

Dental Office Sedation and Anesthesia Care

Position Statement

Position

Dental sedation safe outcomes, as with all procedural sedation, are best achieved when provided by a healthcare professional, whose only responsibility is the sedation and monitoring of the patient, and a proceduralist whose specific focus is on the procedure.¹ Deep sedation and general anesthesia for dental procedures is safest when provided by a qualified, licensed anesthesia professional, who is not simultaneously engaged in the dental procedure.¹⁻³ When sedation or anesthesia services are required, the use of anesthesia professionals, with delineated responsibilities, allows each team member to focus on his or her role for best outcomes and patient safety.^{1,4-7}

Background

As an increasing number of patients of all ages and complexity seek sedation and anesthesia for dental procedures in office-based settings, it is important to keep patient safety central to the delivery of sedation and anesthesia services.³ Sedation and anesthesia for dental procedures may be administered to children, individuals with special needs, or adults due to fear, anxiety, or procedural pain.⁸⁻¹⁰ Sedation and anesthesia safety in an office-based setting is dependent on patient selection, sedation and anesthesia goals, techniques, vigilant patient monitoring, as well as the skills and competencies of the patient-centered care team.¹¹

Quantifying the number of procedures that involve dental sedation or anesthesia, either with or without an anesthesia professional who is not the dentist, is difficult. When safety and monitoring guidelines are followed, office-based dental sedation and anesthesia has a record of safe outcomes although the facility should have appropriate equipment and medications, supporting clinicians to be adequately prepared to address adverse events, should they occur.^{9,12-14} Challenges to the provision of safe sedation and anesthesia may increase with special populations, including but not limited to, pediatric patients, senior patients, obese patients with related airway issues, and patients with increasing health complexity. The complexity of care required emphasizes the importance of sedation and anesthesia provided by a qualified, licensed anesthesia professional, who is focused only on patient safety, monitoring, and vigilance.^{15,16}

Monitoring and Patient Safety

Sedation is a continuum that includes minimal sedation to general anesthesia.¹⁷ Each patient has a unique response to medications utilized for sedation and anesthesia. Therefore, moderate sedation may quickly transition to deep sedation and general anesthesia, affecting spontaneous ventilation and oxygenation requiring immediate intervention.^{3,11,17} When an anesthesia professional is available to continuously monitor the patient, he or she can focus on changes in the patient's condition and intervene as necessary in emergent situations. Equipment used to monitor the patient during sedation and anesthesia should be consistent with *AANA Standards for Office Based Anesthesia Practice* and other nationally recognized standards and guidelines.^{2,4,5,7}

Dental offices providing sedation and/or anesthesia services should be prepared with appropriately trained staff and have requisite equipment to manage adverse events and

emergencies.^{4,9,14,18,19} Many state dental laws contain substantial, important requirements regarding monitoring and equipment necessary for providing safe dental office sedation and anesthesia. All healthcare professionals who provide sedation or anesthesia services must be aware of the statutes, regulations, and standards (including accreditation standards, if applicable) that govern their licensure, facility and clinical practice.

Throughout the dental procedure, communication about patient status and airway management is of paramount importance as the dentist and anesthesia professional share the airway.¹⁸ Techniques and drugs used for procedural sedation and anesthesia should promote rapid recovery. Clear discharge criteria and instructions should be in place to support the patient's safe transition home.^{18,20}

CRNAs Working in Dental Settings

CRNAs possess the education, training, and skills to provide safe, high-quality, and cost-effective care as members of the multidisciplinary patient-centered dental care team in all settings, including dental offices. CRNAs practice in accordance with their professional scope and standards of practice, federal, state, and local law, and facility policy to provide dental sedation and anesthesia services.²¹

Dentists and oral surgeons often work with CRNAs in hospitals and ambulatory surgical centers to provide dental procedures. CRNAs are safe and effective anesthesia professionals who can also improve patient safety in office-based dental practices. In many states, there are currently barriers for CRNAs to work in office-based dental practices. As the need for access to safe, cost-effective dental services is increasing, dentists, oral surgeons and CRNAs have opportunity to advocate for CRNA full scope of practice to provide dental sedation and anesthesia.

