Update: 2016 ADA Sedation and Anesthesia Guidelines

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ADA  American Dental Association®

ADA Sedation and Anesthesia Guidelines

• Two documents
• Official names:
  • “Guidelines for the Use of Sedation and General Anesthesia by Dentists”
  • “Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students”
• Access PDFs via www.ada.org
ADA Guidelines History

• 1971: First set of Teaching Guidelines adopted (for CE providers)
• 1971: The then-Council on Dental Education appointed first interprofessional Anesthesiology Committee
• 1985: First set of Use Guidelines adopted
• 1985: Teaching Guidelines revised and adopted
• Both sets of Guidelines were revised numerous times during the 1970s thru 2016.

Why and how does ADA develop Guidelines?

• Resource for dentists, policy makers, and public, among others
• Guidelines developed via committees of content expert consultants
• ADA develops guidelines and standards in many areas (e.g. fluoride, radiographic exposure, oral cancer screening, infective endocarditis)
State Statutes and Rules cite ADA Guidelines

- Currently 33 states cite the ADA Teaching Guidelines
- 11 states cite the ADA Use Guidelines
- Majority of states require a separate permit to administer moderate sedation and deep sedation/general anesthesia
- Note: consider updating your state policy to cite current (2016) ADA Guidelines

Other organizational guidelines

- Other national organizations also develop sedation and anesthesia-related guidelines and policy:
  - American Association of Oral and Maxillofacial Surgeons/AAOMS
  - American Academy of Pediatrics/AAPeds
  - American Academy of Pediatric Dentistry/AAPD
  - American Society of Anesthesiologists/ASA
2016 ADA Guidelines Revision

- Both sets of Guidelines were revised and then adopted by 2016 ADA House of Delegates
- Recommended by ADA Council on Dental Education and Licensure (CDEL)
- CDEL has subject matter responsibility for sedation and anesthesiology

Recommendation and Adoption of Guidelines: Process

- ADA policy must be reviewed at least once every five years:
  - Anesthesiology committee review
  - Council on Dental Education and Licensure (CDEL) review and approval
  - CDEL solicits public comment from the Anesthesiology Communities of Interest
  - Anesthesiology Committee review
  - CDEL review and approval
  - Board of Trustees (recommendation to House of Delegates)
  - Reference Committees
  - House of Delegates (final vote)
CDEL 2016 Anesthesiology Committee

- Dr. David Sarrett (Committee Chair)
- Dr. Bryan Moore (ADA)
- Dr. Sarat (Bobby) Thikkurissy (AAPD)
- Dr. Andrew Herlich (ASA)
- Dr. Edwin Ginsberg (AAP)
- Dr. Antwan Treadway (AAOMS)
- Dr. Daniel Sarasin (ADSA)
- Dr. Joseph Giovannitti, Jr. (ASDA)
- Dr. William Parker (Consultant to Committee, Council on Scientific Affairs)

Highlights of 2016 Revisions

- Use Guidelines:
  - Exclusive to adult patients
  - Refer to AAP/AAPD for children
  - Patient monitoring provisions
  - Patient evaluation provisions
- Teaching Guidelines:
  - Exclusive to adult patients
  - Refer to AAP/AAPD for children
  - CE course duration (moderate sedation)
ADA Guidelines for Adult Patients Only

- Both sets of 2016 ADA Guidelines state:
  “For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.”


- Revised wording to improve consistency
- New language for Moderate Sedation and Deep Sedation/GA:
  – “…undergo an evaluation prior to the administration of any sedative, at least a review at an appropriate time of their medical history, medication use and NPO status… ASA III and IV patients should also require consultation with the primary care physician or medical specialist.”
Patient Evaluation Provisions (continued)

• New language for Moderate and Deep Sedation/GA (not minimal sedation):
  – “Assessment of Body Mass Index (BMI) should be considered part of a pre-procedural workup. Patients with elevated BMI may be at increased risk for airway associated morbidity, particularly if in association with other factors such as obstructive sleep apnea.”

