

*The College is updating its documents to reflect the transition to regulation under the Health Professions Act and College Bylaws. The principles and requirements outlined in all documents continue to apply to dentists and CDAs.*

# **MINIMAL AND MODERATE SEDATION SERVICES**

## **IN DENTISTRY**

### **(NON-HOSPITAL FACILITIES)**

This document contains guidelines in relation to inducing minimal and moderate sedation while providing dental services in British Columbia. Dentists employing any modality of minimal and moderate sedation must be familiar with the content of this document, be appropriately trained, and govern their professional practices accordingly.

Dentists must exercise their own professional judgment in determining what practices and procedures they will employ in order to ensure patient safety.

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# TABLE OF CONTENTS

<b>CHAPTER 1</b> .....	
<b>INTRODUCTION</b>	
<b>I. OVERVIEW</b> .....	1
<b>II. DEFINITIONS</b> .....	1
<b>CHAPTER 2</b>	
<b>GUIDELINES FOR MINIMAL SEDATION UTILIZING:</b>	
<b>(A) A SINGLE ORAL SEDATIVE DRUG</b>	
<b>(B) NITROUS OXIDE/OXYGEN</b>	
<b>(C) SINGLE ORAL SEDATIVE DRUG WITH NITROUS OXIDE/OXYGEN</b>	
<b>I. SEDATION TEAM</b> .....	2-1
<b>A. DENTIST</b> .....	2-1
1. Qualifications .....	2-1
2. Responsibilities .....	2-1
<b>B. OPERATIVE ASSISTANT</b> .....	2-2
<b>C. OFFICE ASSISTANT (RECEPTIONIST)</b> .....	2-2
<b>II. PHYSICAL FACILITIES</b> .....	2-2
<b>A. LAYOUT AND DESIGN</b> .....	2-2
1. Space Requirements .....	2-2
2. Operating Room and Recovery Area .....	2-2
<b>B. UTILITIES / BACKUP SYSTEMS</b> .....	2-3
1. Electrical Supply / Lighting .....	2-3
2. Suction .....	2-3
<b>III. FACILITY OPERATING REQUIREMENTS</b> .....	2-3
<b>A. INFECTION CONTROL</b> .....	2-3
<b>B. DRUG CONTROL</b> .....	2-3
<b>C. SAFETY REQUIREMENTS</b> .....	2-3
<b>D. MEDICAL EMERGENCY PROCEDURES</b> .....	2-4
<b>IV. ARMAMENTARIUM</b> .....	2-4
<b>A. GENERAL CONSIDERATIONS</b> .....	2-4
1. Equipment .....	2-4
2. Service, Maintenance and Inspections .....	2-4
<b>B. MEDICAL GAS PIPING SYSTEM</b> .....	2-5
<b>C. PHYSIOLOGICAL MONITORING EQUIPMENT</b> .....	2-5
<b>D. ESSENTIAL AIRWAY EQUIPMENT</b> .....	2-6
1. Bag and Mask Management .....	2-6
2. Suction Apparatus .....	2-6
3. Magill Forceps .....	2-6
<b>E. EMERGENCY ARMAMENTARIUM</b> .....	2-6
<b>V. SEDATION PROCEDURE</b> .....	2-6
<b>A. PATIENT SELECTION</b> .....	2-6
<b>B. PRE-SEDATION EVALUATION</b> .....	2-7
<b>C. INFORMED CONSENT</b> .....	2-7
<b>D. PRE-SEDATION INSTRUCTIONS</b> .....	2-8
<b>E. ADMINISTRATION</b> .....	2-8
<b>F. MONITORING</b> .....	2-9

G. RECOVERY AND DISCHARGE .....	2-9
H. POST-SEDATION INSTRUCTIONS .....	2-9
<b>VI. SEDATION RECORDS .....</b>	<b>2-10</b>
A. PRE-SEDATION RECORD .....	2-10
1. Vital Statistics .....	2-10
2. Medical History Questionnaire.....	2-10
3. Physical Examination .....	2-11
B. SEDATION RECORD .....	2-11
C. RESUSCITATION RECORD.....	2-11
D. INCIDENT REPORT .....	2-12

## CHAPTER 3

### GUIDELINES FOR MODERATE SEDATION UTILIZING:

#### (A) MULTIPLE ORAL SEDATIVE DRUGS, WITH OR WITHOUT NITROUS OXIDE/OXYGEN

#### (B) PARENTERAL CONSCIOUS SEDATION .....

<b>I. SEDATION TEAM .....</b>	<b>3-1</b>
A. DENTIST .....	3-1
1. Qualifications .....	3-1
2. Responsibilities .....	3-2
B. OPERATIVE ASSISTANT .....	3-3
C. OFFICE ASSISTANT (RECEPTIONIST) .....	3-3
<b>II. PHYSICAL FACILITIES .....</b>	<b>3-3</b>
A. LAYOUT AND DESIGN.....	3-3
1. Space Requirements.....	3-3
2. Operating Room and Recovery Area.....	3-3
B. UTILITIES / BACKUP SYSTEMS.....	3-4
1. Electrical Supply / Lighting .....	3-4
2. Suction.....	3-4
<b>III. FACILITY OPERATING REQUIREMENT .....</b>	<b>3-4</b>
A. INFECTION CONTROL .....	3-4
B. DRUG CONTROL .....	3-4
C. SAFETY REQUIREMENTS .....	3-4
D. MEDICAL EMERGENCY PROCEDURES.....	3-5
<b>IV. ARMAMENTARIUM .....</b>	<b>3-5</b>
A. GENERAL CONSIDERATIONS.....	3-5
1. Equipment .....	3-5
2. Servicing, Maintenance and Inspections .....	3-5
B. PHYSIOLOGICAL MONITORING EQUIPMENT .....	3-6
C. ESSENTIAL AIRWAY EQUIPMENT .....	3-6
1. Bag and Mask Management.....	3-6
2. Suction Apparatus.....	3-6
3. Magill Forceps.....	3-6
D. SEDATION DRUGS AND SUPPLIES.....	3-7
1. Sedative Drugs.....	3-7
2. Venipuncture.....	3-7
3. Other Supplies .....	3-7
E. EMERGENCY ARMAMENTARIUM .....	3-7
1. Emergency Equipment.....	3-7
2. Emergency Drugs .....	3-7
<b>V. SEDATION PROCEDURE</b>	
A. PATIENT SELECTION.....	3-8

B. PRE-SEDATION EVALUATION.....	3-8
C. INFORMED CONSENT .....	3-9
D. PRE-SEDATION INSTRUCTIONS .....	3-9
E. ADMINISTRATION.....	3-10
F. MONITORING .....	3-10
G. RECOVERY AND DISCHARGE .....	3-11
H. POST-SEDATION INSTRUCTIONS .....	3-11
<b>VI. SEDATION RECORDS .....</b>	<b>3-11</b>
A. PRE-SEDATION RECORD .....	3-11
1. Vital Statistics .....	3-11
2. Medical History Questionnaire.....	3-11
3. Physical Examination .....	3-12
B. SEDATION RECORD .....	3-12
C. RESUSCITATION RECORD.....	3-13
D. INCIDENT REPORT .....	3-13

## CHAPTER 4

<b>SAMPLE FORMS .....</b>	<b>4-1</b>
PRE-SEDATION RECORD -MEDICAL HISTORY QUESTIONNAIRE .....	4-2
PRE-SEDATION RECORD - PHYSICIAN'S ASSESSMENT.....	4-4
PATIENT'S CONSENT FOR DENTAL TREATMENT AND MODERATE SEDATION .....	4-5
PRE-SEDATION PATIENT INSTRUCTIONS .....	4-6
POST-SEDATION PATIENT INSTRUCTIONS.....	4-7
SEDATION RECORD.....	4-8
RESUSCITATION RECORD .....	4-9
INCIDENT REPORT.....	4-10
PRE-SEDATION CHECKLIST.....	4-11
EQUIPMENT SPECIFICATIONS.....	4-12

# CHAPTER 1

## INTRODUCTION

### I. OVERVIEW

Conscious sedation procedures in dentistry allow anxious patients to have dental treatment with minimal physiological and psychological stress, and enhanced physical comfort. Conscious sedation is a minimally to moderately depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command. The major routes of drug administration for conscious sedation include oral, inhalation, intramuscular and intravenous. Other routes may include transdermal, subcutaneous, sublingual, submucosal, intranasal and rectal.

As a practical matter, the line between minimal, moderate, deep sedation and general anaesthesia can be a fine one, and it is important to note that level of sedation is determined by the patient response rather than the dosage, type of drug used and/or the route of administration. Whichever technique is selected, it must carry a margin of safety wide enough to render loss of consciousness highly unlikely.

To ensure quality of care, the College of Dental Surgeons of British Columbia (hereinafter referred to as the CDSBC) has developed these guidelines which are designed to apply to all practitioners providing minimal or moderate sedation services. The guidelines are intended to provide the framework for a reasonable and acceptable standard of patient care and should be interpreted as such, allowing for some degree of flexibility to occur in different circumstances. The information is subject to review and revision as warranted by the development of technological and practice advancements.

