

ANESTHESIA COMMITTEE RULE RECOMMENDATIONS

110.1 – Amend to include definition of anxiolytics – consider ADA definition; amend to change definition of minimal sedation to be one single MRD of enteral drug plus nitrous

110.2 – Amend to specify that dentists must obtain education for each permit level separately – no stacking of education to obtain initial permits

110.3 – Nitrous Oxide/Oxygen Inhalation Sedation

- Minimum of fourteen hours of training, including at least four hours of in person clinical experience in the administration of nitrous oxide.
- No delivery of N₂O if anxiolysis or analgesia administered within 12 hours of administration of N₂O – otherwise level 1

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110.4 Minimal Sedation – Level 1

(a) Initial Application Requirements for Level 1 Minimal Sedation. A dentist applying for a Level 1 Minimal Sedation permit shall demonstrate the following:

(1) current certification in Basic Life Support (BLS) for Healthcare Providers; and

(2) completion of one of the following education programs:

(A) an advanced education program accredited by the ADA Commission on Dental Accreditation (CODA) that satisfies the requirements described in the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

(B) a board-approved education program of at least sixteen (16) hours of didactic training and instruction in which competency in enteral and/or combined inhalation-enteral minimal sedation technique is demonstrated. A board-approved education program shall include, at a minimum, the following components: training in pharmacology; pre-procedure evaluation, patient selection, anatomy, and ASA classification; anesthesia technique and monitoring, equipment; emergency preparedness, including running scenarios and management of complications; and training in special needs patients.

(b) Maintenance of Permit. A dentist must comply with the requirements of rule 110.9 to qualify for permit renewal.

(c) Administration of Level 1 Sedation/Anesthesia to Pediatric Patients. A dentist shall comply with all requirements regarding the treatment of pediatric patients, including those described in rule 110.11.

(d) Delegation and Supervision Requirements. A dentist must maintain the minimum standard of care, including, but not limited to the requirements outlined in (e) below, and in addition shall:

(1) maintain under continuous personal supervision auxiliary personnel who shall be capable of reasonably assisting in procedures, problems, and emergencies incident to the use of minimal sedation;

(2) maintain current certification in Basic Life Support (BLS) for Healthcare Providers for the assistant staff by having them pass a course that includes a written examination and a hands-on demonstration of skills; and

(3) not supervise a Certified Registered Nurse Anesthetist (CRNA) performing any level of sedation unless the dentist holds a permit issued by the Board for the level of sedation procedure to be performed.

(e) Standard of Care and Clinical Requirements. A dentist must maintain the minimum standard of care in the administration of sedation/anesthesia in accordance with rule 108.7, including but not limited the following requirements

(1) Patient Evaluation. Patients considered for minimal sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II), this shall consist of a review of their current medical history and medication use. Patients with significant medical considerations (ASA III, IV) require review of their current medical history and medication use, as well as documented verbal or written consultation with their primary care physician or consulting medical specialist.

(2) Pre-Procedure Preparation and Informed Consent.

(A) The patient, parent, guardian, or care-giver must be advised regarding the procedure associated with the delivery of any sedative agents and must provide written, informed consent for the proposed sedation.

(B) The dentist shall determine that an adequate oxygen supply is available and evaluate equipment for proper operation and delivery of adequate oxygen under positive pressure.

(C) Baseline vital signs must be obtained in accordance with §108.7 and §108.8 of this title.

(D) A focused physical evaluation must be performed as deemed appropriate.

(E) Pre-procedure dietary restrictions must be considered based on the sedative technique prescribed.

(F) Pre-procedure verbal and written instructions must be given to the patient, parent, escort, guardian, or care-giver.

(3) Personnel and Equipment Requirements.

(A) In addition to the dentist, at least one additional person trained in Basic Life Support (BLS) for Healthcare Providers must be present.

(B) A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.

(C) When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either:

(i) a functioning device that prohibits the delivery of less than 30% oxygen; or

(ii) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.

(D) An appropriate scavenging system must be available if gases other than oxygen or air are used.

