

# STATE OF IDAHO –BOARD OF DENTISTRY



8/13/2014

## POLICY FOR MODERATE ENTERAL SEDATION EVALUATIONS

### DEFINITION<sup>1</sup>

*Moderate sedation* shall mean 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.

### SCOPE

Moderate enteral sedation permits are meant to include the use of enteral medications with the intent of producing sedation, amnesia, or tranquilization for an examination or procedure. Staffing and equipment adequate to meet these standards must be verified prior to administration of sedation.

### PERSONNEL AND STAFFING

During the period of sedation (before, during, and after the procedure) the patient will be attended by at least one person (in addition to the person performing the procedure) whose responsibilities will include monitoring the patient. This person (monitoring the patient) may be a dentist/physician, RN, or other qualified person (minimally B.C.L.S. certified), and will operate under the supervision of a dentist/physician who is immediately available. The supervising dentist/physician must have been certified in Advanced Cardiac Life Support. The office staff should have regular, documented training in emergency procedures.

### DRUGS AND MEDICATIONS

Route of administration and medications chosen should be well understood. Available reversal agents **must** be present in the office. Please note that dental assistants and dental hygienists are NOT permitted or authorized by the Administrative Rules of the Board of Dentistry to administer enteral sedation medication(s).

---

<sup>1</sup> The Idaho State Board of Dentistry's rules regarding moderate sedation are found at IDAPA 19.01.01 – Rules of the Idaho State Board of Dentistry.

## MONITORING AND DOCUMENTATION

Each patient should be monitored with non-invasive blood pressure. Oxygen saturation, blood pressure, heart rate, and respiration should be recorded as a baseline, and then monitored every five minutes during the anesthetic, and then continued every fifteen (15) minutes until the patient meets the requirements for discharge. Respiratory and level of consciousness will be monitored continuously by observation, and significant changes noted. All medications, as well as vital signs must be recorded and remain with the patient's chart as a part of their permanent record. It is required to have documentation of an ASA classification and a completed medical history prior to an anesthetic.

### ASA Physical Status Classification System

ASA Physical Status 1 – A normal healthy patient

ASA Physical Status 2 – A patient with mild systemic disease

ASA Physical Status 3 – A patient with severe systemic disease

ASA Physical Status 4 – A patient with severe systemic disease that is a constant threat to life

ASA Physical Status 5 – A moribund patient who is not expected to survive without the operation

## RECOVERY

The patient will be monitored closely following the last dose of medication given until the patient meets the discharge criteria. This observation may take place at the site of the procedure or in a designated recovery area. While in the recovery area, the patient will be observed, with the doctor immediately available. All vital signs are to be monitored every 15 minutes. Patients are discharged when they meet discharge criteria.<sup>2</sup>

Stable vital signs

No airway difficulties

No respiratory distress

Return to usual state of alertness

Return to usual ambulatory status (except as limited by surgery)

Stable wound site

Ability to retain fluids

Responsible adult caretaker to accompany patient (patient and responsible party to be provided information on contact person of problems arise).

---

<sup>2</sup> Source: Longnecker/Tinker/Morgan, *Principles and Practice of Anesthesiology*, page 2260, (Mosby 2<sup>nd</sup> Ed. 1998).

Office Evaluation Checklist for Moderate Sedation Permit

**Part I. Office Equipment, Monitoring and Emergency Equipment, Records**

A. Required Equipment and Records

- Oxygen and Supplemental gas-delivery system
- Suction and backup suction device
- Gas Storage facility
- Auxiliary lighting system
- Pulse Oximeter
- Automatic Non Invasive Blood Pressure Monitor
- Manual Sphygmomanometer and Stethoscope
- Recovery Area (monitoring equipment in area if recovery area is used)
- Automatic External Defibrillator (AED)
- Appropriate Medications to Provide Level of Sedation for Which Permit Allows
- Full Face Mask, Positive pressure delivery device, Ambu Bag
- Tonsillar Suction
- Oral and Nasal Airways

Office Records

- Staff and Doctor BLS certification
- Doctor ACLS certification
- Health History Form
- Consent for Anesthesia and Surgery
- Anesthesia Record (ASA Status)
- Anesthesia Case Log/Drug Log

B. Other Equipment (valuable equipment that doctors may want to have available)

Advanced airways, Nose Mask, and/or board or other device to stiffen the back of the patient chair if CPR is necessary.