*Note:*

- *Any technique that depresses the patient beyond the level of minimal or moderate sedation to deep sedation or general anaesthesia is subject to the respective standards for those procedures.*
- *If you state that you provide moderate sedation services but in fact perform deep sedation your liability insurance carrier might not cover you.*

### II. DEFINITIONS

For the purposes of this document, the following definitions have been used:

**ACLS:** Advanced Cardiac Life Support

**BLS:** Basic Life Support (CPR Level C)

**CDSBC:** the College of Dental Surgeons of British Columbia

**Conscious sedation:** A minimally and moderately depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command.

**Council:** The governing body of the College of Dental Surgeons of British Columbia

**CSA:** The Canadian Standards Association

**Deep sedation:** A controlled state of depressed consciousness accompanied by partial loss of protective reflexes including the inability to respond purposefully to verbal command, produced by a pharmacologic or non-pharmacologic method or a combination thereof.

**General anaesthesia:** A controlled state of unconsciousness accompanied by loss of protective reflexes, including inability to maintain an airway independently and respond purposefully to physical stimulation or verbal command. This state therefore applies to any technique which has depressed the patient beyond deep sedation.

**Minimal sedation:** A drug induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected (Anxiolysis). Usually associated with a single oral sedative drug and/or nitrous oxide/oxygen.

**Moderate sedation:** 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. Usually associated with multiple oral drugs combined with or without nitrous oxide/oxygen, or parenteral sedation.

**Operating dentist:** A licensed member of the College of Dental Surgeons of British Columbia.

**PALS:** Pediatric Advanced Life Support

**Registrar:** The Registrar of the College of Dental Surgeons of British Columbia

**Sedation/General Anaesthesia Register:** A College of Dental Surgeons Register of dentists providing sedation and/or general anaesthesia services relevant to the following categories:

- Category I: Moderate sedation
- Category II: Deep sedation.
- Category III: General Anaesthesia

## CHAPTER 2

### GUIDELINES FOR ADMINISTRATION OF MINIMAL SEDATION

- (A) A SINGLE ORAL SEDATIVE DRUG
- (B) NITROUS OXIDE/OXYGEN
- (C) SINGLE ORAL SEDATIVE DRUG WITH NITROUS OXIDE/OXYGEN

#### I. SEDATION TEAM

Conscious sedation using a sedation team allows the qualified dentist to provide minimal sedation services simultaneously with dental procedures. The sedation team must consist of the following members: dentist, operative assistant, and office assistant. All clinical staff must be trained in BLS (CPR Level C) and their duties in a dental emergency must be well defined. During the assessment and treatment of patients, the presence of additional staff member is required at all times.

##### A. DENTIST

###### **Qualifications**

Any dentist administering a sedative agent in a dental setting must be currently licensed with the CDSBC. The dentist must have completed a training program, involving a didactic and clinical component, designed to produce competency in administration of a single oral sedative, nitrous oxide/oxygen, and a combination of a single oral sedative with nitrous oxide/oxygen. The dentist must have the training and ability to perform BLS (CPR Level C) techniques. He/she should establish protocols for emergency procedures and review them regularly.

###### **Responsibilities**

Dentists administering minimal sedation as described above must possess the knowledge and technical skills necessary to perform such services to the recognized standards of care. This includes the ability to:

- evaluate the patient pre-sedation and determine the appropriate management
- administer the sedation
- monitor and support the patient during the sedation
- provide immediate post-sedation management of the patient
- provide emergency care as required

In addition to the above, the dentist should also be responsible for:

- on going evaluation of the necessary equipment and sedative agents for minimal sedation
- ensuring the policies and procedures concerning the safe administration of minimal sedation are in place and adhered to
- ensuring that the necessary records for the evaluation of all minimal sedation care are maintained

Note: It is recommended that dentists do not titrate oral medication.

## **B. OPERATIVE ASSISTANT**

The operative assistant's function is determined by what procedure is being undertaken by the dentist but includes the following responsibilities:

- aiding and maintaining a patent airway
- monitoring vital signs
- recording appropriate findings
- assisting in emergencies

## **C. OFFICE ASSISTANT (RECEPTIONIST)**

The office assistant's function is to attend to office duties so that the sedation team is not disturbed.

# **II. PHYSICAL FACILITIES**

The facility must be in compliance with applicable federal, provincial and municipal building and fire codes. Emergency ambulance and treatment service must be available in the community.

## **A. LAYOUT AND DESIGN**

The general physical design for a facility where minimal sedation is used depends on the number and types of dental and surgical procedures to be performed. The layout of the facility should ensure efficient and effective patient care as well as privacy. Traffic flow for patients and staff should be convenient and must permit ready transfer of emergency cases to an acute care facility. Doorways must be wide enough to allow wheelchair and stretcher or chaircot access.

### **1. Space Requirements**

Functions needing adequate space are:

- Patient and staff parking
- Reception and waiting
- Administrative activities for patient interview, patient admission, business functions, record storage
- Pre-operative evaluation and preparation for conscious sedation
- Operative/surgical treatment
- Post-sedation recovery
- Preparation and sterilization of instruments
- Storage for equipment, gases, drugs and supplies
- Staff activities

### **2. Operating Room and Recovery Area**

The operating room and post-sedation recovery area must provide a safe, comfortable environment. The operatory can act as a recovery room.

Specialized requirements include the following:

- Areas must be large enough to accommodate all required equipment and staff.
- Areas must be appropriately equipped.

- Dental chairs or tables used for conscious sedation and recovery must be adequately padded and adjustable (capable of being placed in supine and head down positions).
- Electrically operated equipment must meet appropriate CSA standards.

## **B. UTILITIES/BACKUP SYSTEMS**

1. Electrical Supply / Lighting
  - Electrical outlets must be accessible and adequate for all necessary equipment.
  - Room lighting must be adequate to permit evaluation of the patient's skin and mucosal color.
2. Suction
  - Bedside suction must be available for every patient in both the operatory and recovery areas.

In the event of a power failure, central system failure or equipment malfunction, a portable light source should be available (flashlight). A secondary suction unit would be desirable.

## **III. FACILITY OPERATING REQUIREMENTS**

### **A. INFECTION CONTROL**

Sterilization facilities must conform to current standards and all equipment which comes into direct contact with patients must be cleaned, disinfected, and where possible, sterilized prior to use. Procedures for disposal of clinical materials (needles, tubes, etc.) must also be in place.

### **B. DRUG CONTROL**

- Appropriate storage must be available for clinical materials and drugs (e.g., refrigeration where required).
- All drugs and agents must be correctly identified on a drug inventory, with periodic inspection by staff to ensure used drugs are restocked and out-dated drugs replaced.
- All narcotics must be appropriately recorded and contained in a separate, locked cabinet.

### **C. SAFETY REQUIREMENTS**

- Safety regulations pertaining to the preparation, storage, identification and use of medical gases, sedative drugs and related materials must be enforced.
- Regulations to minimize hazards from fires, explosions and electrocution must be followed.

- Specific plans and procedures (including evacuation from the facility) must be established for electrical failure, fire and earthquakes.

#### **D. MEDICAL EMERGENCY PROCEDURES**

The dental facility must be prepared to recognize and treat adverse responses utilizing appropriate equipment and drugs when necessary. All clinical staff must have the training and ability to perform basic cardiac life support techniques, and must be capable of initiating definitive treatment for medical emergencies such as cardiopulmonary arrest.

Protocols for medical emergency procedures including arrangements for hospital transfer must be established and reviewed on a regular basis. Emergency numbers must be posted by the telephones in the facility and the duties of all staff (dentist, operative assistant, receptionist, etc.) should be outlined.

### **IV. ARMAMENTARIUM**

All necessary equipment, drugs and other supplies used for the administration of nitrous oxide/oxygen conscious sedation must be readily available and in proper working order, including emergency equipment for resuscitation and life support.

#### **A. GENERAL CONSIDERATIONS**

##### **1. Equipment**

All medical devices must comply with original performance specifications and must meet appropriate CSA standards. In addition, specific recommendations arising from provincial legislation must be considered.

##### **2. Service, Maintenance and Inspections**

Medical gas piping systems, monitoring equipment and related medical devices must receive the care and maintenance dictated by the manufacturer. Equipment must be serviced by qualified personnel according to the manufacturer's specifications or annually, whichever is more frequent. Details of this servicing and maintenance must be recorded in an appropriate log book which must be available on the premises for the review of the practitioner(s) using the equipment.

All medical devices must be serviced only by a registered biomedical engineer or a biomedical technologist having expertise in medical device technology and associated standards and regulations. All medical devices must be inspected by a registered biomedical engineer or a biomedical technologist as above, at the greater of the following frequencies:

- As recommended by the manufacturer
- Every six months for anaesthetic machines and their scavenging systems
- Every year for dental analgesia nitrous oxide/oxygen delivery systems and their scavenging systems

- Every year for all other medical devices  
Service and maintenance logs for these machines should be kept on the premises

## **B. MEDICAL GAS PIPING SYSTEM**

Components of the medical gas piping system include sources of compressed oxygen and nitrous oxide, reducing valves, flowmeters, vaporizers, carbon dioxide absorption system, inspiratory and expiratory valves, escape valve, reservoir bag and breathing tubes and face masks.