(4) Monitoring. The dentist administering the sedation must remain in the operatory room to monitor the patient until the patient meets the criteria for discharge to the recovery area. Once the patient meets the criteria for discharge to the recovery area, the dentist may delegate monitoring to a qualified dental auxiliary. Monitoring during the administration of sedation must include:

(A) Oxygenation.

(i) Color of mucosa, skin, or blood must be evaluated continually.

(ii) Oxygen saturation monitoring by pulse-oximetry must be used.

(B) Ventilation. The dentist (or appropriately qualified individual) must observe chest excursions and must verify respirations continually.

(C) Circulation. Blood pressure and heart rate should be evaluated preprocedurally, post-procedurally and intra-procedurally as necessary.

(5) Documentation.

(A) Documentation must be made in accordance with §108.7 and §108.8 of this title and must include the names and dosages of all drugs administered and the names of individuals present during administration of the drugs.

(B) A time-oriented sedation record may be considered for documentation of all monitoring parameters.

(C) Pulse oximetry, heart rate, respiratory rate, and blood pressure are the parameters which may be documented at appropriate intervals of no more than 10 minutes.

(D) The dentist's record of the patient's treatment shall include all records created by or for the sedation provider, except for treatments provided in a hospital setting.

(6) Recovery and Discharge.

(A) Oxygen and suction equipment must be immediately available in the recovery area if a separate recovery area is utilized.

(B) The qualified dentist must monitor the patient during recovery until the patient is ready for discharge by the dentist. The dentist may delegate this task to an appropriately qualified dental auxiliary.

(C) The dentist must determine and document that the patient's level of consciousness, oxygenation, ventilation, and circulation are

satisfactory prior to discharge. The dentist shall not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.

(D) Post-procedure verbal and written instructions must be given to the patient, parent, escort, guardian, or care-giver. Post-procedure, patients should be accompanied by an adult caregiver for an appropriate period of recovery.

(7) Emergency Management. If a patient enters a deeper level of sedation than the dentist is permitted to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation. The dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of minimal sedation, and providing the equipment and protocols for patient rescue. A dentist must be able to rescue patients who enter a deeper state of sedation than intended.

(f) A dentist who holds a minimal sedation permit shall not intentionally administer moderate sedation, deep sedation, or general anesthesia.

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110.5 Moderate Sedation – Levels 2 and 3

(a) Initial Application Requirements for Level 2 Moderate Sedation (enteral). A dentist applying for a Level 2 Moderate Sedation permit shall demonstrate the following:

(1) current certification in Basic Life Support (BLS) for Healthcare Providers;

(2) current certification in Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS);

(3) completion of one of the following education programs:

(A) an advanced education program accredited by the ADA Commission on Dental Accreditation (CODA) that affords comprehensive and appropriate training necessary to administer and manage enteral moderate sedation, and satisfies the requirements described in the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; or

(B) completion of a board-approved education program that includes a minimum of sixty (60) hours of didactic training and instruction, and satisfactory management of at least ten (10) case experiences in enteral moderate sedation. These twenty (20) case experiences must include at least ten live clinical dental experiences managed by participants in groups of no larger than five (5). The remaining cases may include simulations and/or video presentations, but must include one experience in returning (rescuing) a patient from deep to moderate sedation. A board-approved education program shall include, at a minimum, the following components:

(i) Eight hours in pharmacology;

(ii) 12 hour pre-procedure evaluation, patient selection, anatomy, and ASA classification;

(iii) Four hours anesthesia technique and monitoring, equipment;

- (iv) 12 hours of Inter-operative management and recognition of emergencies and complications;
- (v) Six hours in emergency preparedness, including running scenarios and management of complications; and
- (vi) Four hours in geriatric patients

(b) Initial Application Requirements for Level 3 Moderate Sedation (parenteral). A dentist applying for a Level 3 Moderate Sedation permit shall demonstrate the following:

- (1) current certification in Basic Life Support (BLS) for Healthcare Providers;
- (2) current certification in Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS); and
- (3) completion of one of the following education programs:

