Livewell Southwest

Conscious Sedation in the Provision of Dental Care within Plymouth Community Dental Services.

Version No 2.0

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	2006 • Dental Sedation Teachers Group: Conscious Sedation in dentistry Standards for Postgraduate Education. 2008 • Department of Health: Gateway approval reference number: 8338. Commissioning Conscious Sedation Services in Primary Dental Care. 2007 • Rapid Response Report NPSA/2008/RRR011 and supporting information • Dental Sedation Teachers Group & Society for Advancement of Anaesthesia in Dentistry • A guide to maintaining professional standards in conscious sedation for dentistry. Independent Expert group on training standards for sedation in dentistry 2011
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Conscious Sedation in the Provision of Dental Care within Plymouth Community Dental Services.

1. Introduction

This operational policy covers the provision of conscious sedation within the Plymouth Community Dental Services. It should be read in conjunction with all relevant local and LSW policies including: Infection prevention and control policies, Hand hygiene, Safe Management of Sharps and Inoculation injury Policies, Safe and secure handling of medicines and Controlled Drug standard operating procedures.

The General Dental Council states that **"dentists have a duty to provide, and patients have a right to expect adequate and appropriate pain and anxiety control. Pharmacological methods of pain and anxiety control include local anaesthesia and conscious sedation techniques".**

It is essential that where conscious sedation is carried out it is provided to the highest possible standards ensuring high quality clinical care for our patients.

A number of key publications exist setting out authoritative guidelines for the provision of conscious sedation in dentistry.

- Standards for Conscious Sedation in the Provision of Dental Care. Report of the Intercollegiate Advisory Committee for Sedation in Dentistry 2015.

- Safe Sedation Practice for Healthcare Procedures. Academy of Medical Royal Colleges 2013.

- NICE clinical guideline 112: Sedation in children and young people 2010

Plymouth Community Dental Services carries out sedation only in compliance with current national guidelines.

2. Background

Plymouth NHS dental service has been providing dental care with conscious sedation since the early 1990s for patients referred with special needs including medically compromised and dental phobics. Over the years the service has expanded and now offers a conscious sedation service for patients undergoing minor oral surgery.

Referrals are accepted from primary and secondary care services including Plymouth Community Dental Services, General Dental Practitioners, Medical Practitioners, and the Acute Hospitals NHS Trust (e.g. Dental Specialities and the Child Development Centre).

Plymouth Community Dental Services provide dental treatment for children, young people and adults using the following basic conscious sedation

techniques.

Nitrous oxide / oxygen
Midazolam, intravenous
Temazepam, oral
Midazolam, oral
Midazolam, intranasal

Approximately 750 treatments are currently carried out under intravenous conscious sedation per annum.

Midazolam via the intranasal and oral routes has improved the provision of dental treatment under conscious sedation for many severely disabled people. This technique enables many patients to receive regular dental examinations and preventative care without the need for general anaesthesia.

The majority of patients treated with conscious sedation are ASA Classes 1 and 2 (See Appendix A). ASA Class 3 are also treated following careful assessment and when necessary liaison with the patient's physician with any appropriate precautions put in place.

There are no hospital facilities in Plymouth that provide a conscious sedation service for dental treatment.

Conscious sedation is provided by operator-sedationist supported by an appropriately trained assistant.

Provision of conscious sedation is currently focused on one site, at the Dental Access Centre, 1A Baring Street, Plymouth. If in the future conscious sedation is to be provided at a different site then this site must meet the environment standards required for conscious sedation to be safely delivered.

3. Definition of Conscious Sedation

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.

It is of fundamental importance that the level of sedation must be such that the patient remains conscious, and is able both to understand and respond to verbal commands either alone or accompanied by a light tactile stimulus.
For patients with impaired understanding and/or hearing, communication should be maintained according to their pre-sedation state.

