What is the Accepted Technique for Conscious Sedation?

A Guideline for Members to supplement PS09

Background

After reviewing case notes on patients whose care has come to the notice of council and the Dental Board, it has become clear that some guidance may be necessary to the membership on what is the accepted technique.

In General

We provide conscious sedation for our patients in order to facilitate their dental treatment. It is about providing another modality of treatment to help dental phobics and patients with long and difficult procedures. It should also be recognised that this technique is not suitable for all patients; they may be medically compromised or resistant and therefore requiring doses beyond what is considered safe. It is imperative that we have a "Plan B" for such patients and this may be a general anaesthetic in an appropriate facility or we may elect to try other forms of sedation.

Members who elect to stray outside the accepted technique may find it difficult to defend their position should the need arise.

To assist members in understanding what is the accepted technique we have provided the following guidelines.

Patients Selection

Most complaints, morbidity and mortality stem from the fact that the patients were unsuitable for sedation and that patient selection was poor. It is not the intent of this guideline to provide the necessary guidance (this will be for future publication).

Pre – Sedation

Patient history and examination should, wherever possible, be performed at a separate appointment and the patients should be provided with clear and unequivocal guidance on escorts, fasting, post-operative care and supervision.

Fasting

- Patients should have no food for at 6 hours prior to their appointment.
- Patients should have only clear liquids up to 2 hrs before their appointment
- Patients should take their normal medication with a sip of water on the day

Be aware that some medications came potentiate the therapeutic effects of the sedation drugs eg regular medications such as codeine or pre-meds such as benzodiazepines.

Consent

Patients or their guardians must sign a consent form which outlines the procedure and the sedation.

Monitoring, Training and Facility

It is not the intent of this guideline repeat the ANZCA and College Professional Standard document on Sedation (PS09) other than to say that the Society strongly supports this document.

Drugs, dosages and titration

The accepted technique for conscious sedation in dentistry is as taught in the Graduate Diploma in Conscious Sedation and therefore with your scope of practice.

Pre – medication

In general, pre-medication should be discouraged unless required by the patient to maintain their health or that is absolutely necessary to assist the patient's attendance. Sedationists must aware be what patients have taken, the dosage and the time remembering many pre-medications interact with sedation drugs. If prophylactic antibiotics are required this should be administered through an IV catheter in the presence of the sedationists.

The sedation

The sedation drugs and administration techniques taught in the Diploma are designed to provide a wide margin of safety with a proven track record of being effective.

Fentanyl, a powerful fast acting opioid in the main is given for two reasons. Firstly to provide operative and post-operative pain relief especially in the cases where oral surgery is performed and secondly, as it potentiates the effects of midazolam, it helps reduce the amount of midazolam required. This drug is usually given prior to midazolam as;

the initial dose is more likely to calm the patient, and

the analgesic effects can help those patients who are truly phobic of needles.

(– delete, this is incorrect)

- Its peak therapeutic effect occurs within minutes of IV injection (not Immediately) therefore sedationists should allow for its distribution.
- It has a therapeutic half-life of 3.5 hrs therefore sedationists should be aware of this when considering discharge.
- Dosage**. Maximum dose should not exceed 100 micrograms**. It is usually given in 25-50 microgram increments.

Midazolam, is water soluble benzodiazepine and as such, is the principal sedation agent.

- It's therapeutic effects occur within 2-2.5 minutes of administration when used without an opioid and within 1.5 minutes with an opioid. The maximum effect however takes 10 minutes to occur. The increments for titrated doses must consider variations in clinical effects.
- Dosage. **Maximum dose should not exceed 15mg** (and then in only carefully selected patients) and it is usually given in 1mg incremental doses to effect.

Propofol, is an anaesthetic induction agent and should be used sparingly. It should only be used in 10mg incremental doses to assist the patient during particularly difficult periods in the sedation:

- It must not be used instead of adequate local anaesthesia for pain control.
- It must not be used as an alternative to a sedative agent.
- It must not be used in an infusion pump .

- It must not be used if doing sedation whilst also operating.

If the members choose to perform sedations outside these guidelines (as this is accepted scope of practice) they place themselves and the membership in peril of losing the rights to do sedations. Patients that are not adequately sedated using this accepted technique should be treated using another modality of sedation or general anaesthesia.