

Conscious Sedation in Dentistry

Practice Inspection Check List

Basic Sedation Techniques



Accompanying Notes

Conscious sedation is defined as:

A technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The drugs and techniques used to provide conscious sedation for dental treatment should carry a margin of safety wide enough to render loss of consciousness unlikely.

The level of sedation must be such that the patient remains conscious, retains protective reflexes, and is able to understand and respond to verbal commands. 'Deep sedation' in which these criteria are not fulfilled must be regarded as general anaesthesia.

In the case of patients who are unable to respond to verbal contact even when fully conscious the normal method of communicating with them must be maintained.

General Dental Council (GDC) November 2001; 4.11

Guidelines for sedation in dentistry

The following documents are the current core guidelines for sedation in dentistry:

Maintaining Standards, General Dental Council, November 2001. Can be accessed via www.gdc-uk.org; Publications, Guidance.

Conscious Sedation in the Provision of Dental Care, Standing Dental Advisory Committee (SDAC), Department of Health. November 2003. Can be accessed at www.dh.gov.uk via Policy and guidance, Policy and guidance A–Z, Policy A to Z, Dental, Dental treatment and medicines.

The guidelines are referenced in the crib sheet below where relevant. The GDC guidelines are designated GDC and the DoH guidelines are designated as SDAC.

Format of the check list

A 'yes' reply to a question indicates that this is in line with current guidelines. Please note that in those questions with * next to their reference number a 'no' reply does not necessarily mean that the practice is not adhering to current guidelines.

Ref	Question	Guideline references	Notes
1	General		
1.1*	Does the practice provide basic sedation only?	SDAC 19.1 SDAC 19.4 SDAC 19.3 SDAC 19.5	The following are defined as basic sedation techniques: <ul style="list-style-type: none"> • Oral sedation/pre-medication using a benzodiazepine • Inhalation sedation using nitrous oxide/oxygen • Intravenous sedation using only a benzodiazepine • A combination of the above.
1.2*	Does the practice provide oral sedation?	SDAC 19.5	
1.3*	Does the practice provide inhalation sedation (IS)?	SDAC 19.3	
1.4*	Does the practice provide intravenous sedation (IVS)?	SDAC 19.4	
1.5	Are children under 16 normally sedated using IS?	SDAC 20 SDAC 20.1 SDAC 20.2 SDAC 20.3	IV sedation in children is currently seen as the exception rather than the rule.

1.6	Are sedation patients normally ASA I or II?	SDAC 14	The ASA physical status classification system is used in anaesthetic and sedation practice as an indicator of procedural risk. I = <i>A normal healthy individual</i> II = <i>A patient with mild systemic disease</i> III = <i>A patient with severe systemic disease</i> IV = <i>A patient with incapacitating systemic disease</i> V = <i>A moribund patient</i>
1.7	Approximately how many sedations are provided for adults, defined as 16+ years of age, annually?		
1.8	Approximately how many sedations are provided for children, defined as under 16 years of age, annually?		
1.9*	Does the practice normally operate on an operator-sedationist basis?		
1.10*	Does the practice normally operate with a separate operator and sedationist?		
2	Facilities	GDC 4.15	
2.1*	Do the premises appear to be well maintained?		
2.2	Are the recovery and waiting areas separate?	SDAC 18.1	
2.3*	Is there good lighting in all clinical areas?		Required for clinical monitoring of patients.
2.4	Is there access for emergency services to the building?	SDAC 8	
2.5	Is there access for emergency services to the surgery?		
2.6	Is there space within the surgery, around the chair, to deal with an emergency?	SDAC 8	
2.7	Does the practice layout provide privacy for sedation patients?		Should cover all aspects during and after the sedation.
2.8	Can the dental chair be placed in the head-down tilt position?	SDAC 8	
3	Sedation practice		
3.1	Does the practice follow a recognised sedation protocol?		The practice should be able to demonstrate an organised approach to sedation provision.
3.2	Are patients normally assessed for suitability for sedation at a preceding appointment?	SDAC 13 GDC 4.12	
3.3	Are the options for anxiety and pain control explained to the patient prior to obtaining consent for sedation?	SDAC 13 SDAC 16 GDC 4.12	
3.4	Do patients have the opportunity to ask questions?	SDAC 16	
3.5	Is arterial blood pressure assessed as part of the patient assessment?		
3.6	Is a cannula used to secure IV access?		Butterfly needles are no longer acceptable for routine use where a cannula could be placed.
3.7	Is IVS administered by titration to a recognised sedation end point?	SDAC 19.4	
3.8	Is IS administered by titration to a recognised sedation end point?	SDAC 19.4	
3.9	Is the patient monitored by a suitably trained and experienced member of staff during sedation and recovery?	SDAC 18.1 SDAC 19.2	
3.10	Are recognised discharge criteria followed?	SDAC 18.2 GDC 4.16	
3.11	Where are patients normally recovered?		
3.12	Does the sedationist discharge the patient?	SDAC 18.2 GDC 4.16	
3.13	Are patients given a telephone number to call in case of problems?	SDAC 18.2	

