

**NEW ZEALAND SOCIETY
FOR SEDATION IN
DENTISTRY**

Guide to starting out in IV sedation for Dentistry

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New Zealand Society for Sedation in Dentistry

Who and what are we?

The society is an affiliated special society under the NZDA approved societies for dental professionals.

Our role includes all issues applying to dental sedation.

We believe dental sedation to be an important adjunct to clinical practice, and we have played a major role in retaining the ability of the dental operator to provide sedation for their patients without the need of a separate specialist anaesthetist/sedationist.

We have been active in the ratification of the current NZDA Guidelines for Sedation and DCNZ Practice Standard. Our role also extends to providing continuing education courses in intravenous midazolam sedation. These courses are always popular, and this is an important way of increasing the number of capable dental sedationists, and also growing our membership.

We are also in contact with the International Federation of Dental Anaesthesiology and Societies.

Our effectiveness is only strong if we have a solid membership base. As representatives for the profession, we encourage you to maintain your membership with us, to ensure we have the necessary strength in our negotiations.

We currently have over 150 members. Please encourage any other dental sedationists you know to maintain their membership too.

Please ensure you renew your annual membership through contacting the treasurer.

Who are we?

President: Graham Shaw – gshaw@jervoisdental.co.nz

Secretary: Graeme Christie – graeme@dent.co.nz

Treasurer: Tania Stuart – tjsbeck@slingshot.co.nz

Education Committee:-

Rohit Bedi – dr.rohitbedi@gmail.com

David Chrisp – david@taurangaoms.co.nz

Don Macalister – donmacalister@oralsurgeon.co.nz

Nick Stretton – nstretton@gmail.com

Instruction sheet for IV sedation

VERY IMPORTANT ADVICE BEFORE THE SEDATION APPOINTMENT

Please tell us of any drugs that you are taking (including recreational drugs and alcohol – This information is important and confidential) or medical problems. This is very important; failure to notify us of your drug usage may make your sedation unpredictable or ineffective when midazolam is used with certain drugs or medical conditions.

- No food or drink should be taken within 4 hours of the appointment time.
- Do not wear tight clothing – sleeves especially should be easily drawn up.

You need someone to bring you and look after you once the sedation has been given. The affects of the drug takes 2-4 hours to be eliminated so it is suggested that you have a responsible adult present with you after the sedation for at least one hour.

The sedation works on your brain and you may not be fully aware until its affects have worn off. You should not do any responsible activities and you should find a responsible adult friend, family member, or acquaintance to look after you. **This is for your safety.**

Some examples of activities that **you should not** undertake for that day are...

- Drive a car
- Drink any alcohol
- Make important decisions (e.g. internet banking)
- Refrain from working or operating machinery

P.S. Please understand you are very important to us in terms of a safe, comfortable, and pleasant dental experience. The above details help you and I to achieve that.

Thank you for your time.

Space for practice after hours phone number:

Cell phone _____

Residence _____

Patient consent form

Date: _____

Sedation

Midazolam is commonly used in Dentistry for a wide variety of procedures and provides a safe, comfortable, and pleasant dental experience.

There are a few important things to understand about midazolam:

- You may have little or no recall of the procedure.
- Local anaesthetic is used so that the procedure is painless.
- Midazolam will make you feel less anxious.
- It is a conscious sedation technique so there may be some elements of the treatment that you remember but you will be comfortable.
- It is not a general anaesthetic.

Dr _____ has explained the procedure I am about to have carried out under intravenous sedation to me, prior to the procedure.

I consent to the procedure being carried out and have had the procedure explained to my satisfaction by Dr _____.

I have had the opportunity to obtain additional information regarding the procedure, and any questions I have asked Dr _____ have been answered to my full satisfaction.

Finally I acknowledge that I have read and fully understood the consent form. I sign it freely and voluntarily.

Date: _____

Patient: _____

Parent or guardian: _____

Dentist: _____

Sedation monitoring form

Date: _____ **Patient:** _____ **Date of birth:** _____
Patient Weight (kg) _____ **ASA Score:** _____ **Mallampati:** _____

Only tick a box if it relates to you.

1. Are you receiving any medical treatment at the present time?
2. Have you ever been in hospital?
3. Have you ever had any of the following?

Rheumatic Fever	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
Gastric Problems	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Cold Sores	<input type="checkbox"/>
Bronchitis or Chest Problems	<input type="checkbox"/>	Depressive Illness	<input type="checkbox"/>	Severe Headaches	<input type="checkbox"/>
- Drug use or the recreational use of prescription or non-prescription drugs present or past?**
4. Are you taking any tablets, capsules, medicines or drugs?
 If yes, please list: _____
5. Have you any allergies to medicines that you are aware of?
 If yes, please list: _____
6. Are you wearing an artificial or prosthetic joint?
7. Have you ever experienced excessive bleeding or bruising from dental treatment, cuts or scratches?
8. Have you ever had contact with the AIDS virus or Hepatitis B virus?
9. Have you ever had a reaction to anaesthetic?
10. Women: Are you pregnant now? Could you be pregnant now?
11. Are you a Smoker?
12. Do you have any allergies to eggs or Soy proteins?

Are there any other aspects concerning your health or behaviour that you think your dentist should know about?

Signed by: Patient/Parent/Guardian _____ **Date:** _____

Procedure:

Time	Midazolam	SpO ₂	HR	BP	RR	
Pre-sedation						Other Drugs Dose: Time:
						IV Cannula Site: Notes:
End reading	Total dose					

Notes: _____

Signed: _____ Assistants signature: _____
 Name and relationship of Patient's Escort: _____ TEL/MOB _____

Practice Audit – Check through the following points which may be helpful for your practice.

