



## Memo

TO: Non-Hospital Facilities Authorized to Provide General Anaesthesia

FROM: Sedation & General Anaesthetic Services Committee

DATE: 05 December 2016

SUBJECT: **Addendum to General Anaesthetic Services in Dentistry (Standards & Guidelines)**

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The College's guidelines on General Anaesthesia Services in Dentistry (Non-Hospital Facilities) contain standards of practice in relation to inducing general anaesthesia 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 & GA Services Committee.

*Attached: Addendum*



**Addendum to General Anesthetic Services in Dentistry  
(Non-Hospital Facilities) – 05 December 2016**

Chapter/ Section	Page Number	Changes
Chapter 2 Section I	2-1	<p><b>A. ANAESTHETIST</b></p> <p><b>1. Qualifications</b></p> <ul style="list-style-type: none"><li>• Dentists who have successfully completed a postgraduate program in general anaesthesia 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.</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 who have successfully completed instruction in general anaesthesia recognized by the College of Physicians and Surgeons of British Columbia.</li><li>• <b>Evidence of successful completion of a provider course in Advanced Cardiac Life Support (ACLS) is also required.</b></li></ul>



<p><b>Chapter 2 Section III</b></p>	<p><b>2-5</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>2-11</b></p>	<p><b>F. EMERGENCY ARMAMENTARIUM</b>  <b>2. Emergency Drugs</b>                  Adenosine (<b>2 doses: 6mg &amp; 12mg</b>) Amiodarone (<b>3 vials of 150mg</b>)</p>
<p><b>Chapter 2 Section V</b></p>	<p><b>2-14</b></p>	<p><b>D. PRE-ANAESTHETIC INSTRUCTIONS</b>                  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. <b>Before the induction of anaesthesia, the minimum duration of fasting should be:</b></p> <ul style="list-style-type: none"> <li>• <b>8 hours after a meal that includes meat, fried or fatty foods;</b></li> <li>• <b>6 hours after a light meal (such as toast and a clear fluid) or after ingestion of infant formula or non-human milk;</b></li> <li>• <b>4 hours after ingestion of breast milk (no additions are allowed to pumped breast milk);</b></li> <li>• <b>2 hours after clear fluids.</b></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 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>

<b>Chapter 4 Sample Forms</b>	<b>4-6</b>	<b>PRE-ANAESTHETIC PATIENT INSTRUCTIONS</b> <b><u>FOOD AND BEVERAGES</u></b> <b>Before the induction of anaesthesia, the minimum duration of fasting should be:</b> <ul style="list-style-type: none"><li>• <b>8 hours after a meal that includes meat, fried or fatty foods;</b></li><li>• <b>6 hours after a light meal (such as toast and a clear fluid) or after ingestion of infant formula or non-human milk;</b></li><li>• <b>4 hours after ingestion of breast milk (no additions are allowed to pumped breast milk);</b></li><li>• <b>2 hours after clear fluids.</b></li></ul> <b>Do not drink any alcohol within 24 hours of the treatment.</b>
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