(A) an advanced education program accredited by the ADA CODA that affords comprehensive and appropriate training necessary to administer and manage parenteral moderate sedation, and satisfies the requirements described in the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students;

(B) an internship or residency which included intravenous moderate sedation training equivalent to that defined in this subsection; or

(C) completion of a board-approved education program that includes a minimum of sixty (60) hours of didactic training and instruction and satisfactory management of a minimum of twenty (20) dental patients, under supervision, using intravenous sedation. A board-approved education program shall include, at a minimum, the following components:

- (i) Eight hours in pharmacology;
- (ii) 12 hours in pre-procedure evaluation, patient selection, anatomy, and ASA classification;

(iii) Four hours anesthesia technique and monitoring, equipment;

(iv) 12 hours of Inter-operative management and recognition of emergencies and complications

(v) Six hours in emergency preparedness, including running scenarios and management of complications; and

(vi) Four hours in management of geriatric patients.

(c) Maintenance of Permit. A dentist must comply with the requirements of rule 110.9 to qualify for permit renewal.

(d) Administration of Level 2 or Level 3 Sedation/anesthesia to Pediatric Patients. A dentist shall comply with all requirements regarding the treatment of pediatric patients, including those described in rule 110.11.

(e) Delegation and Supervision Requirements. A dentist must maintain the minimum standard of care, including, but not limited to the requirements outlined in (e) below, and in addition shall:

(1) maintain under continuous personal supervision auxiliary personnel who shall be capable of reasonably assisting in procedures, problems, and emergencies incident to the use of moderate sedation;

(2) maintain current certification in Basic Life Support (BLS) for Healthcare Providers for the assistant staff by having them pass a course that includes a written examination and a hands-on demonstration of skills;

(3) not supervise a Certified Registered Nurse Anesthetist (CRNA) performing any level of sedation unless the dentist holds a permit issued by the Board for the level of sedation procedure to be performed.

(f) Standard of Care and Clinical Requirements. A dentist must maintain the minimum standard of care in the administration of sedation/anesthesia in accordance with rule 108.7, including but not limited the following requirements:

(1) Patient Evaluation. Patients considered for moderate sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II), this shall consist of a review of their current medical history and medication use. Patients with significant medical considerations (ASA III, IV) require review of their current medical history and medication use, as well as documented verbal or written consultation with their primary care physician or consulting medical specialist.

(2) Pre-Procedure Preparation and Informed Consent.

(A) The patient, parent, guardian, or care-giver must be advised regarding the procedure associated with the delivery of any sedative agents and must provide written, informed consent for the proposed sedation. The informed consent must be specific to the procedure being performed and must specify that the risks related to the procedure include cardiac arrest, brain injury, and death.

(B) The dentist shall determine that an adequate oxygen supply is available and evaluate equipment for proper operation and delivery of adequate oxygen under positive pressure.

(C) Baseline vital signs must be obtained in accordance with §108.7 and §108.8 of this title.

(D) A focused physical evaluation must be performed as deemed appropriate.

(E) Pre-procedure dietary restrictions must be considered based on the sedative technique prescribed.

(F) Pre-procedure verbal or written instructions must be given to the patient, parent, escort, guardian, or care-giver.

(3) Personnel and Equipment Requirements.

(A) In addition to the dentist, at least one additional person trained in Basic Life Support (BLS) for Healthcare Providers must be present.

(B) A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.

(C) When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either:

(i) a functioning device that prohibits the delivery of less than 30% oxygen; or

(ii) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.

(D) An appropriate scavenging system must be available if gases other than oxygen or air are used.

(E) The equipment necessary to establish intravenous access must be available.

(4) Monitoring. The dentist administering moderate sedation must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for recovery. When active treatment concludes and the patient recovers to a minimally sedated level, the dentist or sedation provider may delegate a qualified dental auxiliary to remain with the patient and continue to monitor the patient until he/she is discharged from the facility. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility. Monitoring must include:

(A) Consciousness. Level of consciousness (e.g., responsiveness to verbal command) must be continually assessed.

(B) Oxygenation.