1. Machines used for the delivery of medical gases are numerous in type, style and manufacturer. Regardless of which specific machine is used, it must function reliably and accurately with respect to gas pressure and concentrations, and must comply with all standards described in section IV.A above.
2. The installation of gas piping or conducting systems must be performed by competent and experienced personnel, and must comply with all standards and qualities dictated by the manufacturer and governmental regulatory bodies.
3. Appropriate safety indexing systems for all medical gas connections must be in place to eliminate the possibility of connecting the wrong medical gas in the system.
4. Prior to each case, adequacy of the volumes of gases on hand should be confirmed along with the availability of a backup supply of oxygen to ensure that the supply of oxygen cannot fail during treatment. The reserve supply of oxygen should be a portable cylinder, (minimum "E" size), ready for immediate use with appropriate regulator, flowmeter and connectors attached.
5. Gases must be stored and properly locked so that they cannot be tampered with or turned off by an unknown third party. The location of the key must be defined along with who is responsible for turning gases on and off.
6. A satisfactory scavenging system for removing waste anaesthetic gases from the office environment must be installed according to the manufacturer's specifications.

## **C. PHYSIOLOGICAL MONITORING EQUIPMENT**

The facility where minimal sedation is administered is responsible for the provision and maintenance of physiological monitoring equipment that meets original performance specifications and standards. These devices should function as assistants and not as substitutes for constant personal contact with the patient, and should not replace sound clinical judgment and observation.

The following must be available:

1. Stethoscope
2. System for monitoring blood pressure with appropriately sized cuffs

#### **D. ESSENTIAL AIRWAY EQUIPMENT**

The facility must be equipped to enable comprehensive management of the airway, electively or in response to an emergency.

##### 1. Bag and Mask Management

- Oral airways appropriate for patient's size
- Ventilation apparatus with adapter to fit tracheal tube
- Facemasks appropriate for patient's size that can be used with ventilation apparatus
- Oxygen source that can be used with ventilation apparatus

##### 2. Suction Apparatus

The following equipment must be present, adapted to the vacuum system and compatible with a functional back-up vacuum system:

- Tonsil suction

##### 3. Magill Forceps

#### **E. EMERGENCY ARMAMENTARIUM**

Emergency equipment and drugs must be available at all times. Drugs must be current and stored in readily identifiable, labeled trays or bags. Space permitting, a "crash cart" is an ideal vehicle for storage and conveyance but other appropriate containers may be used.

##### 1. Emergency Equipment

- a. Oral airway adjuncts
- b. Magill Forceps (pedo and adult sizes)

##### 2. Emergency Drugs

The following is a list of *essential* emergency drugs:

- Epinephrine
- Benadryl
- Nitroglycerine (tablets or spray)
- Ventolin nitrate
- Oxygen

#### **V. SEDATION PROCEDURE**

##### **A. PATIENT SELECTION**

This modality of sedation is used only when indicated and as an adjunct to appropriate non-pharmacological means of patient management.

## B. PRE-SEDATION EVALUATION

1. Patients should normally conform to American Society of Anaesthesiology (ASA) physical status Class I (normal healthy patient) or Class II (patient with mild systemic disease). However, Class III patients (patients with severe systemic disease that limits activity but is not incapacitating) may be accepted for treatment if the patient's disease is not expected to be affected by the sedation.

American Society Of Anaesthesiology Physical Status Classification System	
ASA I:	A normal healthy patient.
ASA II:	A patient with mild systemic disease.
ASA III:	A patient with severe systemic disease that limits activity but is not incapacitating.
ASA IV:	A patient with incapacitating systemic disease that is a constant threat to life.
ASA V:	A moribund patient not expected to survive 24 hours with or without operation.
ASA E:	Emergency operation of any variety; E precedes the number indicating the patient's physical status.

2. Before every sedation procedure, a pre-sedation evaluation must be performed by the dentist who will be providing the services for the patient, or by the patient's physician in consultation with the dentist. At the time of the pre-sedation visit, the dentist should take a medical history which should include inquiries regarding previous drug therapy, unusual reactions or responses to drugs, and prior sedation experiences including problems and complications. Information which the patient would consider relevant, including the risks and nature of complications which may occur, should be discussed. Details of the pre-sedation assessment must be documented on the patient's chart.
3. Where indicated, pertinent medical consultations and laboratory tests must be obtained and the results reviewed pre-operatively. The requirement for tests is based on the patient's medical history.

## C. INFORMED CONSENT

Mentally competent adults have the right to decide what will be done with their bodies. Any intentional touching of a person without the person's consent constitutes a battery. Dentists who administer sedative agents or provide treatment under conscious sedation without the patient's written informed consent risk a charge of battery for which they are liable.

It is very important that the written informed consent be properly executed during the pre-operative visit and before the sedative medication is given. Consent to dental treatment does not necessarily imply consent to the use of conscious sedation. A written consent for each must be obtained. Except in an acute emergency, the patient must be given a non-technical explanation of the planned treatment, associated hazards or complications, and chances of success or failure. The patient should also be informed about alternatives to the planned dental and conscious sedation procedures including no treatment, and the possible consequences of those alternatives. When it is possible, the patient must be given a choice. If the patient is either a minor who comes under the *Infants Act* or a

mentally incompetent adult, the written informed consent must be obtained from a parent or legally authorized representative.

**Note:** The pre-sedation and post-sedation responsibilities of the patient are an important aspect of treatment, and written acknowledgment of these should be obtained at the same time as the informed consent.

#### D. PRE-SEDATION INSTRUCTIONS

The patient must be adequately informed and instructed in preparation for nitrous oxide/oxygen minimal sedation and should be provided with a pre-sedation instruction sheet. A standard policy should be followed concerning the minimum time interval from last oral intake to the induction of the sedation when nitrous oxide/oxygen in combination with an oral sedative is employed (minimum of three hours after clear fluids and minimum of six hours after solid food is recommended). Possible exceptions to this are usual medications or pre-operative medications which may be taken as deemed necessary by the dentist. Pre-medication, if indicated, should be ordered by the dentist. Dosage, time and route of administration must be specified.

#### E. ADMINISTRATION

*Children, the elderly, and the medically compromised (including patients who are taking prescribed medication with sedative properties) require appropriate adjustment of the dose of the oral sedative agent to ensure that the intended level of minimal sedation is not exceeded.*

1. Immediately prior to the administration of minimal sedation, the presence and serviceability of equipment should be confirmed using a standardized checklist to prevent any oversights or omissions.
2. The dose of an oral sedative used to induce minimal sedation can be administered to the patient in the dental office, or it can be administered at home when:
  - (a) The dentist has determined that the patient requires an oral sedative to facilitate sleep the night prior to the dental procedure.
  - (b) The patient's anxiety is such that sedation is required to permit transport to the dental office.In the above situations, the following additional requirements may apply:
  - (a) Only one sedative drug should be prescribed at any one time. *Neither chloral hydrate nor an opioid should be used for sedation prior to presentation to the dental office.*
  - (b) The patient must be instructed not to drive a vehicle, and must be accompanied by a responsible adult to and from the office.
  - (c) In each case, clear written instructions must be given to the patient or guardian explaining how to take the medication and listing the expected effects from this drug.
3. Nitrous oxide/oxygen minimal sedation must be administered by:

- (a) an appropriately trained dentist, or
  - (b) an appropriately trained individual, under the order and supervision of an appropriately trained dentist, providing that:
    - the dentist is present at all times in the office and immediately available in the event of an emergency, and;
    - nitrous oxide/oxygen minimal sedation has been initiated for the patient by the dentist, and;
    - appropriate dosage levels have been previously determined and recorded by the dentist in the patient record.
4. The dentist is responsible for the sedated patient and will supervise the patient at all times throughout the course of the conscious sedation including the recovery period, unless the recovery area is constantly staffed by a person with training in post-sedation recovery. The dentist must decide the appropriate time to transfer the patient to the recovery area and must approve his/her dismissal from the office.
  5. The dentist should recognize that the sedation of children represents a unique clinical challenge. The child's age and weight must be considered when oral sedatives are being utilized and dosages adjusted accordingly to ensure that the intended level of sedation is not exceeded.

#### **F. MONITORING**

The dentist is responsible for monitoring the patient. This includes making sure that appropriate monitoring equipment is available and properly maintained, and that policies for monitoring requirements are established to help ensure patient safety.

Clinical observation must be supplemented by the following means of physiological monitoring performed at appropriate intervals, usually every five minutes throughout the sedation. Alarms on monitoring equipment should be utilized.

1. System to monitor blood pressure
2. System to monitor respiration (e.g. stethoscope)

#### **G. RECOVERY AND DISCHARGE**

After treatment has been completed, the patient must be observed continuously and monitored appropriately until they are stable. It is suggested that the patient be allowed to remain in the dental chair or suitable equipped recovery area until the following discharge criteria are met:

1. Cardiovascular function satisfactory and stable.
2. Airway patency uncompromised and satisfactory.
3. Patient easily arousable and protective reflexes intact.
4. State of hydration adequate.
5. Patient can talk (if applicable).
6. Patient can sit unaided (if applicable).
7. Patient can walk with minimal assistance (if applicable)
8. Responsible adult is available (not required in minimal sedation with nitrous oxide/oxygen alone)

## H. POST-SEDATION INSTRUCTIONS

Written instructions must be given to the patient/parent/accompanying person upon discharge from the dental office. These should include, but not be limited to:

1. Potential and anticipated post-sedation behaviour
2. Limitation of activities
3. Dietary precautions and suggestions
4. A 24 hour contact number for the practitioner

## VI. SEDATION RECORDS

### A. PRE-SEDATION RECORD

The information from the pre-sedation patient evaluation forms the database upon which the suitability for minimal sedation is determined. This information may be organized in any format that each practitioner prefers, provided that the scope of content contains the minimum information described. A pre-sedation evaluation record must contain the following information:

#### 1. Vital Statistics

- patient's full name, date of birth, gender
- name and phone number of person to be notified in the event of an emergency
- in case of a minor or a mentally incompetent adult, name of the parent or legally responsible representative

#### 2. Medical History Questionnaire

The information on the medical history questionnaire must be adequate, current, clearly recorded and signed by the patient or legally authorized representative. Two basic requirements are that it must elicit core information for determining the correct ASA physical status classification in order to assess risk factors in relation to conscious sedation and it must provide written evidence of a logical process of patient evaluation.

