

Academy of General Dentistry

GD White Paper on Enteral Conscious Sedation

Editor's note: This white paper was developed at the AGD Enteral Conscious Sedation Conference in November 2005. Participants included John Yagiela, DDS, PhD, professor and chair of the Division of Diagnostic and Surgical Sciences, UCLA School of Dentistry; Stanley F. Malamed, DDS, professor of anesthesia and medicine, University of Southern California School of Dentistry; Mark Donaldson, BSc, RPh, PharmD, director of Pharmacy Services, Kalispel Regional Medical Center (Montana); Roger Winland, DDS, MAGD, AGD Editor; and Mike Edwards, DMD, MAGD, chair of the AGD Enteral Conscious Sedation Task Force.

This white paper was adopted by the AGD House of Delegates during the 2006 Annual Meeting in Denver. For more details, see the October issue of AGD Impact.

I. Introduction

A. AGD Policy Statement on the Use of Enteral Conscious Sedation in Dentistry

B. AGD Statement of Purpose

In recognizing the importance of controlling anxiety and pain in dental patients, the AGD believes all dentists should have adequate access to training in enteral conscious sedation and the availability to practice this modality.

Training may be received through pre- or post-doctoral education or in a continuing education program.

II. Definitions

A. Sedation: A depressed level of consciousness. Because sedation incorporates a continuum of central nervous system (CNS) depression, specific levels are defined:

Anxiolysis (minimal sedation): The diminution or elimination of anxiety. This may be accomplished by the use of medication that is administered in an amount consistent with the manufacturer's current recommended dosage and/or judgment on the part of the clinician with or without nitrous oxide and oxygen.

When the intent is anxiolysis only, the definition of enteral conscious sedation and the training and performance standards described herein do not apply.

Conscious sedation (moderate sedation): A minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated

Table 1. American Society of Anesthesiologists (ASA) physical status classification system.²

| ASA physical status classification | ASA definition | AGD recommendations pertaining to sedation |
|------------------------------------|---|---|
| I | A normal healthy patient | Normal sedation protocol |
| II | A patient with a mild systemic disease | Normal sedation protocol is generally indicated with consideration for modification of sedation protocol |
| III | A patient with severe systemic disease | Normal sedation protocol may be indicated after serious consideration for modification of sedation protocol |
| IV | A patient with severe disease that is a constant threat to life | Invasive dental care (elective or emergency) is not indicated in the dental office setting |
| V | A moribund patient who is not expected to survive without the operation | Not applicable |
| VI | A declared brain-dead patient whose organs are being removed for donor purposes | Not applicable |