**Part II: Required Emergency Medications (required at a minimum)**

Check all Expiration Dates

\*\*It is the permit holders' responsibility to confirm ALL drug concentrations from individual suppliers\*\*

[REVERSAL AGENTS]

- Flumazenil (*Romanzicon*) 0.1 mg/ml
  - Reversal of benzodiazepines
  - Adults: recommended initial dose of is 0.2 mg (2 ml) over 15 sec, may repeat q 1min (1mg max dose)

[EMERGENCY DRUGS]

- \_\_\_ Epinephrine 1 mg/ml
- \_\_\_ ASA (Chewable uncoated Aspirin) 160-325 mg
- \_\_\_ Nitroglycerin (*Nitrolingual, Nitroquick, Nitrostat*)
- \_\_\_ Diphenhydramine (*Benedryl*) 50 mg/ml
- \_\_\_ Albuterol (*Ventolin*) Bronchodilator Mist Metered Dose Inhaler
- \_\_\_ Instant Glucose or other Sugar Source to treat Hypoglycemia

**Part III: Simulated Emergencies and Suggested Algorithms**

The simulated emergency procedures are to be demonstrated in the surgery/anesthesia area with full participation of the office staff. Proper use of any necessary emergency equipment should be demonstrated. Evaluator will check for satisfactory completion of each situation. Two way discussion of each situation with evaluators is expected.

**Laryngospasm**       Pass       Fail

- Pack of surgical site
- Position patient/ upright/ most comfortable
- Suction patient – tonsillar suction
- Ventilate patient with positive pressure ventilation  
(full face mask/ambu bag with 100% oxygen)
- Auscultation of lung fields
- **Call 911**

**Bronchospasm and Airway Obstruction**       Pass       Fail

- Establish airway and administer 100% oxygen with full face mask with positive pressure ventilation
- Albuterol (*Ventolin*) Metered Dose Inhaler  
Used in Asthma  
Beta-agonist bronchodilator
- Epinephrine  
Sever bronchospasm (1:1,000) 0.3-0.5 mg SQ  
TB syringe 0.3-0.5ml of 1:1,000 SL/SQ
- Benadryl ~50 mg intravenously
- Auscultation of lung fields
- **Call 911 if not resolved**

**Emesis and Aspiration**       Pass       Fail

- Change suction to Tonsillar suction
- Turn patient to right side—Trendelenburg position, check for foreign body
- 100% oxygen
- Auscultation of lungs
- Consider Anti Emetic Medications
- If situation gets worse, (i.e. cyanotic, dyspnea) **call 911**

*Simulated emergencies - continued*

**Angina Pectoris**       Pass       Fail

- Nitroglycerin (*Nitrolingual, Nitroquick, Nitrostat*)  
Check Date, use patients own NTG if possible  
Sublingual doses (0.3 mg= 1/200 grain, 0.4 mg = 1/150 grain  
0.6 mg= 1/100 grain)  
SL/spray/oral  
Determine level of SBP (must be >90mmHg)  
Avoid in patients taking Sildenafil (*Viagra*)
- Place patient in comfortable position
- 100% oxygen, Nitrous Oxide
- Monitor patient
- If pain continues, administer one more tab/spray in 5 minutes
- If pain still continues, assess MI, **911** and transportation
- Third NTG dose 5 minutes later while waiting for ambulance