Core information should include the evaluation and recording of significant positive findings related to the following:

- general questions
- drug therapy
- sensitivities/allergies
- heart and blood vessels
- brain and nervous system
- blood
- lungs and respiratory system
- endocrine system
- gastrointestinal system
- genitourinary system
- neuromuscular/skeletal system
- ears/nose/throat/eyes
- mental condition
- infectious diseases
- cancer/radiation/chemotherapy
- organ transplants

- medical implants
- symptoms review

### **3. Physical Examination**

The physical examination must include the evaluation and recording of significant positive findings related to:

- general appearance (note obvious abnormalities)
- head, neck and intra-oral examination (particularly pertaining to airway such as range of motion, loose teeth, crowns, dentures, potential obstruction from large tongue, tonsils, etc.)
- cardiovascular system including measuring and recording of vital signs (blood pressure, pulse rate, volume and rhythm, auscultation as indicated)
- pulmonary, auscultation and/or other assessments as required
- examination of other physiologic systems as indicated (endocrine, neurologic, musculoskeletal, gastrointestinal, genitourinary)
- other assessments including laboratory tests as indicated

## **B. SEDATION RECORD**

When determining the format of the sedation record to be used, practitioners should ensure that the information is clear and readily understood. The following information must be appropriately recorded.

- patient name
- date of procedure
- verification of NPO (nothing by mouth) status where applicable
- verification of accompaniment for discharge, if required
- pre-operative blood pressure, and heart rate
- ASA physical status classification
- names of all drugs administered
- doses of all drugs administered
- time of administration of all drugs
- list of monitors used
- record of systolic and diastolic blood pressure, and heart rate at appropriate intervals (automated printout of monitors may be attached in lieu of handwritten recording of these signs)
- time of the start and completion of the administration of conscious sedation
- time of the start and completion of the dental procedure(s)
- recovery period
- discharge criteria met: oriented, ambulatory, vital signs stable (record of blood pressure, heart rate)
- time of discharge/name of accompanying adult
- name of dentist responsible for the case
- notation of any complication or adverse reaction

## **C. RESUSCITATION RECORD**

In the event of a cardiac arrest, a resuscitation record must be completed. It is suggested that this form is immediately available if an emergency arises. The resuscitation record should include the following:

- patient name

- date/time of arrest
- arrest condition
- time resuscitation stopped
- respiratory management
- cardiac management
- time cardiac shock applied and number of joules
- names of all drugs administered and by whom
- doses of all drugs administered
- time and route of administration of all drugs
- intravenous type, location of venipuncture, type and amount of fluids administered

**D. INCIDENT REPORT**

Cases resulting in the need for resuscitation, referral of a patient to a hospital, or death must be reported to the Registrar of the CDSBC immediately. The initial contact should be made by telephone and must be followed by the submission of an incident report to the Registrar's Office. This report is essential as it provides immediate, appropriate and accurate information for all concerned parties.

## CHAPTER 3

### GUIDELINES FOR ADMINISTRATION OF MODERATE SEDATION:

#### (A) MULTIPLE ORAL SEDATIVE DRUGS COMBINED WITH OR WITHOUT NITROUS OXIDE/OXYGEN

#### (B) PARENTERAL SEDATION

##### I. SEDATION TEAM

Dentists and other personnel should be instructed in and familiar with proper sedation protocol, and their responsibilities should be outlined in current job descriptions. All clinical staff must be trained in BLS (CPR Level C) and their duties in a dental emergency must be well defined. During the assessment and treatment of patients, the presence of an additional staff member is required at all times.

Sedation for ambulatory dental patients can be administered through the combined efforts of a sedation team. The use of a sedation team allows the qualified dentist to provide the above forms of moderate sedation services simultaneously with dental procedures. The sedation team must consist of the following individuals: dentist or physician \*, operative assistant, and office assistant.

*\* A physician administering moderate sedation procedures for dental patients must have successfully completed recognized instruction in conscious sedation and be licensed for this by the College of Physicians and Surgeons of British Columbia.*

##### A. DENTIST

The dentist providing moderate sedation services must:

- be currently licensed with the CDSBC and be listed on the Sedation Register (Category I)
- be familiar with the use of this modality of pain and anxiety control, including indications, contraindications, patient evaluation, patient selection, pharmacology of relevant drugs, and management of potential adverse reactions;
- hold a current BLS (CPR Level C) certificate;
- if treating patients aged 12 and under, have advanced life support skills such as ACLS certification or pediatric advanced life support (PALS) certification or equivalent and meets the qualifications outlined in A2 below.

##### Qualifications

1. For a dentist to provide moderate sedation utilizing a combination of oral sedative drugs, with or without nitrous oxide/oxygen, or a single parenterally administered benzodiazepine drug, he or she must present evidence to satisfy the following criteria:
  - Successful completion of a course of instruction, provided by an accredited educational institution, that includes a minimum of forty (40)

hours of didactic instruction and supervised application concurrent with dental treatment performed on a minimum of 20 patients.

2. For a dentist to provide moderate sedation utilizing more than one parenterally administered sedative drug he or she must present evidence of satisfying ONE of the following criteria:
  - Successful completion of a postgraduate program in anaesthesia, in a university and/or teaching hospital, over a minimum of 12 consecutive months, with the program specifically evaluating and attesting to the competency of the individual. Evidence of successful completion of a provider course in ACLS is also required.
  - Successful completion of a postgraduate program in oral and maxillofacial surgery, pediatric dentistry, or periodontics suitable for specialty certification in British Columbia, incorporating adequate training in moderate sedation and ACLS, with the program specifically evaluating and attesting to the competency of the individual in these areas.
  - Successful completion of a program for parenteral moderate sedation using more than one sedative drug that specifically evaluates and attests to the competency of the individual. A description of the program content, methods of evaluation and evidence of satisfactory completion of the course, signed by the course director, must be submitted for consideration. Successful completion of an ACLS course or PALS course.

**NOTE:** *Dentists whose prior training is not described above may submit their qualifications to CDSBC for individual consideration*

### **Responsibilities**

Dentists administering moderate sedation as described above must possess the knowledge and technical skills necessary to perform such services to the required standards of care. It is recommended that dentists not titrate oral medication. These include the ability to:

- Provide pre-sedation evaluation of the patient and determine the appropriate management
- Administer the sedation
- Monitor and support the vital organ systems during the sedation period
- Provide immediate post-sedation management of the patient
- Provide resuscitation or emergency care, if necessary

In addition to clinical responsibilities, the dentist/physician should be responsible for:

- Providing on-going advice with respect to equipment and agents necessary for the proper administration of moderate conscious sedation and related services
- Ensuring that policies and procedures concerning the safe administration of moderate sedation, including education, training and supervision of personnel, are in place

- Ensuring that procedures for maintenance of necessary records for the evaluation of all moderate sedation care are in place

## **B. OPERATIVE ASSISTANT**

The operative assistant must be an appropriately trained individual, and must hold a current BLS (CPR Level C) certificate.

Responsibilities include:

- aiding and maintaining a patent airway
- keeping the operative field free of blood, mucous and debris
- recording appropriate findings
- assisting in emergencies
- supervising and monitoring the patient once awake (*recovery*)

## **C. OFFICE ASSISTANT (RECEPTIONIST)**

The office assistant's function is to attend to office duties so that the sedation team is not disturbed.

# **II. PHYSICAL FACILITIES**

The facility must be in compliance with applicable federal, provincial and municipal building and fire codes. Emergency ambulance and treatment service must be available in the community.

## **A. LAYOUT AND DESIGN**

The general physical design for a moderate sedation facility depends on the number and types of dental and surgical procedures to be performed. The layout of the facility should ensure efficient and effective patient care as well as privacy. Traffic flow for patients and staff should be convenient and must permit ready transfer of emergency cases to an acute care facility. Doorways must be wide enough to allow wheelchair and stretcher or chaircot access.

### **1. Space Requirements**

Functions needing adequate space are:

- Patient and staff parking
- Reception and waiting
- Administrative activities for patient interview, patient admission, business functions, record storage
- Pre-operative evaluation and preparation for moderate sedation
- Operative/surgical treatment
- Post-sedation recovery
- Preparation and sterilization of instruments
- Storage for equipment, gases, drugs and supplies
- Staff activities

## **2. Operating Room and Recovery Area**

The operating room and post-sedation recovery area must provide a safe, comfortable environment. The operatory can act as a recovery room.

Specialized requirements include the following:

- Areas must be large enough to accommodate all required equipment and staff.
- Areas must be appropriately equipped.
- Dental chairs or tables used for moderate sedation and recovery must be adequately padded and adjustable (capable of being placed in supine and head down positions).
- Electrically operated equipment must meet appropriate CSA standards (see section IV.A).