Physical Facilities

- Availability of a Dental Chair that allows the patient to lie Supine
- Has the chair the capacity for elevating the legs
- Is the chair stable enough to allow CPR to be carried out
- Is there adequate floor space for CPR to be carried out
- Is emergency O₂ available in the surgery
- Adequacy of recovery area
- Facility for ambulance evacuation of a patient

Equipment

- High velocity suction
- Manual backup suction
- Yankeur suction tips and tubing (or equivalent)
- Adequate torch
- Pulse oximeter
- Blood pressure monitor (Sphygmomanometer - if manual check use)
- Capnograph
- Stethoscope
- Oxygen cylinders – Note no. of cylinders
- Regulator or other means of delivery of emergency O₂
- Facemasks and tubing
- Nasal prongs
- Pharyngeal airways
- Laryngeal Mask Airways
- Blanket
- Mouth props
- Tourniquet
- Emergency kit
- Emergency drugs
- Scissors and tape
- Equipment for administering an IV infusion
- Syringes and needles
- Cannulae
- IV plugs
- Steri-wipes

Practical Management

- Rapport with patient
- Preparation of drugs
- Baseline monitoring
- Recording of drugs used, batch & expiry number
- Venipuncture technique
- Operating method protection of airway
- Use of suction
- In-treatment monitoring
- Post-operative handling
- Post-operative instructions clearly given
- Patient discharge

Staffing

Assistant understanding of Monitoring:

- Respiration
- Pulse
- Level of consciousness
- Colour
- O₂ Saturation
- Blood Pressure
- Understands technique
- Understands relevance of pre and post operative instructions
- Meet the core competencies as defined by the DCNZ Sedation Practice Standard

Checklist for required documentation

- Sedation records
- Pre-operative instructions
- Post-operative instructions
- Medical history records
- Consent forms
- Drug recording
- Protocol for checking facility/drugs
- Action plan for emergencies and problems
- Telephone instructions in an emergency

Simulated Emergencies

If you are practicing IV sedation it is mandatory you hold current qualifications in the appropriate level of resuscitation specified by the practice standard (NZRC CORE Advanced). Rehearsing of emergency procedures must happen at least 6-monthly.

Shopping list

A lot of the following equipment is put together by a few of the suppliers in complete kits such as Amtech and Emcare.

EQUIPMENT LIST:

Patient monitor (NIBP, SpO ₂ , CO ₂)	Amtech: lauren@amtech.co.nz 0800268324 Connected Healthcare: preston.gash@chsnz.co.nz 021639665 Covidien: christina.hughes@covidien.com 021963230 Emcare: upskill@emcare.co.nz 0800362273 There are others
Oxygen bottles and regulator:	Air Liquide, BOC, NitrogenX Which size bottle? A or D
Nasal Cannulae:	Many types: common are Pro-breathe for either O ₂ or O ₂ /CO ₂
Tourniquet:	Most dental suppliers
Cannulae:	BD Venflon 22G ref:391451
Tegaderm:	3M Tegaderm 1633

Filling needles:	18G needle eg: ref: 300204 18G filter needle drawing up needle for glass ampoules eg: BD ref:305211
Syringes:	10mL Luer lock 5mL 3mL / 1mL (for emergency administration of adrenaline)
Band aids, normal and non allergenic (check allergies):	Local pharmacy
Alcohol swabs:	Local pharmacy

Drugs – All found at your local pharmacy

Midazolam:	5mg in 5mL
Saline 0.9%:	Polyamps 10 ml
Water for injection:	Polyamps 10 ml
Flumazenil (minimum 3 ampoules):	0.5mg in 5mL (5 ampoules per box)

Emergency Drugs – All found at your local pharmacy – This list is taken from the NZDA codes of compliance for Conscious Sedation and Medical Emergencies.

Oxygen
 Adrenaline (1:1000, 1:10000)
 Amiodarone HCL (300mg) for IV administration
 GTN spray or tablets
 Aspirin (chewable) tablets (300mg)
 Salbutamol aerosol inhaler (100 micrograms / actuation)
 Salbutamol for nebulizer
 Oral dextrose gel (or equivalent)
 5% glucose solution IV (500mL)
 Reversal agents for drugs of sedation (flumazenil, naloxone)
 Normal saline (minimum 2000mL)

Additional IV sedation equipment

Suction:	Backup manual suction (if patient collapses away from chair or power failure) As well as normal dental high volume suction – consider extension for the suction, e.g. 3 meter hose
Bag mask device, (Ambubag) – Requires oxygen reservoir:	Most equipment is available through the companies that support our society – Amtech and Emcare. There are also other supply companies such as Capes Medical or other dental supply companies
Oropharyngeal, laryngeal mask and nasopharyngeal airways:	Suppliers as above
Oxygen delivery equipment and tubing:	Suppliers as above
Oxygen Nasal Cannulae (O ₂ Nasal prongs):	Suppliers as above
Oxygen tubing and facemask:	Suppliers as above
Sterile disposable syringes and needles suitable for IV and IM injection	Suppliers as above
IV cannulae:	Large bore 14g, 16g for emergency access
Nebuliser:	To deliver Ventolin or adrenaline.
Spacer device:	To deliver Ventolin through Ambubag.
Paper bag:	For hyperventilation.
Automatic external defibrillator:	Many companies – Amtech and Emcare sell AEDs