(i) Color of mucosa, skin, or blood must be evaluated continually.

(ii) Oxygen saturation must be evaluated by pulse-oximetry continuously.

(C) Ventilation.

(i) Chest excursions must be continually observed.

(ii) Ventilation must be continually evaluated. This can be accomplished by auscultation of breath sounds, monitoring end-tidal CO₂ or by verbal communication with the patient.

(D) Circulation.

(i) Blood pressure and heart rate must be continually evaluated.

(ii) Continuous EKG monitoring of patients sedated under moderate parenteral sedation is required.

(5) Documentation.

(A) Documentation must be made in accordance with §108.7 and §108.8 of this title.

(B) A written time-oriented anesthetic record must be maintained and must include the names and dosages of all drugs administered and the names of individuals present during administration of the drugs.

(C) Pulse-oximetry, heart rate, respiratory rate, and blood pressure must be continually monitored and documented at appropriate intervals of no more than ten (10) minutes.

(D) The dentist's record of the patient's treatment shall include all records created by or for the sedation provider.

(6) Recovery and Discharge.

(A) Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.

(B) While the patient is in the recovery area, the dentist or qualified clinical staff must continually monitor the patient's blood pressure, heart rate, oxygenation, and level of consciousness.

(C) The dentist must determine and document that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge. The dentist shall not leave the facility until

the patient meets the criteria for discharge and is discharged from the facility.

(D) Post-procedure verbal and written instructions must be given to the patient, parent, escort, guardian, or care-giver. Post-procedure, patients should be accompanied by an adult caregiver for an appropriate period of recovery.

(E) If a reversal agent is administered before discharge criteria have been met, the patient must be monitored until recovery is assured.

(7) Emergency Management.

(A) The dentist is responsible for the sedation management, adequacy of the facility and staff, diagnosis and treatment of emergencies associated with the administration of moderate sedation, and providing the equipment and protocols for patient rescue. This includes immediate access to pharmacologic antagonists and equipment for establishing a patent airway and providing positive pressure ventilation with oxygen.

(B) Advanced airway equipment and resuscitation medications must be available.

(C) A defibrillator must be available when patients are sedated under moderate sedation.

(D) If a patient enters a deeper level of sedation than the dentist is permitted to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation. The dentist administering moderate sedation must be able to rescue patients who enter a deeper state of sedation than intended.

(g) A dentist who holds a moderate sedation permit shall not intentionally administer deep sedation or general anesthesia.

110.6 Deep Sedation or General Anesthesia – Level 4

(a) Initial Application Requirements for Level 4 Deep Sedation or General Anesthesia. A dentist applying for a Level 4 Deep Sedation or General Anesthesia permit shall demonstrate the following:

- (1) current certification in Basic Life Support (BLS) for Healthcare Providers;
- (2) current certification in Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS); and
- (3) completion of an advanced education program accredited by the ADA CODA that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia.

(b) Maintenance of Permit. A dentist must comply with the requirements of rule 110.9 to qualify for permit renewal.

(c) Administration of Level 4 Deep Sedation or General Anesthesia to Pediatric Patients. A dentist shall comply with all requirements regarding the treatment of pediatric patients, including those described in rule 110.11.

(d) Delegation and Supervision Requirements. A dentist must maintain the minimum standard of care, including, but not limited to the requirements outlined in (e) below, and in addition shall:

- (1) maintain under continuous direct supervision a minimum of two qualified dental auxiliary personnel who shall be capable of reasonably assisting in procedures, problems, and emergencies incident to the use of deep sedation and/or general anesthesia;
- (2) maintain current certification in Basic Life Support (BLS) for Healthcare Providers for the assistant staff by having them pass a course that includes a written examination and a hands-on demonstration of skills; and
- (3) not supervise a Certified Registered Nurse Anesthetist (CRNA) performing any level of sedation unless the dentist holds a permit issued by the Board for the level of sedation procedure to be performed.