## **B. UTILITIES/BACKUP SYSTEMS**

### **1. Electrical Supply/Lighting**

- Electrical outlets must be accessible and adequate for all necessary equipment.
- Room lighting must be adequate to permit evaluation of the patient's skin and mucosal color.

### **2. Suction**

- Bedside suction must be available for every patient in both the operatory and recovery areas.

In the event of a power failure, central system failure or equipment malfunction, appropriate backup must be available.

## **III. FACILITY OPERATING REQUIREMENTS**

### **A. INFECTION CONTROL**

Sterilization facilities must conform to current standards and all equipment which comes into direct contact with patients must be cleaned, disinfected, and where appropriate, sterilized prior to use. Procedures for disposal of clinical materials (needles, tubes, etc.) must also be in place.

### **B. DRUG CONTROL**

- Appropriate storage must be available for clinical materials and drugs (e.g. refrigeration where required).
- All drugs and agents must be correctly identified on a drug inventory, with periodic inspection by staff to ensure used drugs are restocked and out-dated drugs replaced.
- All narcotics must be appropriately recorded and contained in a separate, locked cabinet.

**C. SAFETY REQUIREMENTS**

- Safety regulations pertaining to the preparation, storage, identification and use of medical gases, sedative drugs and related materials must be enforced.
- Regulations to minimize hazards from fires, explosions and electrocution must be followed.
- Specific plans and procedures (including evacuation from the facility) must be established for electrical failure, fire and earthquakes.

**D. MEDICAL EMERGENCY PROCEDURES**

The facility must be prepared to recognize and treat adverse responses utilizing appropriate equipment and drugs when necessary. All clinical staff must have the training and ability to perform basic cardiac life support techniques, and must be capable of initiating definitive treatment for medical emergencies such as cardiopulmonary arrest.

Protocols for emergency procedures including arrangements for hospital transfer must be established and reviewed on a regular basis. Emergency numbers must be posted by the telephones in the facility and the duties of all staff should be outlined.

## IV. ARMAMENTARIUM

The armamentarium used in a non-hospital facility should be as good as that used for similar procedures in a hospital. All necessary equipment, drugs and other supplies must be readily available and in proper working order, including emergency equipment for resuscitation and life support.

The dentist/physician must become familiar with the facility and its sedation protocol prior to any services being performed. The following information must be available for this purpose: a copy of these guidelines, a current list of moderate sedation equipment, the corresponding log books indicating maintenance and servicing, and a list of drugs available in the office with their expiry dates noted.

### A. GENERAL CONSIDERATIONS

#### 1. Equipment

Medical gas piping systems, physiological monitoring equipment and related medical devices must comply with original performance specifications and must meet appropriate CSA standards. In addition, specific recommendations arising from provincial legislation must be considered.

#### 2. Servicing, Maintenance and Inspections

Medical gas piping systems, monitoring equipment and related medical devices must receive the care and maintenance dictated by the manufacturer. Equipment must be serviced by qualified personnel according to the manufacturer's specifications or annually, whichever is more frequent. Details of this servicing and maintenance must be recorded in an appropriate log book which must be available on the premises for the review of the dentists/physician using the equipment.

All medical devices (including medical gas piping systems and accessories, monitors, pulse oximeters, oxygen analyzers, temperature probes, defibrillators, etc.) must only be serviced by a registered biomedical engineer or a biomedical technologist having expertise in medical device technology and associated standards and regulations. All medical devices must be inspected by a registered biomedical engineer or a biomedical technologist as above, at the greater of the following frequencies:

- As recommended by the manufacturer
  - Every six months for anaesthetic machines and their scavenging systems
  - Every year for dental analgesia nitrous oxide/oxygen delivery systems and their scavenging systems
  - Every year for all other medical devices
- Service and maintenance logs for these machines should be kept on the premises

In addition, defibrillators must be inspected and discharged bi-monthly by appropriately trained personnel. Details of these inspections must be recorded in an appropriate log book kept by the owner of the facility.

**Note:** In the event that a visiting dentist /physician brings in his/her own monitoring equipment, it must also be serviced, maintained and inspected as required, and must bear appropriate records.

## **B. PHYSIOLOGICAL MONITORING EQUIPMENT**

The facility where sedation is administered is responsible for the provision and maintenance of physiological monitoring equipment that meets original performance specifications and standards as described in section IV.A above. These devices should function as assistants and not as substitutes for constant personal contact with the patient, and should not replace sound clinical judgment and observation.

The following must be available for each sedated patient:

1. Stethoscope (either precordial, esophageal or paratracheal)
2. System for monitoring blood pressure with appropriately sized cuffs
3. ECG monitor with continuous audible signal recognition (for patients with significant cardiac history)
4. Pulse oximeter

In addition, at least one functional battery-powered physiological monitor must be available (e.g., ECG, pulse oximeter).

## **C. ESSENTIAL AIRWAY EQUIPMENT**

The facility must be equipped to enable comprehensive management of the airway, electively or in response to an emergency.

1. Bag and Mask Management
  - Oral airways appropriate for patient's size
  - Ventilation apparatus with adapter to fit tracheal tube
  - Facemasks appropriate for patient's size that can be used with ventilation apparatus
  - Oxygen source that can be used with ventilation apparatus

2. Suction Apparatus

The following equipment must be present, adapted to the vacuum system and compatible with a functional back-up vacuum system:

- Tonsil suction

3. Magill Forceps

## **D. SEDATION DRUGS AND SUPPLIES**

### **1. Sedative Drugs**

The choice of sedative drugs is determined by the dentist/physician who must ensure that all drugs are current and have been stored appropriately. There must be a drug inventory record and a periodic inspection by staff to ensure that used drugs have been restocked and out-dated drugs have been replaced.

### **2. Venipuncture**

Intravenous access must be established in all parenteral cases. Intravenous equipment and supplies must include the following:

- Cannulas (needles)
- Catheters
- Administration sets
- For smaller children, mini-drip sets (60 drops/cc) with burettes
- Intravenous stand
- Intravenous solutions

### **3. Other Supplies**

Accessory equipment and supplies such as the following must be available and stored appropriately:

- Needles (various types/sizes)
- Syringes (various sizes)
- Sponges, tape, etc.
- Disposal container for sharps
- Padding (e.g. pillow) to help in head positioning

## **E. EMERGENCY ARMAMENTARIUM**

Emergency equipment and drugs must be available at all times. Drugs must be current and stored in readily identifiable, labeled trays or bags. Space permitting, a "crash cart" is an ideal vehicle for storage and conveyance but other appropriate containers may be used.

### **1. Emergency Equipment**

- a. Airway Adjuncts which may include tracheotomy or cricothyrotomy sets
- b. I.V. Equipment (see section D2, Venipuncture)
- c. Defibrillator

Where a facility has a defibrillator, it must conform to CSA standards and be tested bi-monthly by appropriately trained personnel. As previously noted, records of testing and maintenance must be kept in an appropriate log book.

### **2. Emergency Drugs**

The following is a list of *essential* emergency drugs:

- Atropine
- Benadryl
- Epinephrine
- Flumazenil (if benzodiazepines are used)
- Naloxone (if opioids are used)
- Nitroglycerine
- Ventolin nitrate
- Oxygen

Additional emergency drugs are at the discretion of the dentist/physician who must be knowledgeable in current drug standards for emergency care.

## V. SEDATION PROCEDURE

### A. PATIENT SELECTION

This modality of sedation is used only when indicated and as an adjunct to appropriate non-pharmacological means of patient management. Children under 2 years of age or less than 15 kilograms normally are not candidates for non-hospital sedation procedures.

### B. PRE-SEDATION EVALUATION

1. Since sedation procedures are potentially more life threatening than dental procedures, patients about to undergo moderate sedation in a non-hospital facility should normally conform to American Society of Anaesthesiology (ASA) physical status Class I (normal healthy patient) or Class II (patient with mild systemic disease). However, Class III patients (patients with severe systemic disease that limits activity but is not incapacitating) may be accepted for treatment if the patient's disease is not expected to be affected by the sedation. Patients not conforming to these classifications should be referred to a hospital or consideration should be given to a more appropriate anaesthetic technique. In any surgical procedure where post-operative care and observation are expected to be lengthy, the patient should be hospitalized.

American Society Of Anaesthesiology Physical Status Classification System	
ASA I:	A normal healthy patient.
ASA II:	A patient with mild systemic disease.
ASA III:	A patient with severe systemic disease that limits activity but is not incapacitating.
ASA IV:	A patient with incapacitating systemic disease that is a constant threat to life.
ASA V:	A moribund patient not expected to survive 24 hours with or without operation.
ASA E:	Emergency operation of any variety; E precedes the number indicating the patient's physical status.

2. Prior to every sedation, a pre-sedation evaluation must be performed by the dentist/physician who will be providing the moderate sedation services for the patient, or by the patient's physician in consultation with the dentist/physician. At the time of the pre-sedation visit, the dentist/physician should take a medical history and perform a physical examination to facilitate plans for the administration of moderate sedation. The history

should include inquiries regarding previous drug therapy, unusual reactions or responses to drugs, and prior sedation/anaesthetic experiences including problems and complications. Information about moderate sedation which the patient would consider relevant, including the risks and nature of complications which may occur, should be discussed. Details of the pre-sedation evaluation must be documented on the patient's chart.