3.1 Options for care

Consideration of all options for the control of anxiety should be considered and

explained to the patient (and, where appropriate, the carer) before a decision is reached

4. Educational and Training Standards

All members of the delivery and care team providing treatment under conscious sedation must have undertaken appropriate validated education and training and demonstrated an acceptable level of competency by means of a robust assessment process before undertaking independent practice. The document: Standards for Conscious Sedation in the Provision of Dental Care, report of the Intercollegiate Advisory Committee for Sedation in Dentistry defines the standards for education and training in conscious sedation in the UK.

From April 2015 healthcare professionals, new to providing dental care under sedation, should have received, and satisfactorily completed, training described in the above report.
Experienced practitioners providing conscious sedation prior to April 2015 must follow the recommended transitional arrangements:

- Maintain a log of all sedation cases undertaken
- Undertake validated CPD
- Undertake sedation based audit and reflection
- Be competent in appropriate rescue skills
- Meet the requirements for the environment, equipment and patient pathway checklist.
- Partake in clinical governance

Dental Nurses should have attended the SAAD (Society for the Advancement of Anaesthesia in Dentistry) National course in Conscious Sedation for Dentistry for Dental Nurses - Part 1, to enable them to recover patients, and to commence training to become a second appropriate person. Dental Nurses should gain their NEBDN (National Examination Board of Dental Nurses) certificate in conscious sedation, or equivalent, prior to unsupervised practice. ‘In-house’ training is provided to enable dental nurses to be able to draw up intravenous drugs.

Dentists practicing prior to April 2015 must have received supervised hands-on education, training and experience for each conscious sedation technique that they use. Education and training programmes will be regularly reviewed and updated to take account of contemporary accepted standards as promulgated by appropriate authorities.

For revalidation in a sedation technique, all members of the sedation team must undergo a minimum of 12 hours CPD every 5 years that are relevant to the techniques practiced.

For patient safety the whole clinical team needs to have the necessary life support skills.
ILS, (PILS for children under 12 years), is the required standard for all patients, having conscious sedation with nitrous oxide / oxygen, intravenous midazolam,

oral and transmucosal midazolam or oral temazepam.

New staff will undergo an induction, by the sedation lead, to the provision of dental treatment under conscious sedation before they may practice independently.

5. Environment for Sedation

The building where conscious sedation is carried out has unimpeded ambulance access. The dental surgeries are of adequate size for the provision of conscious sedation, and the operating chairs in the surgeries and the trolley in the recovery area are capable of being placed head-down tilt position and resuscitation equipment including an AED (automated external defibrillator) is readily available.

Scavenging systems must be available in surgeries where inhalation sedation takes place. Currently the Dental Access Centre has seven surgeries where inhalation sedation can take place, including a surgery dedicated to treat patients in their own wheelchairs.

6. Equipment for Nitrous oxide/oxygen Inhalation Sedation

Dedicated purpose-designed machines for the administration of inhalation sedation for dentistry must be used. These must have failsafe mechanisms in place to ensure that hypoxic mixtures can not be delivered. These must conform to British Standards and be maintained according to manufacturers' guidance with regular documented servicing by MEMS (medical equipment maintenance services).

The inhalation sedation machine must be checked according to the manufacturers' guidance before each conscious sedation session.

Nitrous oxide and oxygen cylinders must be stored safely according to current regulations. Staff changing and transporting cylinders must consider manual handling implications.

Scavenging of waste gases (nitrous oxide) must be active (45l/min at the nasal hood) and fully conform to current COSHH standards. Breathing systems should have separate inspiratory and expiratory limb to allow proper scavenging. Nasal masks should be close fitting providing a good seal without air entrainment valves.

Staff must have their OEL (occupational exposure levels) monitored regularly and their conscious sedation with inhalation sedation activity adjusted accordingly to comply with British safety standards. It is the responsibility of the LSW's Risk Management team to monitor nitrous oxide exposure to dental staff.

