Should I Continue or Discontinue That Medication?

To the Editor: This letter is concerning the February 2009 AANA Journal course that discusses the anesthetic management of commonly encountered drug classes.

I am an anesthesia provider in a large multi-dentist practice, treating ASA physical status I to III patients. Many adult patients have neglected their mouths, as well as their health, and are receiving medical care and pharmacological therapy for a host of ailments. These ailments can affect the outcome of extensive and invasive dental care, and dental care/anesthesia itself is a significant stressor to the patient.

The anesthetist has to consider both the medical consequences and the legal liability he or she assumes by telling patients to discontinue their medication regimen. Physicians assume that patients take their medications as they have been directed.

In my practice, I complete the top portion of a Release for IV Sedation (Figure) that describes the dental therapy and the anesthetic procedure. The patient brings the form to his or her physician, or it is faxed to the physician for completion of the bottom portion. The physician’s portion of the form provides special instructions concerning the patient’s medica-

**Release for IV Sedation**

- Patient’s name __________________________ Date of birth ____________
- Procedure(s) being performed __________________________
- Health concerns regarding patient __________________________
- Does patient need to be seen by physician before procedure is performed? __Yes__ __No__
- Comments ____________________________________________
- Dentist’s or anesthetist’s signature ______________________ Date ____________
- Special instructions regarding medications patient is currently taking:
  - _____________________________________________________________________
  - _____________________________________________________________________
- Physician’s comments __________________________________________
  - _____________________________________________________________________
- I release ______________________ for procedure(s) being performed under IV sedation.
  - Physician’s signature ______________________ Date ____________
- I do not feel that ______________________ could tolerate this procedure under IV sedation at this time.
  - Physician’s signature ______________________ Date ____________

**Figure.** Form to be Completed Before Surgery

The form, which is kept in the patient’s chart, is returned to me by the physician or the patient.

After I receive the form, I contact the patient to provide instructions on how to proceed with the medication regimen.

**REFERENCE**


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