3. Where indicated, pertinent medical consultations and laboratory tests must be obtained and the results reviewed pre-operatively. The requirement for tests is determined by the dentist/physician based on the patient's medical history.
4. The operating dentist and the patient's physician have a responsibility to inform the dentist/physician of problems known to them which may affect the safe administration of moderate sedation. The dentist/physician must be aware of the planned dental procedures, duration of the procedures, potential blood loss, number of appointments anticipated, and any drugs the operating dentist intends to use (including their routes of administration) pre-operatively, during the treatment, and post-operatively. It is the responsibility of the dentist/physician to determine whether or not the clinical information and laboratory test results are adequate, if further consultation is required, and finally, if the patient is fit for moderate sedation.
6. Any difference of opinion between the operating dentist and the dentist/physician administering the moderate sedation with regard to the care of the patient must be resolved prior to the time of the operation.

### **C. INFORMED CONSENT**

Mentally competent adults have the right to decide what will be done with their bodies. Any intentional touching of a person without the person's consent constitutes a battery. Dentists/physicians who administer sedative agents or dentists who provide treatment under conscious sedation without the patient's written informed consent risk a charge of battery for which they are liable.

It is very important that the written informed consent be properly executed during the pre-operative visit and before the sedation medication is given. A consent to dental treatment does not necessarily imply consent to the use of moderate sedation: a written consent for each must be obtained. Except in an acute emergency, the patient must be given a non-technical explanation of the planned treatment, associated hazards or complications, and chances of success or failure. The patient should also be informed about alternatives to the planned dental and sedation procedures including no treatment, and the possible consequences of those alternatives. When it is possible, the patient must be given a choice. If the patient is either a minor who does not come under the *Infants Act* or a mentally incompetent adult, the written informed consent must be obtained from a parent or legally authorized representative.

**Note:** The pre-sedation and post-sedation responsibilities of the patient are an important aspect of treatment, and written acknowledgment of these should be obtained at the same time as the informed consent.

## D. PRE-SEDATION INSTRUCTIONS

The patient must be adequately informed and instructed in preparation for moderate sedation and should be provided with a pre-sedation instruction sheet. A standard policy should be followed concerning the minimum time interval from last oral intake to the induction of deep sedation (e.g. minimum of three hours after clear fluids and minimum of six hours after solid food is recommended). Possible exceptions to this are usual medications or pre-operative medications which may be taken as deemed necessary by the dentist. Pre-medication, if indicated, should be ordered by the dentist/physician. Dosage, time and route of administration must be specified.

## E. ADMINISTRATION

*Children, the elderly, and the medically compromised (including patients who are taking prescribed medication with sedative properties) require appropriate adjustment of the dose of the oral sedative agent to ensure that the intended level of moderate sedation is not exceeded.*

1. Immediately prior to the administration of sedation, the presence and serviceability of equipment should be confirmed using a standardized checklist to prevent any omissions.
2. It is recommended that the duration of a moderate sedation procedure in a non-hospital facility is normally not longer than three (3) hours per session.
3. When intravenous sedation is used, the dentist/physician must ensure that a continuous intravenous access is established and maintained throughout the procedure. An intermittent or continuous fluid administration must be used to ensure patency.
- 4.. The dentist/physician is responsible for the patient and must remain with the patient at all times throughout the course of the moderate sedation including the recovery period, unless the recovery area is constantly staffed by a person with training in post-sedation recovery. The dentist/physician must decide the appropriate time to transfer the patient to the recovery area and must approve his/her dismissal from the office.
5. The dentist should recognize that the sedation of children represents a unique clinical challenge. The child's age and weight must be considered and dosages adjusted accordingly to ensure that the intended level of sedation is not exceeded.

*The practice of simultaneous administration of moderate sedation by one dentist/physician for concurrent dental procedures on two patients is unacceptable.*

## **F. MONITORING**

The dentist/physician is responsible for monitoring the patient. This includes ensuring that appropriate monitoring equipment is available and adequately maintained.

Clinical observation must be supplemented by the following means of physiological monitoring performed at appropriate intervals, not to exceed every fifteen (15) minutes throughout the sedation administration. Alarms on monitoring equipment should be utilized.

1. Continuous pulse oximetry
2. System to monitor blood pressure
3. System to monitor respiration
4. Continuous electrocardioscope monitoring, at the discretion of the dentist/physician

## **G. RECOVERY AND DISCHARGE**

After treatment has been completed, the patient must be observed continuously and monitored appropriately until they are stable. It is suggested that the patient be allowed to remain in the dental chair or suitable equipped recovery area until the following discharge criteria are met:

1. Cardiovascular function satisfactory and stable.
2. Airway patency uncompromised and satisfactory.
3. Patient easily arousable and protective reflexes intact.
4. State of hydration adequate.
5. Patient can talk (if applicable).
6. Patient can sit unaided (if applicable).
7. Patient can walk with minimal assistance (if applicable)
8. Responsible adult is available

## **H. POST-SEDATION INSTRUCTIONS**

Written instructions must be given to the patient/parent/accompanying person upon discharge from the dental office. These should include, but not be limited to:

1. Potential and anticipated post-sedation behaviour
2. Limitation of activities (*operating machinery or driving*)
3. Dietary precautions and suggestions
4. A 24 hour contact number for the practitioner

## **VI. SEDATION RECORDS**

### **A. PRE-SEDATION RECORD**

The information from the pre-sedation patient evaluation forms the database upon which the suitability for moderate sedation is determined. This information may be organized in any format that each practitioner prefers, provided that the scope of

content contains the minimum information described. A pre-sedation evaluation record must contain the following information:

### **1. Vital Statistics**

- patient's full name, date of birth, gender
- name and phone number of person to be notified in the event of an emergency
- in case of a minor or a mentally incompetent adult, name of the parent or legally responsible representative

### **2. Medical History Questionnaire**

The information on the medical history questionnaire must be adequate, current, clearly recorded and signed by the patient or legally authorized representative. Two basic requirements are that it must elicit core information for determining the correct ASA physical status classification in order to assess risk factors in relation to deep sedation and it must provide written evidence of a logical process of patient evaluation.

Core information should include the evaluation and recording of significant positive findings related to the following:

- general questions
- drug therapy
- sensitivities/allergies
- heart and blood vessels
- brain and nervous system
- blood
- lungs and respiratory system
- endocrine system
- gastrointestinal system
- genitourinary system
- neuromuscular/skeletal system
- ears/nose/throat/eyes
- mental condition
- infectious diseases
- cancer/radiation/chemotherapy
- organ transplants
- medical implants
- symptoms review

### **3. Physical Examination**

The physical examination must include the evaluation and recording of significant positive findings related to:

- general appearance (note obvious abnormalities)
- head, neck and intra-oral examination (particularly pertaining to airway such as range of motion, loose teeth, crowns, dentures, potential obstruction from large tongue, tonsils, etc.)
- cardiovascular system including measuring and recording of vital signs (blood pressure, pulse rate, volume and rhythm, auscultation as indicated)
- pulmonary, auscultation and/or other assessments as required

- examination of other physiologic systems as indicated (endocrine, neurologic, musculoskeletal, gastrointestinal, genitourinary)
- other assessments including laboratory tests as indicated

## **B. SEDATION RECORD**

When determining the format of the sedation record to be used, practitioners should ensure that the information is clear and readily understood. The following information must be appropriately recorded.

- patient name
- date of procedure
- verification of NPO (nothing by mouth) status
- verification of accompaniment for discharge
- pre-operative blood pressure, heart rate, and oxygen saturation
- ASA physical status classification
- names of all drugs administered
- doses of all drugs administered
- time of administration of all drugs
- intravenous type, location of venipuncture, type and amount of fluids administered
- list of monitors used
- record of systolic and diastolic blood pressure, heart rate and oxygen saturation at appropriate intervals (automated printout of monitors may be attached in lieu of handwritten recording of these signs)
- time of the start and completion of the administration of moderate sedation
- time of the start and completion of the dental procedure(s)
- recovery period
- discharge criteria met: oriented, ambulatory, vital signs stable (record of blood pressure, heart rate, oxygen saturation)
- time of discharge/name of accompanying adult
- name of dentist/physician responsible for the case
- notation of any complication or adverse reaction

## **C. RESUSCITATION RECORD**

In the event of a cardiac arrest, a resuscitation record must be completed. It is suggested that this form be kept with the defibrillator so that it is immediately available if an emergency arises. The resuscitation record should include the following:

- patient name
- date/time of arrest
- arrest condition
- time resuscitation stopped
- respiratory management
- cardiac management
- time cardiac shock applied and number of joules
- names of all drugs administered and by whom
- doses of all drugs administered
- time and route of administration of all drugs
- intravenous type, location of venipuncture, type and amount of fluids administered

**D. INCIDENT REPORT**

Cases resulting in the need for resuscitation, referral of a patient to a hospital, or death must be reported to the Registrar of the CDSBC immediately. The initial contact should be made by telephone and must be followed by the submission of a complete report to the Registrar. A sample incident report is on page 4-10.

## **CHAPTER 4**

### **SAMPLE FORMS**

It is understood that a certain amount of flexibility is necessary when it comes to records, and that practitioners must be able to exercise their judgment with respect to particular practice situations. To this end, each practitioner may determine the format of his/her own records. The practitioner, however, should use forms that as a minimum contain the information recommended in this document.

The following forms have been provided as examples only and their use is not mandatory.