3.14	Do all IVS and oral sedation patients have an escort?	SDAC 15 SDAC 18.2 GDC 4.16	For adult IS patients an escort is not mandatory.
4	Documentation	SDAC 17	
4.1	Are patients given written pre-operative instructions?	SDAC 15 SDAC 16 GDC 4.12	
4.2	Are patients given written post-operative instructions?	SDAC 15 SDAC 16 GDC 4.12	
4.3	Are the following noted and checked prior to sedation? <ul style="list-style-type: none"> • Medical, dental and social histories • Previous sedations/general anaesthetics • ASA category • Pre-operative vital signs (including BP) • Dental treatment required 	GDC 4.12 SDAC 13 SDAC 13.1 SDAC 13.2	
4.4	Is written consent obtained prior to sedation?	SDAC 16 GDC 4.12	
4.5	Is a contemporaneous record kept of the administration of sedation?	GDC 4.13	This should demonstrate that the drugs were titrated, i.e. given in increments to an end point of conscious sedation. It is recommended that records should include, at least, drug dosage, dosage interval and vital signs.
5	Equipment	SDAC 21 GDC 4.15	
5.1	Is there equipment for measurement of blood pressures?		
5.2	<i>For practices using inhalation sedation</i>	SDAC 9	
5.3	Is there a dedicated IS machine? Does this have the following? <ul style="list-style-type: none"> • Minimum delivery of 30% O₂ • Emergency N₂O cut-off 		IS machines provide inhalation sedation with nitrous oxide and oxygen. The use of an anaesthetic machine for IS by an operator-sedationist is not acceptable.
5.4	Is the IS machine checked by a suitably trained and qualified member of staff prior to each session?		
5.5	Is there scavenging of waste gases?		
5.6	Is the equipment serviced according to the manufacturers' guidelines?		Usually annual.
5.7	Are the gases stored according to current safety requirements?	BOC: storing and handling cylinders	Cylinders should be stored in a well ventilated room, secured horizontally (E size and below) or upright (F size and above) and away from sources of heat or ignition. Empty and full cylinders should be labelled as such and stored separately. All cylinders should be handled carefully and grease or oil should not be used.
5.8	Date of last service		
5.9	<i>For practices using intravenous sedation</i>	SDAC 10 SDAC 19.2	
5.10	Is a pulse oximeter used?	SDAC 19.2	Mandatory.
5.11*	Does the pulse oximeter have audible alarms?		
5.12	Is the equipment serviced according to the manufacturers' guidelines?		Usually annual.
5.13	Date of last service		

5.14*	Can supplemental oxygen be given if required?	SDAC 10	Usually via nasal cannula.
5.15	Emergency equipment	GDC 4.7 SDAC 10	These questions relate to all dental practices.
5.16	Is emergency oxygen available? What size cylinder? Is there a back-up supply/cylinder?		At least a D size, or larger, cylinder should be present. A back-up oxygen supply is advisable. If no back-up is available the cylinder should contain enough oxygen to enable provision of high flow oxygen (10L/min) while awaiting emergency services. A standard D size cylinder contains 340L and an E size 680L.
5.17	Is there a self-inflating bag valve mask with reservoir bag (e.g. Ambu-bag)?		
5.18	Is there a pocket face mask (e.g. Laerdal pocket mask) to provide ventilation?		
5.19	Is back-up suction available?		Ideally this should be motorised and independently powered, although manual devices are acceptable.
5.20	Are oral airways available?		A variety of sizes.
5.21	Are Yankaeur suckers available?		Must be immediately available during sedation.
5.22	Is the emergency equipment readily available?	SDAC 8	
6	Drugs		
6.1	If benzodiazepines are used, is the reversal agent, flumazenil, available?	GDC 4.15	
6.2	Are emergency drugs available?		The contents should enable the dentist to deal with the preliminary management of medical emergencies which may occur in the dental practice and should be in line with the recommendations of a competent authority.
6.3	Are all drugs, sedation and emergency, in date?		
6.4	Is a designated person responsible for stock control?		
6.5	Are drug labels available for syringes?	SDAC 19.1	
6.6	Are all emergency drugs readily available?	SDAC 8	
7	Staff	SDAC 2, 5, 6, 7, 20, 21 GDC 4.15	
7.1	<i>Please list names and qualifications of all dentists, doctors and nursing staff involved in sedation practice at this address..</i>		
7.2	Can all sedationists demonstrate training in sedation, as well as a commitment to continuing professional education?	SDAC 22 GDC 4.14	They must have attended a recognised training course.
7.3	Can all nurses assisting demonstrate training in sedation?		
7.4	Can all recovery staff (if applicable) demonstrate training appropriate to their duties?		
7.5	Are all staff trained in BLS?		
7.6	How often is emergency training provided?		
7.7	When was the last emergency training session?		