7. Equipment for Intravenous Sedation

All the appropriate equipment for the administration of intravenous sedation

must be available in the treatment area including the appropriate antagonist drug, supplemental oxygen and the equipment and skills to deliver it to the patient by intermittent positive pressure ventilation. Non invasive blood pressure and pulse oximetry monitoring must be available and should be used for each patient receiving conscious sedation. It is recognised that for some patients with special needs this monitoring may not be possible although it is desirable.

All equipment should be maintained according to manufacturers' guidance with regular documented servicing by MEMS.

Indications for Conscious Sedation

- Anxious or phobic patients, those with movement disorder or with physical and/or learning disability and/or mental health problems who are unlikely to otherwise allow safe completion of treatment and who would thus be denied access to dental care.

- To enable an unpleasant procedure to be carried out without distress to the patient.

- Patients who have medical conditions potentially aggravated by stress.

- To avoid general anaesthesia. The long term aim for patients in whom long term dental phobia could otherwise be induced or prolonged should be a graduated introduction of treatment under local anaesthesia if necessary utilising conscious sedation as an intermediate stage. It is important to ensure that each exposure to Conscious Sedation is justified.

8. Responsibilities of a referring dentist

Alternative methods of pain and anxiety control should be discussed with the patient. The referring dentist must satisfy themselves that the care ultimately offered on referral is conscious sedation according to the agreed definition.

8.1 Patient Assessment and Selection

Careful and thorough assessment of the patient ensures that correct decisions are made regarding the planning of treatment. All appropriate techniques including, where necessary, referral for general anaesthesia should be explored with the patient to ensure that when required the most appropriate type of Conscious Sedation is selected on each occasion and administered in the correct environment by an appropriate practitioner.

8.2 History

A thorough medical, dental and social history should be taken and recorded prior to each course of treatment for every patient. This is directed to ensuring that the method and nature of the Conscious Sedation technique chosen is the most appropriate to enable treatment to be carried out for the patient as an individual, taking into account specific factors such as age, state of health, social

circumstances and special needs.

8.3 Examination

A provisional treatment plan should be formulated following the taking of a history, dental examination and assessment of the patient's general fitness and BMI (body mass index). (BMI is not necessary for inhalation sedation.) Assessment of general appearance, skin colour, pulse and respiration is important in the selection of appropriate treatment for each patient. Accurate measurement of blood pressure is a part of risk assessment for intravenous sedation. The American Society of Anaesthesiologists (ASA) Physical Status classification should be determined and recorded. It is acknowledged that some patients with special needs will not be able to co-operate for a dental examination or blood pressure monitoring or measurement of BMI prior to sedation. The dental examination and blood pressure monitoring should be done once the patient has been adequately sedated where compliance allows.

8.4 Contraindications

There are few absolute contraindications for Conscious Sedation. These would include marked neuromuscular respiratory weakness including unstable myasthenia gravis; severe respiratory depression and acute pulmonary insufficiency. Relative contraindications are important and can only be considered following a thorough assessment of the patient.

Special care is required in the assessment and treatment modality selection for children, elderly, history of alcohol / drug abuse, and ASA Class 3 patients. ASA Class 3 patients are carefully assessed and managed by dentists who are able to demonstrate expertise in the basic conscious sedation techniques and when necessary in liaison with the patient’s physician with any appropriate precautions put in place.

8.5 Preparation of patients

Patients during preparation for conscious sedation must receive careful verbal and written instructions regarding its effects and their responsibilities both before and immediately after it. Written information must be supplied for adult and child patients, those with parental responsibility, carers and escorts. Information given must reflect the needs of the different patient groups using the service. The patient must also receive a separate information sheet describing the responsibilities of the escort, which patients must give to the escort.

Fasting is not normally required but at Plymouth Community Dental Services we usually advise our patients to have fasted for a period of 2 hours prior to intravenous sedation at the dentist’s discretion. This is precautionary because in our experience some patients find it difficult to comply with only having light food and clear non-alcoholic fluids prior to sedation and with conscious sedation there is the potential for depression of upper airways reflex sensitivity.

Assessment of the patient’s mental capacity and specific valid consent must be

obtained for all patients who are to receive treatment under conscious sedation.