#### **CLINICAL RECORDS/FORMS**

- PRE-SEDATION RECORD - MEDICAL HISTORY QUESTIONNAIRE
- PRE-SEDATION RECORD - PHYSICIAN'S ASSESSMENT
- PATIENT'S CONSENT FOR DENTAL TREATMENT AND MINIMAL OR MODERATE SEDATION
- PRE-SEDATION PATIENT INSTRUCTIONS
- POST-SEDATION PATIENT INSTRUCTIONS
- SEDATION RECORD
- RESUSCITATION RECORD
- INCIDENT REPORT

#### **EQUIPMENT RECORDS**

- PRE-SEDATION CHECKLIST
- EQUIPMENT SPECIFICATIONS

# PRE-SEDATION RECORD

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: Y \_\_\_/M \_\_\_/D \_\_\_     Male     Female    Phone: Res. \_\_\_\_\_ Work \_\_\_\_\_

Home address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_ Rel.: \_\_\_\_\_ Phone: \_\_\_\_\_

If applicable, name of parent or legally authorized representative: \_\_\_\_\_

## MEDICAL HISTORY QUESTIONNAIRE

Have you ever had a minimal or moderate sedation?     Yes     No    If yes, when? \_\_\_\_\_

Any complications?     Yes     No    \_\_\_\_\_

Any history of familial sedation/anaesthetic complications?     Yes     No    \_\_\_\_\_

Are you being treated for any medical condition at present or within the past two years?     Yes     No

If yes, please explain. \_\_\_\_\_

When was your last visit to a physician? \_\_\_\_\_ Last complete medical examination? \_\_\_\_\_

Have you ever had a serious illness, accident, or required extensive medical care?     Yes     No    If yes, please explain. \_\_\_\_\_

Have you been hospitalized in the last five years?     Yes     No    If yes, please explain. \_\_\_\_\_

Are you taking any prescription or non-prescription drugs?     Yes     No    If yes, what is the drug(s), dose(s), and for how long? \_\_\_\_\_

Have you ever had a reaction to any drug(s) or been advised against taking any kind of medication?     Yes     No

If yes, please explain. \_\_\_\_\_

Do you have any sensitivities or allergies ?     Yes     No    If yes, please explain. \_\_\_\_\_

Do you have any history of family disease?     Yes     No    If yes, please explain. \_\_\_\_\_

Indicate which of the following you presently have or ever had.

	Yes	No		Yes	No		Yes	No
AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	Bleed easily.....	<input type="checkbox"/>	<input type="checkbox"/>	Congenital heart lesions.....	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimers .....	<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders .....	<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure .....	<input type="checkbox"/>	<input type="checkbox"/>
Anemia.....	<input type="checkbox"/>	<input type="checkbox"/>	Blood in sputum .....	<input type="checkbox"/>	<input type="checkbox"/>	Cortisone/steroid therapy .....	<input type="checkbox"/>	<input type="checkbox"/>
Angina pectoris .....	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis .....	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes .....	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis/rheumatism .....	<input type="checkbox"/>	<input type="checkbox"/>	Cancer .....	<input type="checkbox"/>	<input type="checkbox"/>	Earaches (frequent).....	<input type="checkbox"/>	<input type="checkbox"/>
Artificial heart valve .....	<input type="checkbox"/>	<input type="checkbox"/>	Cerebral palsy .....	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema .....	<input type="checkbox"/>	<input type="checkbox"/>
Artificial joints .....	<input type="checkbox"/>	<input type="checkbox"/>	Changes in appetite .....	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizures .....	<input type="checkbox"/>	<input type="checkbox"/>
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	Chest pains .....	<input type="checkbox"/>	<input type="checkbox"/>	Fainting or dizzy spells .....	<input type="checkbox"/>	<input type="checkbox"/>
Balance problems .....	<input type="checkbox"/>	<input type="checkbox"/>	Circulation problems .....	<input type="checkbox"/>	<input type="checkbox"/>	Glandular disorders .....	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No		Yes	No		Yes	No
Glaucoma.....	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric treatment.....	<input type="checkbox"/>	<input type="checkbox"/>
Headaches (severe).....	<input type="checkbox"/>	<input type="checkbox"/>	Impaired vision.....	<input type="checkbox"/>	<input type="checkbox"/>	Radiation treatment/ chemotherapy.....	<input type="checkbox"/>	<input type="checkbox"/>
Head/neck injuries.....	<input type="checkbox"/>	<input type="checkbox"/>	Infective endocarditis.....	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic/scarlet fever.....	<input type="checkbox"/>	<input type="checkbox"/>
Hearing difficulties.....	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice.....	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease or attack.....	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease.....	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur.....	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia.....	<input type="checkbox"/>	<input type="checkbox"/>	Sinus trouble.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart pacemaker.....	<input type="checkbox"/>	<input type="checkbox"/>	Liver disease.....	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/intestinal problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart rhythm disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	Lung disease.....	<input type="checkbox"/>	<input type="checkbox"/>	Stroke.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	Malignant hyperthermia.....	<input type="checkbox"/>	<input type="checkbox"/>	Temperature intolerance.....	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia.....	<input type="checkbox"/>	<input type="checkbox"/>	Medical implant.....	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A.....	<input type="checkbox"/>	<input type="checkbox"/>	Mental/nervous disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B.....	<input type="checkbox"/>	<input type="checkbox"/>	Mitral valve prolapse.....	<input type="checkbox"/>	<input type="checkbox"/>	Ulcers.....	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C.....	<input type="checkbox"/>	<input type="checkbox"/>	Nosebleeds (frequent).....	<input type="checkbox"/>	<input type="checkbox"/>	Venereal disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Herpes.....	<input type="checkbox"/>	<input type="checkbox"/>	Organ transplant.....	<input type="checkbox"/>	<input type="checkbox"/>	Weight gain/loss.....	<input type="checkbox"/>	<input type="checkbox"/>
High/low blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>	Persistent cough.....	<input type="checkbox"/>	<input type="checkbox"/>	Other.....	<input type="checkbox"/>	<input type="checkbox"/>
Hodgkin's disease.....	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary edema.....	<input type="checkbox"/>	<input type="checkbox"/>			
Hyper(hypo) glycemia.....	<input type="checkbox"/>	<input type="checkbox"/>	Positive testing for HIV.....	<input type="checkbox"/>	<input type="checkbox"/>			

Do you smoke or use other forms of tobacco?  Yes  No \_\_\_\_\_

Do you have a history of alcohol and/or drug use?  Yes  No \_\_\_\_\_

Have you received treatment for alcohol or drug use?  Yes  No \_\_\_\_\_

Do you currently have, or have you had in the past, any disease, condition or problem not listed?  Yes  No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Is there any problem or medical condition that you wish to discuss in private only?  Yes  No

WOMEN ONLY: Are you pregnant or suspect you might be?  Yes  No Anticipated delivery date? \_\_\_\_\_

Are you breast feeding?  Yes  No \_\_\_\_\_

Are you taking any birth control pills?  Yes  No \_\_\_\_\_

**NOTE: IT IS IMPORTANT THAT ANY CHANGES IN YOUR HEALTH STATUS BE REPORTED TO OUR OFFICE.**

I, the undersigned, certify that all of the medical and dental information provided is true to the best of my knowledge, and I have not knowingly omitted any information. I also consent to my physician being contacted if necessary to obtain information that is required for my dental care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient  Parent  Legally Authorized Representative

Reviewed by dentist \_\_\_\_\_ Date \_\_\_\_\_

## PRE-SEDATION RECORD PHYSICIAN'S ASSESSMENT

Dear Doctor,

Your patient is scheduled for dental treatment under minimal or moderate sedation. Please complete this history and physical examination form, and return it to our office by \_\_\_\_\_. If you have any questions, please call. Thank you for your assistance.

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Planned Dental Treatment \_\_\_\_\_

ALLERGIES	
MEDICATION	
FUNCTIONAL INQUIRY	Cardiac
	Respiratory
	Other
PAST ILLNESS	Anaesthesia Experience
	Other
FAMILY HISTORY	Anaesthesia Problems
	Other
PHYSICAL EXAMINATION	General Appearance
	B/P _____ P. _____ R. _____ Wt. _____ Ht. _____
	Head, Neck and Intraoral
	Heart
	Lungs
	Abdomen
	Skeletal
	CNS
	Laboratory Tests
ASA CLASSIFICATION	I    II    III    IV    V    E

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

### PATIENT'S CONSENT FOR DENTAL TREATMENT AND MINIMAL OR MODERATE SEDATION

PROCEDURE(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OPERATING DENTIST \_\_\_\_\_

PRACTITIONER ADMINISTERING SEDATION \_\_\_\_\_

I, the undersigned, hereby consent to the procedure(s) noted above. I acknowledge that the procedure(s), its implications and possible complications have been explained to me, along with the alternatives including not having any treatment. I understand that the procedure will require minimal or moderate sedation, and I consent to the administration of this by the above-named practitioner administering the minimal or moderate sedation. I also understand that during the course of any treatment, unforeseen circumstances may arise that make it advisable for an additional or alternate procedure to be performed, which I also consent to being performed on me.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Patient     Parent     Legally Authorized Representative

Witness \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge receiving a copy of the pre- and post-operative instructions which have been explained to me. I understand all the advice given to me by my dentist. After my discharge, I will notify my dentist if I experience any acute pain, heavy bleeding from the surgical site, respiratory problems, or any other post-operative problems.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Patient     Parent     Legally Authorized Representative

Witness \_\_\_\_\_ Date \_\_\_\_\_

## PRE-SEDATION PATIENT INSTRUCTIONS

*For the safe treatment of the patient, the following pre-sedation instructions must be followed very carefully.*

### FOOD AND BEVERAGES

- It is essential that the stomach be empty at the time of the sedation appointment.
- Do not eat any solid foods within 6 hours of the sedation appointment.
- Do not drink anything, even water, for at least 3 hours before the sedation appointment.
- Do not drink any alcohol prior to treatment.

