologists

http://www.asahq.org/clinical/physicalstatus.htm
To administer minimal sedation the dentist must have successfully completed:

- training to the level of competency in minimal sedation consistent with that prescribed in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, or...

- a comprehensive training program in moderate sedation that satisfies the requirements in the Moderate Sedation section of the ADA Guidelines at the time training was commenced, or

- an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage minimal sedation commensurate with these guidelines; and

- a current certification in Basic Life Support for Healthcare Providers.

Administration of minimal sedation by another qualified dentist, or independently practicing qualified anesthesiologist, healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support for Healthcare Providers.
Educational Requirements: Moderate Sedation

- To administer moderate sedation the dentist must have successfully completed:
  - a comprehensive training program in moderate sedation that satisfies the requirements described in Moderate Sedation section of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced, or
  - an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage moderate sedation commensurate with these Guidelines and

- Administration of moderate sedation by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support for Healthcare Providers.

Robert M. Peskin, DDS
adopted by the ADA House of Delegates
October 1, 2007
and as amended October 22, 2012

ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists

Educational Requirements: Deep Sedation/General Anesthesia

- To administer deep sedation or general anesthesia, the dentist must have completed:
  - an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with Part IV.C of these guidelines and
  - a current certification in Basic Life Support for Healthcare Providers and

- Administration of moderate sedation by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support for Healthcare Providers.

Robert M. Peskin, DDS
adopted by the ADA House of Delegates
October 1, 2007
and as amended October 22, 2012

ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists
**Educational Requirements: Deep Sedation/General Anesthesia**

- Administration of deep sedation or general anesthesia by another qualified dentist or independently practicing qualified anesthesiologist requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support (BLS) Course for the Healthcare Provider.

Robert M. Peskin, DDS

adopted by the ADA House of Delegates

October 1, 2007

ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists

**Educational Requirements**

- For all levels of sedation and anesthesia, dentists who are currently providing sedation and anesthesia in compliance with their state rules and/or regulations prior to adoption of this document are not subject to these educational requirements.

- However, all dentists providing sedation and general anesthesia in their offices or the offices of other dentists should comply with the Clinical Guidelines in this document.

Robert M. Peskin, DDS

American Society of Anesthesiologists

http://www.asahq.org/clinical/physicalstatus.htm

**Clinical Guidelines**

- Patient Evaluation
- Pre-Operative Preparation
- Personnel and Equipment Requirements
- Monitoring and Documentation
- Recovery and Discharge
- Emergency Management
- Management of Children
Policy Statement: The Use of Sedation and General Anesthesia by Dentists

Adopted by House of Delegates
American Dental Association
October 1, 2007

Introduction

"The use of sedation and general anesthesia in dentistry is safe and effective when properly administered by trained individuals. The American Dental Association strongly supports the right of appropriately trained dentists to use these modalities in the treatment of dental patients and is committed to their safe and effective use."

State Regulation

"State dental boards have the responsibility to ensure that only qualified dentists use sedation and general anesthesia. The ADA recognizes that office-based, ambulatory sedation and anesthesia play an integral role in the management of anxiety and pain control for dental patients. It is in the best interest of the public and the profession that access to these cost-effective services be widely available."
Research

"The ADA strongly supports the expansion of both basic and clinical research in anxiety and pain control... (and) urges institutions and agencies that fund and sponsor research to place a high priority on this type of research, which should include:

1. epidemiological studies that provide data on the number of these procedures performed and on morbidity and mortality rates
2. clinical studies of drug safety and efficacy
3. basic research on the development of safer and more effective drugs and techniques
4. studies on improving patient monitoring
5. research on behavioral and other non-pharmacological approaches to anxiety and pain control."

Robert M. Peskin, DDS
adopted by the ADA House of Delegates
October 1, 2007

ADA Policy Statement:
The Use of Sedation and General Anesthesia by Dentists