

**AMERICAN DENTAL ASSOCIATION POLICY STATEMENT:  
THE USE OF CONSCIOUS SEDATION, DEEP SEDATION  
AND GENERAL ANESTHESIA IN DENTISTRY**  
(1985:577; 1994:74, 1996:327, 1998:436, 1999:326, 935: 2005:000)

**Introduction**

Dentists have had both a historic and specific continuing interest and expertise in providing anesthetic, sedative and other anxiety and pain control procedures for their patients. The effective control of anxiety and pain has been an integral part of dental practice since the early development of the profession. Use of a wide variety of anxiety and pain control techniques has enabled the profession to extend oral health care to millions of individuals who would otherwise remain untreated. Without effective anxiety and pain control, numerous dental procedures are virtually impossible and many patients do not seek needed dental treatment. In addition, both anxiety and pain control techniques are often essential for the management of special patients, young children and the mentally and physically challenged. The use of anxiolytic sedative and anesthetic techniques by appropriately trained dentists in the dental office and other settings continues to have a remarkable record of safety.

Anxiety and pain can be modified by both psychological and pharmacological techniques. In some instances, psychological approaches are sufficient. However, in many instances, pharmacological approaches are required.

Local anesthetics are used to control regional pain. Sedative drugs and techniques may control fear and anxiety, but do not by themselves fully control pain and, thus, are commonly used in conjunction with local anesthetics. General anesthesia provides complete relief from both anxiety and pain.

This policy statement addresses the use of conscious sedation, deep sedation and general anesthesia, as defined in the Association's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry. These terms refer to the effects upon the central nervous system and should not be confused with any route of drug administration.

The use of conscious sedation, deep sedation and general anesthesia in dentistry is safe and effective when properly administered by trained individuals. The American Dental Association strongly supports the right of appropriately trained dentists to use these modalities for the management of dental patients and is committed to ensuring their safe and effective use.

**Education**

Dentists who have received appropriate formal education in conscious sedation, deep sedation and general anesthesia are qualified to use these modalities in practice. Training to competency in conscious sedation techniques may be acquired at the predoctoral, postgraduate, graduate, or continuing education level. Dentists who wish to utilize conscious sedation are expected to successfully complete formal training which is structured in accordance with the Association's educational Guidelines, "Part One: Teaching the Comprehensive Control of Anxiety and Pain to the Dental Student" and/or "Part Three: Teaching the Comprehensive Control of Anxiety and Pain in a Continuing Education Program."

The knowledge and skills required for the administration of deep sedation and general anesthesia are beyond the scope of predoctoral and continuing education. Only dentists who have completed an advanced education program structured in accordance with "Part Two: Teaching the Comprehensive Control of Anxiety and Pain at the Advanced Education Level" of the "Guidelines for Teaching the

Comprehensive Control of Anxiety and Pain in Dentistry” or completion of an ADA accredited post-doctoral training program (e.g., oral and maxillofacial surgery) which affords comprehensive and appropriate training necessary to administer and manage deep sedation/general anesthesia, commensurate with the ADA document “The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry” are considered educationally qualified to use deep sedation and general anesthesia in practice.

The dental profession's continued ability to control anxiety and pain effectively is dependent on maintaining a strong educational foundation in the discipline. While many practicing dentists may elect not to use conscious sedation, deep sedation or general anesthesia, it is critical that those who wish to do so have access to adequate training. The Association supports efforts to expand the availability of courses and programs at the predoctoral, advanced and continuing educational levels which are structured in accordance with its educational Guidelines in anxiety and pain control. It urges dental schools to expand opportunities for predoctoral students to receive training and clinical experience in conscious sedation techniques. It urges continuing education sponsors to offer comprehensive courses in accordance with the Guidelines in conscious sedation techniques which include sufficient opportunity for supervised clinical experience to enable participants to achieve competency in these techniques. It urges sponsors of advanced dental education to develop programs at the postgraduate level which are designed to train individuals in conscious sedation, deep sedation and general anesthesia. Finally, it urges dental practitioners to regularly participate in continuing education in the areas of sedation and anesthesia in order to remain current.

