



## Memo

TO: Non-Hospital Facilities Authorized to Provide Deep Sedation  
FROM: Sedation & General Anaesthetic Services Committee  
DATE: 05 December 2016  
SUBJECT: **Addendum to Deep Sedation Services in Dentistry (Standards and Guidelines)**

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The College's guidelines on Deep Sedation Services in Dentistry (Non-Hospital Facilities) contain standards of practice in relation to inducing deep sedation while providing dental services in British Columbia. Since the implementation of these guidelines, the Sedation and General Anaesthetic Services Committee has identified several modifications, updates and/or clarifications to these guidelines as being necessary in order to ensure they are consistent with, or exceed, best practice recommendations, and that they are based on current medical/dental literature.

In this regard, the following addendum was approved by the College Board on 25 November 2016 as recommended by the Sedation & General Anaesthetic Services Committee.

One of the main changes is the requirement of using capnography to help evaluate the adequacy of ventilation during deep sedation services. Deep Sedation Services Facilities are required to adhere to this requirement by 25 May 2017.

*Attached: Addendum*

## Addendum to Deep Sedation Services in Dentistry (Non-Hospital Facilities)

05 December 2016

Chapter/ Section	Page Number	Changes
Chapter 2 Section I	2-3	<p><b>A. PRACTITIONER ADMINISTERING DEEP SEDATION</b></p> <p><b>1. Qualifications</b></p> <ul style="list-style-type: none"> <li>• Dentists who have successfully completed a post-graduate anaesthesia program in a university and/or teaching hospital <b>over a minimum of 36 consecutive months (24 consecutive months prior to 2016 or 12 consecutive months prior to 1993 and have continued to practice these modalities since that time)</b>. The program must have specifically evaluated and attested to the competency of the individual. <del>Evidence of successful completion of a provider course in Advanced Cardiac Life Support (ACLS) is also required.</del></li> <li>• Dentist who have successfully completed a formal postgraduate program in oral and maxillofacial surgery that <b>incorporated adequate training in general anaesthesia</b> suitable for specialty certification in British Columbia <b>and have continued to practice these modalities since that time</b>, such that individual competence has been specifically evaluated and attested to.</li> <li>• Physicians currently approved by the CPSBC to provide general anaesthesia.</li> <li>• <b>Evidence of successful completion of a provider course in Advanced Cardiac Life Support (ACLS) is also required.</b></li> <li>• <del>Dentists who have not completed training in ACLS as part of a postgraduate program are required to successfully complete a course in ACLS approved by the College</del></li> </ul>



<p><b>Chapter 2 Section III</b></p>	<p><b>2-7</b></p>	<p><b>D. MEDICAL EMERGENCY PROCEDURES</b>                  Protocols for emergency procedures, including arrangements for hospital transfer, must be established and reviewed on a regular basis. <b>Mock emergency drills must be conducted with all staff at least every 3 months. A log book must be kept indicating names of participants and situations covered.</b> Emergency numbers must be posted by the telephones in the facility, and the duties of all staff (practitioner administering the deep sedation, operating dentist, deep sedation assistant, operative assistant, recovery supervisor, receptionist, etc.) should be specified in writing.</p>
<p><b>Chapter 2 Section IV</b></p>	<p><b>2-7</b></p>	<p><b>C. PHYSIOLOGICAL MONITORING EQUIPMENT</b>                  The adequacy of ventilation during deep sedation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide with the use of capnography, unless precluded or invalidated by the nature of the patient, procedure or equipment.                   The Deep Sedation Services Facilities are required to adhere to the above requirement by 25 May 2017.</p>
<p><b>Chapter 2 Section IV</b></p>	<p><b>2-10</b></p>	<p><b>F. EMERGENCY ARMAMENTARIUM</b>  <b>2. Emergency Drugs</b>                  A. Essential Emergency Drugs  <ul style="list-style-type: none"> <li>- Adeonsine <b>(2 doses: 6mg &amp; 12mg)</b></li> <li>- Amiodarone <b>(3 vials of 150mg)</b></li> </ul> </p>



<p><b>Chapter 2 Section V</b></p>	<p><b>2-16</b></p>	<p><b>C. PRE-SEDATION INSTRUCTIONS</b></p> <p>The patient must be adequately instructed in preparation for deep 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. <b>Before the induction of deep sedation, the minimum duration of fasting should be:</b></p> <ul style="list-style-type: none"> <li>• 8 hours after a meal that includes meat, fried or fatty foods;</li> <li>• 6 hours after a light meal (such as toast and a clear fluid) or after ingestion of infant formula or non-human milk;</li> <li>• 4 hours after ingestion of breast milk (no additions are allowed to pumped breast milk);</li> <li>• 2 hours after clear fluids.</li> </ul> <p><b>The patient should be advised not to consume alcohol within 24 hours of the treatment.</b></p> <p>Possible exceptions to this policy would include usual medications or pre-operative medications, which may be taken as deemed necessary by the dentist. Medication to be taken by a patient before deep sedation should be ordered by the practitioner administering the deep sedation, or by dentist providing treatment, in consultation with the practitioner administering the deep sedation. Dosage, time and route of administration must be specified.</p>
<p><b>Chapter 4 Sample Forms</b></p>	<p><b>4-6</b></p>	<p><b>PRE-SEDATION PATIENT INSTRUCTIONS <u>FOOD AND BEVERAGES</u></b></p> <p><b>Before the induction of deep sedation, the minimum duration of fasting should be:</b></p> <ul style="list-style-type: none"> <li>• 8 hours after a meal that includes meat, fried or fatty foods;</li> <li>• 6 hours after a light meal (such as toast and a clear fluid) or after ingestion of infant formula or non-human milk;</li> <li>• 4 hours after ingestion of breast milk (no additions are allowed to pumped breast milk);</li> <li>• 2 hours after clear fluids.</li> </ul> <p><b>Do not drink any alcohol within 24 hours of the treatment.</b></p>



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