



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)**

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

**Proposed Changes to Deep Sedation Services in Dentistry (Non-Hospital Facilities)
Standards and Guidelines**

Chapter/ Section	Page Number	Proposed Changes
Chapter 2 Section I	2-1	<p>A. PRACTITIONER ADMINISTERING DEEP SEDATION</p> <p>1. Qualifications</p> <ul style="list-style-type: none"> • Dentists who have successfully completed a post-graduate anaesthesia program in a university and/or teaching hospital 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). The program must have specifically evaluated and attested to the competency of the individual. Evidence of successful completion of a provider course in Advanced Cardiac Life Support (ACLS) is also required. • Dentists who successfully completed a postgraduate program in oral and maxillofacial surgery suitable for specialty certification in British Columbia, incorporating adequate training in anaesthesia and ACLS, with the program specifically evaluating and attesting to the competency of the individual in these areas, and who have practiced these modalities since that time. • Physicians currently approved by the CPSBC to provide general anaesthesia. • Evidence of successful completion of a provider course in Advanced Cardiac Life Support (ACLS) is also required. • 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
Chapter 2 Section III	2-5	<p>D. MEDICAL EMERGENCY PROCEDURES</p> <p>Protocols for emergency procedures, including arrangements for hospital transfer, must be established and reviewed on a regular basis. 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. 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>

Chapter 2 Section IV	2-10	<p>F. EMERGENCY ARMAMENTARIUM</p> <p>2. Emergency Drugs</p> <p>A. Essential Emergency Drugs</p> <ul style="list-style-type: none"> - Adenosine (2 doses: 6mg & 12mg) - Amiodarone (3 vials of 150mg)
Chapter 2 Section V	2-13	<p>C. PRE-SEDATION INSTRUCTIONS</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. Before the induction of deep sedation, the minimum duration of fasting should be:</p> <ul style="list-style-type: none"> • 8 hours after a meal that includes meat, fried or fatty foods; • 6 hours after a light meal (such as toast and a clear fluid) or after ingestion of infant formula or non-human milk; • 4 hours after ingestion of breast milk (no additions are allowed to pumped breast milk); • 2 hours after clear fluids. <p>The patient should be advised not to consume alcohol within 24 hours of the treatment.</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>
Chapter 4 Sample Forms	4-6	<p>PRE-SEDATION PATIENT INSTRUCTIONS</p> <p><u>FOOD AND BEVERAGES</u></p> <p>Before the induction of deep sedation, the minimum duration of fasting should be:</p> <ul style="list-style-type: none"> • 8 hours after a meal that includes meat, fried or fatty foods; • 6 hours after a light meal (such as toast and a clear fluid) or after ingestion of infant formula or non-human milk; • 4 hours after ingestion of breast milk (no additions are allowed to pumped breast milk); • 2 hours after clear fluids. <p>Do not drink any alcohol within 24 hours of the treatment.</p>

Proposed Changes to General Anaesthetic Services in Dentistry (Non-Hospital Facilities) Standards and Guidelines

Chapter/ Section	Page Number	Proposed Changes
Chapter 2 Section I	2-1	<p>A. ANAESTHETIST</p> <p>1. Qualifications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dentists who have successfully completed a postgraduate program in general anaesthesia in a university and/or teaching hospital 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). The program must have specifically evaluated and attested to the competency of the individual. <input type="checkbox"/> Dentists who have successfully completed a formal postgraduate program in oral and maxillofacial surgery suitable for specialty certification in British Columbia, incorporating adequate training in general anaesthesia, such that individual competence has been specifically evaluated and that they have continued to practice these modalities since that time. <input type="checkbox"/> Physicians who have successfully completed instruction in general anaesthesia recognized by the College of Physicians and Surgeons of British Columbia. <input type="checkbox"/> Evidence of successful completion of a provider course in Advanced Cardiac Life Support (ACLS) is also required.
Chapter 2 Section III	2-5	<p>D. MEDICAL EMERGENCY PROCEDURES</p> <p>Protocols for emergency procedures, including arrangements for hospital transfer, must be established and reviewed on a regular basis. 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. 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>

Chapter 2 Section IV	2-11	F. EMERGENCY ARMAMENTARIUM 2. Emergency Drugs Adenosine (2 doses: 6mg & 12mg) Amiodarone (3 vials of 150mg)
Chapter 2 Section V	2-14	D. PRE-ANAESTHETIC INSTRUCTIONS <p>The patient must be adequately instructed in preparation for general anaesthesia and should be provided with a pre-anaesthetic instruction sheet. A standard policy should be followed concerning the minimum time interval from last oral intake to the induction of anaesthesia. Before the induction of anaesthesia, the minimum duration of fasting should be:</p> <ul style="list-style-type: none"> • 8 hours after a meal that includes meat, fried or fatty foods; • 6 hours after a light meal (such as toast and a clear fluid) or after ingestion of infant formula or non-human milk; • 4 hours after ingestion of breast milk (no additions are allowed to pumped breast milk); • 2 hours after clear fluids. <p>The patient should be advised not to consume alcohol within 24 hours of the treatment.</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 or anaesthetist. Pre-medication, if indicated, should be ordered by the anaesthetist, or dentist in consultation the anaesthetist. Dosage, time and route of administration must be specified.</p>
Chapter 4 Sample Forms	4-6	PRE-ANAESTHETIC PATIENT INSTRUCTIONS <u>FOOD AND BEVERAGES</u> <p>Before the induction of anaesthesia, the minimum duration of fasting should be:</p> <ul style="list-style-type: none"> • 8 hours after a meal that includes meat, fried or fatty foods; • 6 hours after a light meal (such as toast and a clear fluid) or after ingestion of infant formula or non-human milk; • 4 hours after ingestion of breast milk (no additions are allowed to pumped breast milk); • 2 hours after clear fluids. <p>Do not drink any alcohol within 24 hours of the treatment.</p>