**Myocardial Infarction**       Pass       Fail

- Stop Surgery and Position Patient
- 100% Oxygen
- **Call 911**
- Monitor Vitals, Consider Applying AED
- Chewable uncoated Aspirin 325mg oral
- Analgesia- Nitrous Oxide, NTG

**Cardiac Arrest**       Pass       Fail

- Look, Listen, Feel
- **Call 911**
- Ventilate with AMBU bag and 100% Oxygen
- Apply AED- Defibrillate if indicated
- Check pulse- Begin Chest Compressions if no pulse

**Hypotension**       Pass       Fail

- Terminate surgery
- Position patient- Trendelenberg- supine
- Check pulse and BP
- Stimulate patient
- **Call 911**

**Hypertension**       Pass       Fail

Consider all possible etiologies. Treat the cause if known.  
Most hypertensive episodes are transient.  
Terminate appointment- refer to medical help.

- **Call 911**

*Simulated emergencies - continued*

**Acute Allergic Reaction**  Pass  Fail

- Mild Reaction (rash, hives)—Benedryl 25-50 mg IV or IM
- Severe Reaction (wheezing, angioedema, laryngoedema, bronchospasm)
  - Epinephrine – 0.3 mg- 0.5 mg SL, SC, IM, IV
  - Bronchodilator mist
  - Benedryl- 50 mg IV or IM
  - Repeat Epinephrine if need in 3-5 min
  - **Call 911**, continue BLS

**Syncope, Loss of Consciousness**  Pass  Fail

- Position Patient- Trendelenberg- raise legs
- Oxygen, monitor vitals
- Ammonia Inhalants
- BLS if unresponsive
- Apply AED, **call 911** if necessary
- Consider Hypoglycemia (glucagon, instaglucose)

**Hyperventilation**  Pass  Fail

- Calm the patient, Position patient Upright
- Breathe into paper bag, cupped hands, or full mask with 0.5L of Oxygen flow
- May need to sedate with Valium or Versed

**Convulsions**  Pass  Fail

- Protect patient and gently restrain
- After seizure BLS- post ictal depression- maintain airway
- **Call 911**

**Part IV: Observation of a Sedation Case**

One Sedation case should be observed for doctors applying for initial permit. Observation of a Sedation case may also be required in situations where re-evaluation is recommended by the Board of Dentistry. The sedation should be no longer than 1 hour. Evaluators will remain present to ensure proper use of patient monitors, preparation and delivery of sedation medications, titration to appropriate level of sedation, and patient management. Observation of a sedation case is not required at the five year reevaluation; however a review of the anesthesia case log will be conducted by the evaluators.

Pass  Fail



# STATE OF IDAHO



## BOARD OF DENTISTRY

### PATIENT CONSENT FORM

I, the undersigned, am a patient of \_\_\_\_\_ (hereinafter “dentist/dental specialist”). My dentist/dental specialist has explained to me that a periodic evaluation is required in connection with the anesthesia permit issued to him/her by the Idaho State Board of Dentistry (“Board of Dentistry”). The Board of Dentistry is required to routinely conduct evaluations of all the anesthesia permit holders in Idaho. My dentist/dental specialist has further explained to me that it is necessary for one (1) or more Idaho State Board of Dentistry evaluators to personally observe the treatment provided to a patient. The evaluators are also dentists/dental specialists who are anesthesia permits holders in Idaho. My dentist/dental specialist has requested my consent to allow the Board of Dentistry’s evaluators to observe the treatment provided to me. Although my dentist/dental specialist may discuss my treatment with the evaluators and that the evaluators may discuss my treatment between themselves, I understand that the evaluators will treat any of the information they receive during their evaluation as confidential. Therefore, I hereby freely, knowingly and voluntarily consent to and authorize the Board of Dentistry’s evaluators to observe the treatment provided to me by my dentist/dental specialist. This consent shall be in full force and effect for a period of fourteen (14) days from the date of its execution, at which time it will expire.

\_\_\_\_\_  
PATIENT SIGNATURE

DATE: \_\_\_\_\_