A responsible adult escort must accompany the patient home or to a suitable place of care after treatment under Conscious Sedation and assume responsibility for the post-sedation care for the rest of the day, and ideally overnight. The provision of Conscious Sedation may therefore be unsuitable for a patient who lives alone or who solely cares for children, elderly and / or dependent relatives. Both patient and escort must understand and accept that this responsibility is delegated to the escort and both must agree to comply with this. It is therefore essential that each of these individuals clearly understand the effects of sedative agents before arriving for the procedure and the consequences of failing to follow all post-sedation instructions.

Immediately prior to commencing conscious sedation the dental team must follow Plymouth Community Dental Service's modified WHO Surgical Safety Checklist for patients undergoing dental treatment under conscious sedation.

Wherever possible there should be arrangements in place for the patient and escort to travel home by private car or taxi rather than public transport. If this is not possible the escort must be made fully aware of the added responsibilities of caring for the patient during the journey home. **If either the patient or escort appear to be unwilling or unable to comply with these requirements Conscious Sedation should not be administered.**

For an adult receiving nitrous oxide / oxygen inhalation sedation this requirement is less rigid and each patient must be assessed individually.

9. The Consent Process

Consent should follow the principles set out in **a Reference Guide to Consent for Examination or Treatment** published by the Department of Health .

In advance of the procedure the patient must be given clear and comprehensive pre and post-operative instructions in writing and written informed consent must be obtained. It is important to remember that the mere presence of a signature does not guarantee that the consent obtained is valid.

For consent to be valid it must be given voluntarily by an appropriately informed person (the patient or where relevant someone with parental responsibility for a patient under the age of 16 years) who has the capacity to consent to the intervention in question. Mere acquiescence where the person does not know what the intervention entails is not 'informed consent'.

In the case of all adults who are unable to fully understand the nature and implications of the proposed treatment because of mental or sensory disability the appropriate consent or agreement to treat process must be followed in accordance with the Mental Capacity Act 2005.

Young people aged 16 years and over are presumed to have the competence to give consent for themselves. Younger children who fully understand what is

involved in the proposed procedure can also give consent although their parents must wherever possible be involved. In order to provide valid consent a patient must be able to comprehend the information provided, retain and assimilate it so as to be able to make a decision.

Patients who are already sedated cannot be regarded as competent to take decisions regarding informed consent for treatment. Consent for dental treatment taken under these circumstances is therefore invalid.

All decisions made by patients in respect of their treatment must be voluntary. Patients should not be coerced in any way to accept any form of treatment if they do not wish to do so. Sedation should be presented as an option in anxiety control with other options being explained to the patient.

If a treatment plan cannot be pre-determined this should be explained to the patient with a description in broad terms of the possible treatment.

Patients should be given an opportunity to seek more information about all aspects of their treatment and their questions answered truthfully with the option for a second opinion.

Consent to treatment is an evolving area and it is therefore important to keep up to date with developments.

10. Records and Documentation

Accurate and contemporaneous entries on the clinical records of every patient are the hallmark of a conscientious practitioner and provide evidence to support the formal consent process.

It is recommended that the documentation includes:

- A fully recorded medical history including prescribed and over the counter medication and the use of alcohol, tobacco or street drugs.
- A previous dental history
- A previous conscious sedation / general anaesthetic history
- The reason for selection of conscious sedation on each occasion that it is planned
- A pre-sedation assessment.
- Any individual patient requirements
- Written instructions provided pre- and post-operatively
- The presence of an accompanying responsible adult
- Arrangements for suitable post-operative transport and supervision
- Compliance with the pre-treatment instructions
- Written consent for conscious sedation
- Written consent for the planned dental treatment
- Any changes in the recorded medical history or medication
- The treatment procedure
- Monitoring

- Dose, route and time/s of administration of sedation agents
- Dental treatment details
- Post-sedation assessment and time of discharge home

11. Aftercare

11.1 Recovery

Following the first stage of recovery in the dental chair the patient, when adequately recovered to move to a recovery area should be carefully guided and supported, usually in a wheelchair. This is separate from a main waiting area and is suitably equipped and furnished for patient comfort and wellbeing. Recovery is supervised by a trained member of the sedation team. Monitoring facilities, emergency suction and oxygen are present in the recovery area and emergency equipment and drugs must be immediately to hand.

