

Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office

Originating Council

Ad Hoc Committee on Sedation and Anesthesia

Review Council

Council on Clinical Affairs

Adopted

1999

Revised

2004, 2007

Purpose

The American Academy of Pediatric Dentistry (AAPD), as the advocate for oral health in infants, children, adolescents, and persons with special health care needs, recognizes that there exists a patient population for whom routine dental care using nonpharmacologic behavior guidance techniques is not a viable approach. It also recognizes that a population of patients, because of their need for extensive treatment, acute situational anxiety, uncooperative age-appropriate behavior, immature cognitive functioning, disabilities, or medical conditions, would benefit from deep sedation or general anesthesia.¹

Background

Pediatric dentists have long sought to provide dental care to their young and disabled patients in a manner which will promote excellence in quality of care and concurrently induce a positive attitude in the patient toward dental treatment. Behavior guidance techniques have allowed most children to receive treatment in the dental office with minimal discomfort and without expressed fear. Sedation has provided others with the ability to accept treatment. However, some children and developmentally disabled patients require general anesthesia to receive comprehensive dental care in a safe and humane fashion. Many pediatric dentists (and others who treat children) have sought to provide for the administration of general anesthesia by properly trained individuals in their offices or other facilities (eg, outpatient care clinics) outside of the traditional hospital setting. In 1998, the AAPD established its Guideline on the Elective Use of Minimal, Moderate, and Deep Sedation and General Anesthesia in Pediatric Dental Patients.² In an effort to unify guidelines for sedation used by medical and dental practitioners, the American Academy of Pediatrics and the AAPD in 2006 coauthored a statement entitled Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.³ This revised guideline reflects the current understanding of appropriate monitoring needs and, further, provide definitions and characteristics of 3 levels of

sedation (minimal, moderate, and deep) and general anesthesia involving pediatric patients.

When deep sedation or general anesthesia is provided in a private pediatric dental office, the pediatric dentist must be responsible for evaluating the educational and professional qualifications of the general anesthesia or deep sedation provider (if it is other than himself) and determining that the provider is in compliance with state rules and regulations associated with the provision of deep sedation and general anesthesia. The pediatric dentist is also responsible for establishing a safe environment that complies with local, state, and federal rules and regulations, as well as the Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures³ for the protection of the patient.

Educational requirements

Deep sedation and general anesthesia must be provided only by qualified and appropriately trained individuals and in accordance with state regulations. Such providers may include pediatric dentists who have completed advanced education in anesthesiology beyond their pediatric residency advanced training program, dental or medical anesthesiologists, certified registered nurse anesthetists, or anesthesia assistants. The expertise in providing deep sedation and general anesthesia cannot be gained through the undergraduate dental school curriculum or continuing education. Only dentists who have completed an advanced education program which meets the requirements of the American Dental Association (ADA) are considered qualified to provide deep sedation and general anesthesia in practice. This includes:

1. completion of an advanced training program in anesthesia and related subjects beyond the predoctoral dental curriculum that satisfies the requirements described in Part Two of the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry⁴ at the time training was commenced;

2. completion of an ADA-accredited post-doctoral training program (eg, oral and maxillofacial surgery) which affords comprehensive and appropriate training necessary to administer and manage deep sedation/general anesthesia.

Risk management

As stated above, the pediatric dentist is responsible for providing a safe environment for the in-office provision of deep sedation and general anesthesia. In addition to evaluating the qualifications of the anesthesia provider, he/she must be involved with the following aspects of care to minimize risks for the patient:

1. facilities and equipment;
2. monitoring and documentation;
3. patient selection utilizing medical history, physical status, and indications for anesthetic management;
4. preoperative evaluation;
5. appropriately trained support personnel;
6. emergency medications, equipment, and protocols;
7. preoperative and postoperative patient instructions;
8. criteria and management of recovery and discharge.

Continuous quality improvement

To reduce the chance of medical error and determine root cause, aspects of continuous quality improvement are applied in the outpatient setting during the administration of deep sedation and general anesthesia as described in the Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.³ Adverse events are recorded and examined for assessment of risk reduction and improvement in patient satisfaction.

Policy statement

The AAPD endorses the in-office use of deep sedation or general anesthesia on select pediatric dental patients administered either by a trained, credentialed, and licensed pediatric dentist, dental or medical anesthesiologist, nurse anesthetist, or anesthesia assistant in an appropriately equipped and staffed facility.

References

1. American Academy of Pediatric Dentistry. Guideline on behavior guidance for the pediatric dental patient. *Pediatr Dent* 2006;28(suppl):97-105.
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3. American Academy of Pediatrics, American Academy of Pediatric Dentistry. Guideline for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures. *Pediatr Dent* 2006;28(suppl):115-32.
4. American Dental Association. Guidelines for teaching the comprehensive control of anxiety and pain in dentistry. Chicago, Ill: ADA House of Delegates; 2005. Available at: http://www.ada.org/prof/resources/positions/statements/anxiety_guidelines.pdf Accessed May 6, 2007.

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