(e) Standard of Care and Clinical Requirements. A dentist must maintain the minimum standard of care in the administration of sedation/anesthesia in accordance with rule 108.7, including but not limited the following requirements:

(1) Patient Evaluation. Patients considered for deep sedation or general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II), this shall consist of a review of their current medical history, medication use, and NPO status. Patients with significant medical considerations (ASA III, IV) require review of their current medical history, medication use, and NPO status, as well as documented verbal or written consultation with their primary care physician or consulting medical specialist.

(2) Pre-Procedure Preparation and Informed Consent.

(A) The patient, parent, guardian, or care-giver must be advised regarding the procedure associated with the delivery of any sedative or anesthetic agents and must provide written, informed consent for the proposed deep sedation or general anesthesia procedure. The informed consent must be specific to the deep sedation and/or general anesthesia procedure being performed and must specify that the risks related to the procedure include cardiac arrest, brain injury, and death.

(B) The dentist shall determine that an adequate oxygen supply is available and evaluate equipment for proper operation and delivery of adequate oxygen under positive pressure.

(C) Baseline vital signs must be obtained in accordance with §108.7 and §108.8 of this title.

(D) A focused physical evaluation must be performed as deemed appropriate.

(E) Pre-procedure dietary restrictions must be considered based on the sedative/anesthetic technique prescribed.

(F) Pre-procedure verbal and written instructions must be given to the patient, parent, escort, guardian, or care-giver.

(G) An intravenous line, which is secured throughout the procedure, must be established except as provided in paragraph (7) of this subsection, regarding Pediatric and Special Needs Patients.

(3) Personnel and Equipment Requirements.

(A) Personnel. A minimum of three (3) individuals must be present during the procedure:

(i) a sedation/anesthesia provider qualified to administer deep sedation or general anesthesia and holding current certification in ACLS and/or PALS; and

(ii) two additional individuals who hold current certification in Basic Life Support for Healthcare Providers and are dedicated to patient monitoring/patient support during treatment and recovery.

(B) Equipment.

(i) A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.

(ii) When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either:

(I) a functioning device that prohibits the delivery of less than 30% oxygen; or

(II) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.

(iii) An appropriate scavenging system must be available if gases other than oxygen are used.

(iv) The equipment necessary to establish intravenous access must be available.

(v) Equipment and drugs necessary to provide advanced airway management and advanced cardiac life support must be immediately available.

(vi) If volatile anesthetic agents are utilized, an inspired agent analysis monitor and capnograph should be considered.

(vii) Emergency medications and a defibrillator must be immediately available.

(4) Monitoring. A qualified dentist administering deep sedation or general anesthesia must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility. Monitoring must include:

(A) Oxygenation.

(i) Color of mucosa, skin, or blood must be continually evaluated.

(ii) Oxygenation saturation must be evaluated continuously by pulse oximetry.

(B) Ventilation.

(i) Intubated patient: End-tidal CO₂ must be continuously monitored and evaluated.

(ii) Non-intubated patient: Breath sounds via auscultation and/or end-tidal CO₂ must be continually monitored and evaluated.

(iii) Respiration rate must be continually monitored and evaluated.

(C) Circulation.

(i) Heart rate and rhythm via EKG and pulse rate via pulse oximetry must be evaluated throughout the procedure.

(ii) Blood pressure must be continually monitored.

(D) Temperature.

(i) A device capable of measuring body temperature must be readily available during the administration of deep sedation or general anesthesia.

(ii) The equipment to continuously monitor body temperature must be available and must be performed whenever triggering agents associated with malignant hyperthermia are administered.

(5) Documentation.

(A) Documentation must be made in accordance with §108.7 and §108.8 of this title and must include the names, times and dosages of all drugs administered and the names of individuals present during administration of the drugs.

(B) A written time-oriented anesthetic record must be maintained.

(C) Pulse oximetry and end-tidal CO₂ measurements (if taken with an intubated patient), heart rate, respiratory rate, and blood pressure must be continually recorded at five (5) minute intervals.

(D) The dentist's record of the patient's treatment shall include all records created by or for the sedation provider.

(6) Recovery and Discharge.

(A) Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.