A sedation dentist must be available to see the patient urgently in the event of any problems arising.

11.2 Discharge

The decision to discharge a patient into the care of the escort following any type of sedation must be the responsibility of the sedationist. After assessment the patient must be discharged to the care of a competent adult. The patient should be able to walk unaided without stumbling or feeling unstable before being allowed to leave professional supervision. In the cases where patients were unable to walk unaided before sedation the sedationist must assess that they have recovered sufficiently to be discharged.

Where a cannula has been inserted for the administration of intravenous sedation it is preferable that it be removed at this stage.

Adult patients who have received nitrous oxide and oxygen inhalation sedation may leave unaccompanied at the discretion of the sedationist.

11.3 Aftercare Instructions

The patient and escort should be provided with details, verbal and written, of postoperative risks, pain control and management of possible complications. Adequate information regarding aftercare arrangements and emergency contact must also be provided.

12. Conscious Sedation Techniques

12.1 Introduction

Plymouth Community Dental Services carries out inhalation, intravenous, oral and transmucosal sedation. The technique used must be selected to provide the most appropriate and least interventional means of anxiety relief for the individual patient. As a general rule the simplest technique to match the

requirements should be used.

No single technique will be successful for all patients. In certain situations two or more techniques may be employed; for example in a patient with needle phobia inhalation sedation may be used to facilitate intravenous cannulation.

However it is important to be aware of synergistic drug combinations.
All drugs and all syringes in use in the treatment area must be clearly labelled so that those containing dental materials, local anaesthetics and drugs can be readily identified. This is essential where a number of syringes are loaded, where containers have labels of a similar colour and layout or where a drug is available in a variety of concentrations.

Each drug should be given according to accepted recommendations for administration and titration

12.2 Monitoring

Stringent clinical monitoring and appropriate recording of the level of responsiveness, airway, respiration, pulse and colour is of particular importance throughout **Conscious Sedation** procedures of all types and for each patient. All members of the clinical team must be capable of monitoring the condition of the patient. For intravenous sedation this must include the appropriate use of pulse oximetry and blood pressure monitoring.

During inhalation sedation clinical monitoring of the patient without additional electronic devices is generally adequate.

12.3 Inhalation sedation

Plymouth Community Dental Services caries out inhalation sedation using a titrated dose of nitrous oxide with oxygen using dedicated purpose-designed machines for the administration of inhalation sedation for dentistry. These have failsafe mechanisms in place to ensure that hypoxic mixtures cannot be delivered.

12.4 Intravenous sedation

Plymouth Community Dental Services carries out intravenous sedation using a titrated dose of a single drug: midazolam to a level of sedation (falling within the definition of conscious sedation) that is appropriate to the individual patient to enable dental treatment to be provided.

The use of fixed doses or bolus techniques is unacceptable in both inhalation and intravenous conscious sedation as success is directly related to titration of the dose according to the individual patient’s needs.

12.5 Oral/Intranasal/Transmucosal Sedation

Oral premedication with an effective low dose of a sedative agent may be

prescribed to assist with sleep the night before or to aid an anxious patient's journey under strict supervision for treatment. This must be clearly differentiated from oral, transmucosal and intranasal techniques of **Conscious Sedation** which require special training and experience and should only be administered under appropriate circumstances by a practitioner experienced in their use.