The objective of educating dentists to utilize conscious sedation, deep sedation and general anesthesia is to enhance their ability to provide oral health care.

### **Risk Management**

Appropriate educational preparation, while necessary, is not by itself sufficient to ensure safe and effective use of conscious sedation, deep sedation and general anesthesia. There is some degree of risk associated with the use of any drug, even when administered by trained individuals. Dentists who are qualified to utilize conscious sedation, deep sedation and/or general anesthesia have a responsibility to minimize risk to patients undergoing dental treatment by:

- Using only those drugs and techniques with which they are thoroughly familiar, i.e., understand the indications, contraindications, adverse reactions and their management, drug interactions, drug pharmacology including absorption, distribution, metabolism and excretion and proper dosage for the desired effect;
- Understanding that the clinical effects of titration of oral medication for purposes of sedation are unpredictable and may result in an alteration of the state of consciousness deeper than the intent of the practitioner;
- Limiting use of these modalities to patients who require them due to such factors as the extent and type of the operative procedure, psychological need or medical status;
- Conducting comprehensive preoperative evaluation of each patient to include a comprehensive medical history, assessment of current physical and psychological status, age and preference for and past experience with sedation and anesthesia;
- Conducting physiologic and visual monitoring of the patient as needed from onset of anesthesia/sedation through recovery;

- Having available appropriate emergency drugs, equipment and facilities and maintaining competency in their use;
- Maintaining fully documented records of drugs used, dosage, vital signs monitored, adverse reactions, recovery from the anesthetic, and, if applicable, emergency procedures employed;
- Utilizing sufficient support personnel who are properly trained for the functions they are assigned to perform;
- Treating high-risk patients in a setting equipped to provide for their care.

The Association expects that patient safety will be the foremost consideration of dentists who use conscious sedation, deep sedation and/or general anesthesia. Dentists who use these modalities should take all necessary measures to minimize risk to patients.

### **State Regulation**

State dental boards have a responsibility to ensure that only dentists who are properly trained, experienced, and currently competent are allowed to use conscious sedation, deep sedation and general anesthesia within their jurisdictions. In addition to identifying educational requirements which are consistent with the Association's Guidelines, state dental boards should evaluate and issue permits to dentists who apply to administer conscious sedation, deep sedation and/or general anesthesia to ensure that the route of administration, level of sedation, protocol, procedures, facilities, drugs, equipment and personnel utilization meet acceptable standards for safe and appropriate delivery of anesthesia care, as outlined here and in the ADA Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists (2003).

The Association recognizes the existence of office-based ambulatory anesthesia as an integral part of the management of anxiety and pain control for dental patients. It is important that state dental boards be aware that ambulatory anesthesia services, will be increasingly available from well qualified dentists. It is in the best interest of the public and the profession that access to this cost-effective service be widely available.

States introducing regulation of conscious sedation, deep sedation and/or general anesthesia may elect to identify a period of time during which practitioners without the specified educational qualifications may apply and be evaluated for the use of these modalities. These practitioners should have demonstrated competence in the use of the regulated modalities over an extended period of time as determined by the state dental board.

### **Research**

The use of conscious sedation, deep sedation and general anesthesia in dentistry will be significantly affected by research findings and advances in these areas. The Association strongly supports the expansion of both basic and clinical research in anxiety and pain control. It urges institutions and agencies that fund and sponsor research to place a high priority on this type of research, which should include: 1) epidemiological studies which provide data on the number of these procedures performed and on morbidity and mortality rates, 2) clinical studies of drug safety and efficacy, 3) basic research on the development of safer and more effective drugs and techniques, 4) studies on improving patient monitoring, and 5) research on behavioral and other non-pharmacological approaches to anxiety and pain control.

*Adopted by the 2005 ADA House of Delegates*