(B) The dentist or clinical staff must continually monitor the patient's blood pressure, heart rate, oxygenation, and level of consciousness.

(C) The dentist must determine and document that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory prior to discharge. The dentist shall not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.

(D) Post-procedure verbal and written instructions must be given to the patient, parent, escort, guardian, or care-giver. Post-procedure, patients should be accompanied by an adult caregiver for an appropriate period of recovery.

(7) Special Situations and Special Needs Patients. Because many dental patients undergoing deep sedation or general anesthesia are mentally and/or physically challenged, it is not always possible to have a comprehensive physical examination or appropriate laboratory tests prior to administering care. When these situations occur, the dentist responsible for administering the deep sedation or general anesthesia shall document the reasons preventing the pre-procedure management.

(8) Emergency Management.

(A) The dentist is responsible for the sedation management, adequacy of the facility and staff, diagnosis and treatment of emergencies associated with the administration of deep sedation or general anesthesia, and providing the equipment and protocols for patient rescue. This includes immediate access to pharmacologic antagonists and equipment for establishing a patent airway and providing positive pressure ventilation with oxygen.

(B) Advanced airway equipment, emergency medications and a defibrillator must be immediately available.

(C) Appropriate pharmacologic agents must be immediately available if known triggering agents of malignant hyperthermia are part of the anesthesia plan.

110.9 RULE §110.9 Anesthesia Permit Renewal

(a) The Board shall renew a sedation/anesthesia permit annually if required fees are paid and the required emergency management training and continuing education requirements are satisfied. The Board shall consider disciplinary history in Texas and in other jurisdictions in its review of an anesthesia permit renewal application. The Board shall not renew an anesthesia/sedation permit if, after notice and opportunity for hearing, the Board finds the permit holder has provided, or is likely to provide, anesthesia/sedation services in a manner that does not meet the minimum standard of care. If a hearing is held, the Board shall consider factors including patient complaints, morbidity, mortality, and anesthesia consultant recommendations.

(b) Fees. The sedation/anesthesia permit renewal fee shall be paid at the time the annual dental license renewal fee is paid. The sedation/anesthesia annual renewal fee is found in the fee schedule in Chapter 102 of this title.

(c) Emergency Management Training. To renew a sedation/anesthesia permit, a dentist shall demonstrate maintenance of competency in emergency management. Specifically, a dentist must provide proof of the emergency management training required of the dentist's highest sedation/anesthesia permit level, as follows:

(A) Level 1: Minimal Sedation – current certification in BLS

(B) Levels 2 and 3: Moderate Sedation – current certification in BLS and current certification in ACLS

(C) Level 4: Deep Sedation/General Anesthesia – current certification in BLS and current certification in ACLS

(c) Continuing Education. In addition to the continuing education required for renewal of dental licensure, a dentist seeking to renew a minimal sedation, moderate sedation, or deep sedation/general anesthesia permit must complete continuing education to maintain his/her sedation/anesthesia permit.

(1) A dentist shall, at a minimum, complete the continuing education required of the dentist's highest sedation/anesthesia permit level every two years, as follows:

(A) Level 1: Minimal Sedation - eight (8) hours, including four hours of sedation/anesthesia emergency preparedness training

(B) Levels 2 and 3: Moderate Sedation - twelve (12) hours, including eight hours of sedation/anesthesia emergency preparedness training

(C) Level 4: Deep Sedation/General Anesthesia - twelve (12) hours, including eight hours of sedation/anesthesia preparedness training.

(2) The continuing education requirements of this section shall be in addition to any continuing education or additional courses required for licensure.

(3) BLS, ACLS, PALS, and the eight hour board-approved sedation/anesthesia emergency preparedness training do not satisfy the continuing education requirement for renewal of sedation/anesthesia permits under this section.

(4) A licensee's continuing education is subject to audit in a Board investigation and as described in rule 104.5.

(5) Continuing education courses must meet the provider endorsement requirements of rule 104.2.

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110.11 Sedation of Pediatric Patients

(a) Pediatric patients include all patients under the age of 13.