Patient Evaluation Provisions (continued)

• Evidence and Rationale:
  – AAOMS Parameters of Care state “Consider BMI calculation” as part of patient assessment.
  – US Preventive Services Task Force… “recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher…”
Patient Evaluation Provisions (continued)

• Resources: BMI category definitions can be obtained from the Centers for Disease Control and Prevention or the American Society of Anesthesiologists.

Patient Monitoring-Moderate sedation

• Use Guidelines
• Evidence and Rationale: “Risks and Benefits of Using Capnography in Dental Patients Undergoing Moderate Sedation” 2016 report by the Council on Scientific Affairs. (look for JADA article publication late 2017)
• Finding: Available scientific evidence demonstrates that capnography identifies significantly more respiratory complications during procedural sedation in adults than standard monitoring.
Patient Monitoring-Moderate Sedation

- New statement in Use Guidelines:
- “The dentist must monitor ventilation and/or breathing by monitoring end-tidal CO₂ unless precluded or invalidated by the nature of the patient, procedure or equipment. In addition, ventilation should be monitored by continual observation of qualitative signs, including chest excursion and auscultation of breath sounds with a precordial or pretracheal stethoscope.”

Personnel Requirements

- Defined by level of sedation
- Unchanged from 2012 version of Guidelines
- State Boards should be aware, given action in legislatures
Minimal Sedation: Personnel

- At least one additional person trained in basic life support for healthcare providers must be present in addition to the dentist.

Moderate Sedation: Personnel

- At least one additional person trained in basic life support for healthcare providers must be present in addition to the dentist.
Deep Sedation or General Anesthesia: Personnel

A minimum of three individuals must be present:

- A dentist qualified in accordance with part III. C. of these Guidelines to administer the deep sedation or general anesthesia.
- Two additional individuals who have current certification of successfully completing a Basic Life Support (BLS) Course for the Healthcare Provider.
- When the same individual administering the deep sedation or general anesthesia is performing the dental procedure, one of the additional appropriately trained team members must be designated for patient monitoring.

Teaching Guidelines: Moderate Sedation Course Duration

- Teaching Guidelines
- New language: “A minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients.”
- Evidence and Rationale:
  - Lack of airway patency is the primary cause of morbidity and mortality during moderate and deep sedation.
• Evidence and Rationale
  – Moderate sedation CE courses (at least 11 providers) meet or exceed 60 hours of instruction and 20 patients.
  – Guidelines now enumerate new instructional competencies and course director requirements
  – Focus on competency is consistent with contemporary educational principles.

• More instructional time is warranted (what is different today?):
  – CE and education programs across the country use human simulators to teach competency in airway management (moderate sedation and deep sedation/GA).
  – Time is needed to teach use of capnography equipment for moderate sedation.
  – Attaining competence in rescuing a patient from a deeper level of sedation
  – Ongoing updates in sedation and anesthesia pharmacology, safety procedures and educational expectations.
Future Guidelines Revisions

• Council on Scientific Affairs has agreed to develop next sedation and anesthesia Clinical Practice Guidelines
• Will occur within five years
• Clinical Practice Guidelines will guide CDEL’s future revisions of the Teaching Guidelines

Specialty and Post-Doc Education

• Per the Commission on Dental Accreditation Standards

• The programs that include advanced education in moderate sedation, deep sedation and general anesthesia are:
Specialty and Post-Doc Education

- Dental Specialties:
  - Oral and Maxillofacial Surgery
  - Pediatric Dentistry
  - Periodontics

- Post-Doctoral General Dentistry Programs:
  - Dental Anesthesiology
  - General Practice Residency

- Read the Accreditation Standards at www.ada.org/coda

Questions and Points of Contact

- 2017-18 CDEL Chair – Dr. Jerry Glickman
- CDEL AADB members –
  - Dr. Bryan Edgar
  - Dr. Ronald Moser
  - Dr. Roddy Scarbrough
  - Dr. Marybeth Shaffer
- CDEL staff contact – Jane Jasek
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