AANA Resources

- [Standards for Office Based Anesthesia Practice](#)
- [Patient-Centered Care: CRNAs and the Interprofessional Team](#)
- [The Role of the CRNA on the Procedure Team References](#)
- [Documenting Anesthesia Care](#)
- [Patient-Centered Perianesthesia Communication](#)
- [Promoting a Culture of Safety and Healthy Work Environment](#)

References

1. The Role of the CRNA on the Procedure Team. Park Ridge, IL: American Association of Nurse Anesthetists; 2015.
2. Standards for Office Based Anesthesia Practice. Park Ridge, IL: American Association of Nurse Anesthetists; 2013.
3. Non-anesthesia Provider Procedural Sedation and Analgesia. Park Ridge, IL: American Association of Nurse Anesthetists; 2016.
4. American Academy of Pediatric Dentistry. Clinical Affairs Committee - Sedation General Anesthesia Subcommittee. Guideline on use of anesthesia personnel in the administration of office-based deep sedation/general anesthesia to the pediatric dental patient. *Pediatr Dent*. Sep-Oct 2012;34(5):170-172.
5. American Dental Association. Guidelines for the use of sedation and general anesthesia by dentists. 2016;

- http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/anesthesia_use_guidelines.pdf?la=en. Accessed January 3, 2017.
6. Centers for Medicare & Medicaid Services (CMS). State Operations Provider Manual, Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. Rev. 2015; TAG A 1000; https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf.
 7. The Joint Commission. Comprehensive Accreditation Manual for Office Based Surgery. Oakbrook Terrace, IL: The Joint Commission; 2017.
 8. Special Care Dentistry Association. The role of oral health in the overall health of individuals with special needs. <http://www.scdonline.org/?PolicyStatements1>. Accessed Oct 31, 2016.
 9. Vanderbilt AA, Husson MM. Current sedation and anesthesia practices among dentists: a statewide survey. *Oral Health Dent Manag*. Dec 2013;12(4):230-236.
 10. Nelson TM, Xu Z. Pediatric dental sedation: challenges and opportunities. *Clin Cosmet Investig Dent*. 2015;7:97-106.
 11. Bennett JD, Kramer KJ, Bosack RC. How safe is deep sedation or general anesthesia while providing dental care? *J Am Dent Assoc*. Sep 2015;146(9):705-708.
 12. Schwamburger NT, Hancock RH, Chong CH, Hartup GR, Vandewalle KS. The rate of adverse events during IV conscious sedation. *Gen Dent*. Sep-Oct 2012;60(5):e341-344.
 13. Newland MC, Ellis SJ, Peters KR, et al. Dental injury associated with anesthesia: a report of 161,687 anesthetics given over 14 years. *J Clin Anesth*. Aug 2007;19(5):339-345.
 14. Chicka MC, Dembo JB, Mathu-Muju KR, Nash DA, Bush HM. Adverse events during pediatric dental anesthesia and sedation: a review of closed malpractice insurance claims. *Pediatr Dent*. May-Jun 2012;34(3):231-238.
 15. Lee HH, Milgrom P, Starks H, Burke W. Trends in death associated with pediatric dental sedation and general anesthesia. *Paediatr Anaesth*. Aug 2013;23(8):741-746.
 16. Deaths of children during dental procedures raise safety concerns. *Anesthesiology News*. June 30, 2016; <http://www.anesthesiologynews.com/Article/PrintArticle?articleID=36890>. Accessed Nov 16, 2016.
 17. American Society of Anesthesiologists. Continuum of depth of sedation: Definition of general anesthesia and levels of sedation/analgesia. <http://www.asahq.org/~media/Sites/ASAHQ/Files/Public/Resources/standards-guidelines/continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedation-analgesia.pdf>. Accessed Nov 1, 2016.
 18. Giovannitti JA, Jr. Anesthesia for off-floor dental and oral surgery. *Curr Opin Anaesthesiol*. Aug 2016;29(4):519-525.
 19. American Academy of Pediatric Dentistry. Ad Hoc Committee on Sedation and Anesthesia. Policy on the use of deep sedation and general anesthesia in the pediatric dental office. *Oral Health Policies*.37(6):86-87.
 20. Dionne RA. Proposed guideline revisions for dental sedation and general anesthesia: Why target the safest level of sedation? *Compend Contin Educ Dent*. Sep 2016;37(8):546-552.
 21. Scope of Nurse Anesthesia Practice. Park Ridge, IL: American Association of Nurse Anesthetists; 2013.

Adopted by the AANA Board of Directors February 2017

© Copyright 2017