The use of 'midazolam for injection' via the oral or intranasal route is currently outside the terms of its license. When prescribing midazolam via these routes Clinicians should follow the local protocol:

> *Prescribing 'Midazolam for injection' for use outside the terms of its license (off-label) within Plymouth Community Health Care Dental Service*

12.6 Midazolam

Midazolam used for sedation is managed as a controlled drug and its requisition, storage, prescription, administration and disposal and record keeping must be according to LSW policy and comply with NPSA rapid response report: Reducing risk of overdose with midazolam injection in adults NPSA/RRR/011.

It is not possible to use low strength midazolam (1mg/ml) concentration for the intranasal route of administration. High strength midazolam is required for intranasal sedation and risk assessments and therapeutic protocols have been produced in line with NPSA/RRR/011.

12.7 Conscious Sedation for Children and Young People

For a child or young person who cannot tolerate a dental procedure with local anaesthetic alone, to achieve conscious sedation consider:

- Inhalation sedation using nitrous oxide (in oxygen) or
- Midazolam

If these sedation techniques are not suitable or sufficient, referral to a specialist team for a specialist sedation technique or a general anaesthetic is appropriate.

A child of any age who appears unwilling or incapable of co-operation may well be unsuitable for Conscious Sedation**.** Clearly there are circumstances where conscious sedation is inappropriate and where referral for general anaesthesia should be considered.

Conscious Sedation must only be undertaken by teams that have adequate training and experience in case selection, behavioural management and administration of sedation for children and only in an appropriate environment. It should be an adjunct to rather than a substitute for good behaviour management techniques.

The child or young person must be adequately prepared psychologically for sedation using information that is appropriate for the developmental stage of the child or young person.

Inhalation Sedation

Nitrous oxide / oxygen should be the first choice for children and young people who are unable to tolerate treatment with local anaesthesia alone and who have a sufficient level of understanding to accept the procedure. It may be offered to children with mild to moderate anxiety to enable them to better accept treatment which may require a series of visits. It can also facilitate the provision of more complex time consuming procedures and dental extractions particularly for young children or anxious patients undergoing elective orthodontic extractions.

Intravenous Sedation

Intravenous sedation for children and young people is only appropriate in a minority of cases and should only be provided by those who are trained and experienced in sedation for children and in the administration of intravenous drugs. Its use may be indicated in young people for whom inhalational sedation has been unsuccessful.

Oral/Intranasal/Transmucosal Sedation

These techniques are not in general use for children and young people at present at Plymouth Community Dental Services. They should only be administered under appropriate circumstances by a practitioner experienced in their use.

13. Complications

The management of any complication requires the **whole** dental team to be:

- fully trained in the appropriate procedure to take in the event of the patient losing consciousness
- aware of the risk of complications.
- appropriately trained and regularly rehearsed in emergency procedures including defibrillation
- fully equipped with appropriate means of airway protection, oxygen delivery and drugs for emergency use. It is essential that these are carefully checked, that the oxygen supply is secure and adequate and that the drugs are in-date with all requisite means for their immediate administration at all times.

It is vitally important for the whole team to be prepared and that it rehearses the routine regularly.

14. Clinical Governance

It is a requirement of good practice that all professional clinicians work with colleagues to monitor and maintain awareness of the quality of the care that they provide for their patients. This is a basic principle of clinical governance and risk

management.

Attention must be given to risk awareness, risk control and risk containment. Evidence of active participation in continuing professional development and personal clinical audit is an essential feature of clinical governance while CPD is a statutory requirement.

The sedation team meet to discuss policy, procedure, risk, incidents, competency assessment, audit and peer review.

Appendix A

ASA classification

Scale	Description
Class I	Normal healthy patients
Class II	Patients with mild systemic disease
Class III	Patients with severe systemic disease that is limiting but not incapacitating
Class IV	Patients with incapacitating disease that is a constant threat to life
Class V	Patients not expected to live more than 24 hours

Approval by Medicines Governance Group (MGG)

Chief Pharmacist (Chair of MGG)

Name: Steve Cooke

Signature:…

Date: 19th November 2015

Final Approval by Livewell Southwest

Director of Professional Practice, Safety and Quality

Name: Geoff Baines

Signature

Date: 30 November 2015