(b) Training requirements. Prior to the administration of Level 1, Level 2, Level 3, or Level 4 sedation to a pediatric patient, a dentist must hold current certification in Pediatric Advanced Life Support and meet one of the following requirements:

(1) completion of an advanced education program accredited by the ADA Commission on Dental Accreditation that provided didactic and clinical education in pediatric sedation;

(2) successful administration of sedation to at least 20 pediatric patients, in the six months preceding the effective date of this rule; or

(3) completion of a board-approved education program of at least twenty four hours of training in pediatric sedation. The board-approved education program shall include, at a minimum, the following 21 hours of training:

(i) A minimum of three hours of training in pharmacology;

(ii) A minimum of three hours of training in pre-procedure evaluation, patient selection, anatomy, and ASA classification;

(iii) A minimum of six hours of training in anesthesia technique and monitoring, equipment;

(iv) A minimum of six hours in emergency preparedness, including running scenarios and management of complications; and

(v) A minimum of three hours of training in special needs pediatric patients.

(c) Continuing Education Requirements. In addition to continuing education required by other rules, a dentist who administers Level 1, 2, 3, or 4 sedation to a pediatric patient must complete a minimum of eight hours of continuing education in pediatric sedation/anesthesia every two years. This continuing education is in addition to continuing education required for license renewal, renewal of sedation/anesthesia permits, or any other continuing education requirement. BLS,

ACLS, or PALS do not satisfy the continuing education requirement for renewal of sedation/anesthesia permits under this section.

(d) The initial training requirements in subsection (b) and the continuing education requirements in subsection (c) are subject to audit by the agency.

(e) Emergency Preparedness. In addition to the requirements of emergency preparedness in other sections of these rules, a dentist administering sedation/anesthesia to a pediatric patient must be prepared to rescue a child from a deeper level of sedation than intended, and comply with the following requirements:

(1) A dentist administering sedation to a pediatric patient must maintain current certification in Pediatric Advanced Life Support (PALS). A dentist delegating the administration of sedation to a pediatric patient must maintain current certification in PALS or Advanced Cardiac Life Support (ACLS).

(2) A dentist administering sedation to a pediatric patient or delegating the administration of sedation to a pediatric patient must maintain a protocol for immediate access to back-up emergency services, including, for nonhospital facilities a protocol for the immediate activation of the EMS system for life-threatening complications. The practitioners must be prepared to provide initial rescue for life-threatening complications.

(3) A dentist administering sedation to a pediatric patient or delegating the administration of sedation to a pediatric patient must ensure that an emergency cart or kit is immediately accessible and contains the necessary age- and size-appropriate equipment and emergency drugs to resuscitate a non-breathing and unconscious child. The contents of the kit must allow for the provision of continuous life support while the pediatric patient is being transported to a medical/dental facility or to another area within the facility. All equipment and drugs must be checked and maintained on a scheduled basis.

(i) An emergency cart or kit accompanying a pediatric sedation at Level 1 or 2 must include, at a minimum, the following components: oral and nasal airways, bag-valve-mask device, laryngeal mask

airways or other supraglottic devices, face masks, blood pressure cuffs; and

(ii) An emergency cart or kit accompanying a pediatric sedation at Level 3 or 4 must include, at a minimum, the following components: oral and nasal airways, bag-valve-mask device, laryngeal mask airways or other supraglottic devices, laryngoscope blades, tracheal tubes, face masks, blood pressure cuffs, and intravenous catheters.

(f) Pediatric Monitoring.

(1) Nitrous oxide shall not be administered to a pediatric patient at a concentration of greater than 50% unless the person administering the nitrous oxide holds a Level 2 or higher sedation/anesthesia permit and meets all other requirements of this rule.

(2) Monitoring of a pediatric patient undergoing minimal sedation must include the use of pulse oximetry and precordial stethoscope.

(3) Monitoring of a pediatric patient undergoing moderate sedation must include the use of either pulse ox capnography or a precordial stethoscope.

(5) Monitoring of a pediatric patient undergoing deep sedation/general anesthesia must include the use of pulse ox capnography or a precordial stethoscope.