### MEDICATIONS

- It is essential to discuss with your dentist whether or not you should take medication(s) you otherwise take on a regular basis

### CLOTHING / CONTACT LENSES

- Wear loose casual clothing for the appointment (e.g., short sleeve tee shirt). Female patients should wear slacks.

### SMOKING

- Refrain from smoking prior to treatment.

### TRANSPORTATION

- Under no conditions can you drive yourself home. A responsible adult (excluding a taxicab driver) must pick you up after the appointment and accompany you home.
- Public transportation is not recommended.

### CHANGE IN HEALTH STATUS

- If your general health deteriorates (e.g., cold, cough, fever, etc.), contact the dental office prior to the day of the appointment. If in doubt, please phone the office to discuss the change in health status.

*If you have any questions, please do not hesitate to ask them. It is important that you understand the circumstances surrounding this treatment.*

## POST-SEDATION INSTRUCTIONS

*Following sedation, 24 hours may be required for the full effects of the drugs to wear off. During this period, it is essential that you follow these instructions.*

### DISCHARGE FROM OFFICE

- The patient must be discharged into the care of a responsible adult who can accompany him/her home.
- Arrangements should be made to have a responsible adult remain with the patient for the balance of the day and during the night.

### TRANSPORTATION FROM OFFICE

- Private automobile is preferred. Public transportation is not recommended.

### FOOD AND BEVERAGES

- Clear liquids are advised for at least 6 hours and, after that, diet as tolerated.
- Do not drink alcohol in any form for 24 hours.

### MEDICATIONS

- Resume normal medication as directed by physician after appointment.

### ACTIVITY RESTRICTIONS

- Do not operate motor vehicles, boats, power tools or machinery for 24 hours, or longer if drowsiness or dizziness persists.
- Do not operate an aircraft for at least 48 hours following minimal or moderate sedation
- Do not sign or enter into any legal contract for at least 24 hours.

### PROBLEMS

- If you experience any acute pain, heavy bleeding from the surgical site, respiratory problems, or any other post-operative problem, please notify the dental office.

# SEDATION RECORD

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Weight: \_\_\_\_\_ kg/lbs Fluids type/total: \_\_\_\_\_ NPO since: \_\_\_\_\_

Allergies \_\_\_\_\_ Present Medications \_\_\_\_\_

Preoperative Health conditions: \_\_\_\_\_ ASA Classification: I II III IV V E

IV: Angio or BF Gauge \_\_\_\_\_ Site: R L DOH ACF FA Other \_\_\_\_\_

Monitors:  Pulse Oximeter  BP  ECG  Pt Stethoscope  
 Capnograph  Other \_\_\_\_\_

Pre-operative

Time	Medication	Dose	N <sub>2</sub> O	SpO <sub>2</sub>	Pulse

TIME:

Start time \_\_\_\_\_ am/pm

Start procedure: \_\_\_\_\_ am/pm

End procedure \_\_\_\_\_ am/pm

End time : \_\_\_\_\_ am/pm SpO<sub>2</sub> x

To recovery room \_\_\_\_\_ am/pm BP ▲ ▼

DISCHARGE CRITERIA HR ●

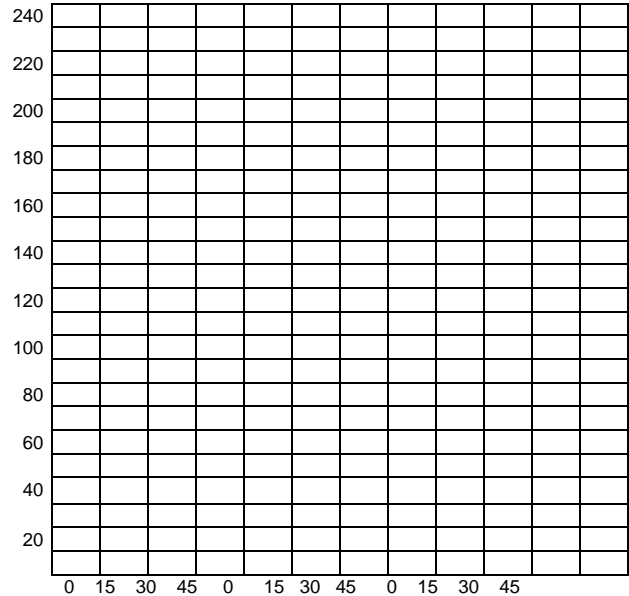
Alert and oriented:  yes  no End Tidal CO<sub>2</sub> ○

Vital signs stable:  yes  no To recovery ↓

Discharge time \_\_\_\_\_ am/pm

Post Op instructions:  yes  no

Side effects: \_\_\_\_\_



Discharged to: mom  dad  other: \_\_\_\_\_

NOTES

\_\_\_\_\_

Dentist Signature \_\_\_\_\_

# RESUSCITATION RECORD

Name \_\_\_\_\_ Time of Arrest \_\_\_\_\_ Time Resuscitation Stopped \_\_\_\_\_

Arrest Condition \_\_\_\_\_

RESPIRATORY MANAGEMENT	CARDIAC MANAGEMENT																									
Mouth to Mouth <input type="checkbox"/> Yes <input type="checkbox"/> No Bag and Mask <input type="checkbox"/> Yes <input type="checkbox"/> No Intubated <input type="checkbox"/> Yes <input type="checkbox"/> No  Extubated by _____ at _____ hrs.  Type of tube: _____ On ventilator: <input type="checkbox"/> Yes <input type="checkbox"/> No  Type: _____  XXXX _____ T.V. _____ O% _____	(a) External Massage <input type="checkbox"/> Yes <input type="checkbox"/> No  Initiated at: _____ Duration: _____  Pupil Reaction: _____  <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Time</th> <th style="width: 20%;">R</th> <th style="width: 20%;">L</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> (b) ECG Interpretation _____ _____ (c) Defibrillation: Time _____ Watt/Sec _____  Post Defibrillation ECG Interpretation _____ _____	Time	R	L																						
Time	R	L																								
<b>BLOOD GASES</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 12.5%;">PH</th> <th style="width: 12.5%;">PO<sub>2</sub></th> <th style="width: 12.5%;">PCO<sub>2</sub></th> <th style="width: 12.5%;">HCO<sub>2</sub></th> <th style="width: 12.5%;">B.E.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		PH	PO <sub>2</sub>	PCO <sub>2</sub>	HCO <sub>2</sub>	B.E.																				
PH	PO <sub>2</sub>	PCO <sub>2</sub>	HCO <sub>2</sub>	B.E.																						

IV SOLUTION / ADDITIVES	IV Amt. Started ml	Time Stopped	Amt. Remaining	Total I.V. In	Output				Site of IV
					Time	Urine	Blood	Other	
									Site of IV Cannula

Time	Medication	Route	Given By

Total during resuscitation \_\_\_\_\_ Total \_\_\_\_\_

Attending Physician \_\_\_\_\_

## INCIDENT REPORT

Date of Incident: \_\_\_\_\_ Report Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Facility Owner(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Operating Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Anaesthetist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Patient: \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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Description of complication, patient status, and disposition at conclusion of event:

Present patient status:

Forward report to:  
Registrar's Office  
College of Dental Surgeons of British Columbia  
500 - 1765 West 8th Avenue  
Vancouver, BC V6J 5C6

## PRE-SEDATION CHECKLIST

### A. GAS PIPELINES

- 1    \_\_\_    Secure connections between terminal units (outlets) and anaesthesia

### B. ANAESTHETIC MACHINE

- 1    \_\_\_    Line oxygen (40-60 psi) (275-415kPa)  
2    \_\_\_    Nitrous oxide (40-60 psi) (275-415kpa)  
3    \_\_\_    Adequate reserve cylinder oxygen pressure  
4    \_\_\_    Adequate reserve cylinder nitrous oxide content  
5    \_\_\_    Check for leaks and turn on cylinders  
6    \_\_\_    Flow meter function of oxygen and nitrous oxide over the working range

### C. VACUUM SYSTEM

- 1    \_\_\_    Suction adequate

### D. SCAVENGING SYSTEM

- 1    \_\_\_    Correctly connected to patient circuit

## EQUIPMENT SPECIFICATIONS

ITEM	
MANUFACTURER	
MODEL	SERIAL NUMBER
VENDOR	OWNER
NORMAL LOCATION	
DATE IN SERVICE	WARRANTY EXPIRES
TYPE OF APPROVAL LABEL	RISK CLASS (3,2,2G,1) or APPLIED PART TYPE (B, BF,CF)
OPERATING MANUALS (LOCATION)	SERVICE LOG BOOK (LOCATION)
INSPECTION REQUIREMENTS	
PERFORMANCE CHECKS	
PREVENTIVE MAINTENANCE REQUIREMENTS	

OTHER COMMENTS