

# Welcome



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# Oral Sedation Made Easy to Swallow

Martha H. Wells DMD

Larry Weeda Jr. DDS

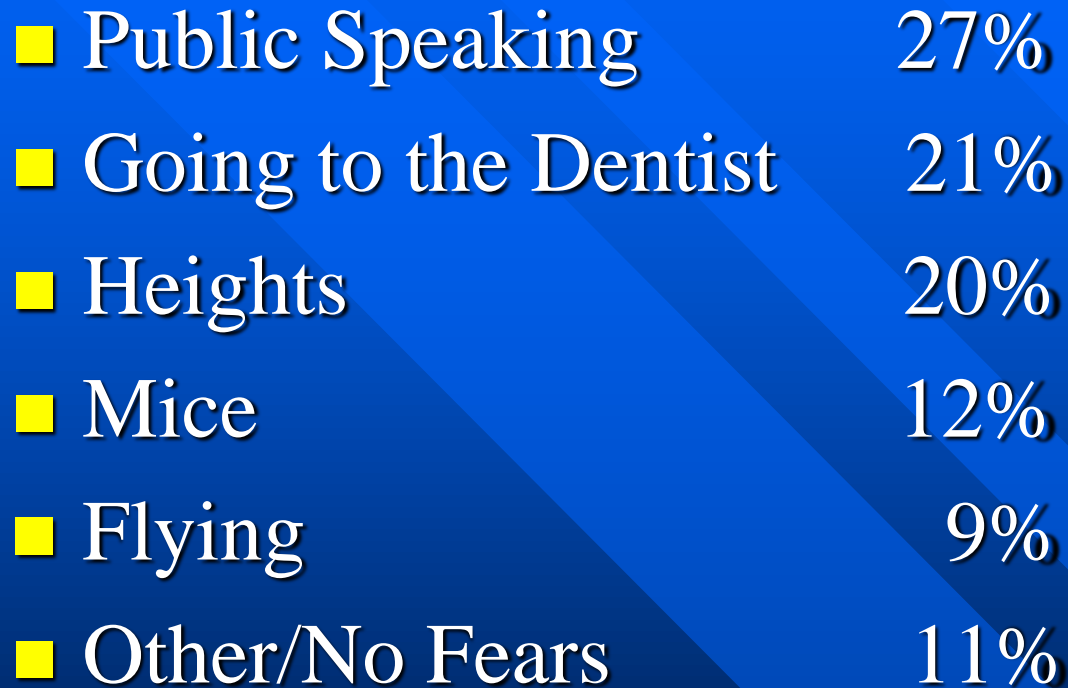
# Course Outline

- History and Introduction to Oral Sedation
- Patient History and Preoperative Evaluation
- The Physiology of Oral Sedation
- The Pharmacology of Oral Sedation
- Oral Sedation Techniques
- Monitoring
- Emergency Protocols

# Ancient Anesthetics

- 1. First pain relieving remedy, mandragora (mandrake) and Indian hemp (hashish)
- 2. Opium
- 3. Alcohol
- 4. Beat the stuffing out of the patient

# Our Most Common Fears



■ Public Speaking	27%
■ Going to the Dentist	21%
■ Heights	20%
■ Mice	12%
■ Flying	9%
■ Other/No Fears	11%

# Fear vs Anxiety

- Fear- short-lived phenomenon, disappearing when the external threat or danger passes
- Anxiety- not likely to be dispelled as quickly; the emotional response is usually an internal one not readily recognized
- 6-14% (14-34 million) patients avoid dental care due to fear

# Five Universal Fears

- Pain
- The Unknown
- Helplessness and Dependency
- Bodily Change and Mutilation
- Death

# Canadian Study

- 1100 highly fearful patients interviewed; 85% said they would definitely be interested in some form of sedation for dental procedures



# Complex Decision Making

- All of the issues that go into deciding whether to pharmacologically manage behavior:
  - Risks involved with pharmacological management
  - Safety record of pharmacological management
  - Extent of patient's dental needs
  - Practitioner training and experience (ability to “rescue”)
  - Extent of professional investment and support for the technique
  - Monitoring
  - Cost and third party payers
  - Venue issues (office vs. surgery center vs. OR)
  - Parental expectations and societal changes (will parents accept sedation if restraint is necessary?)
  - Nature of child's cognitive and emotional needs
  - Integration of these factors into an acceptable *modus operandi* embraced by the dental profession

# Indications for Sedation

- Limited cooperation (young age)
- Extent of dental treatment
- Anxiety (frequently linked to ineffective pain control)
- Individuals with Special Needs

# Conscious Sedation

- A drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- **Independently maintains airway**
- Patients whose only response is reflex withdrawal from repeated stimuli would not be considered to be in a state of conscious sedation

# Advantages of Oral Sedation

- Almost universal acceptability
- Ease of administration (no extra armamentarium, no pain for the patient, no extra training needed for the practitioner)
- Low cost
- Relatively safe
- Overdosage, idiosyncrasy, allergy and other side effects less common, and if they do occur they are usually less intense than with other forms of sedation

# Disadvantages of Oral Sedation

- Reliance on patient compliance
- Prolonged latent period (30 min)
- Erratic and incomplete absorption of drugs from the GI tract
- Inability to titrate
- Inability to readily lighten or deepen the level of sedation
- Prolonged duration of action

# Definitions

New Terms (Old Term)	Min Sedation (Anxiolysis)	Mod Sedation (Conscious Sed)	Deep Sedation	General Anesthesia
Responsiveness	Normal response to verbal stimulation; <small>Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.</small>	Purposeful response to verbal or tactile stimulation	Purposeful response to repeated verbal or painful tactile stimulation	Unarousable even with painful stimuli
Airway	Not affected	No intervention required	+/- Intervention	Intervention often required
Spontaneous Ventilation	Not affected	Adequate	May be inadequate	Frequently inadequate
Cardiovascular Function	Not affected	Usually maintained	Usually maintained	May be impaired

# Available Licenses in Tennessee

- Limited Sedation (Oral+Nitrous)
- Comprehensive Sedation (Parenteral/Children)
  - A DDS who uses a CRNA must possess a comprehensive sedation license himself
  - A DDS who administers conscious sedation by any method to children under 13 must have a comprehensive sedation license
- Deep Sedation and General Anesthesia
  - Need an anesthesia certificate or oral surgery specialist
- No permit is required for the administration of nitrous oxide or for the use of anti-anxiety premedication (anxiolysis); if administration is for anxiolysis, the initial dose cannot exceed the maximum recommended dose of that drug for non-monitored, home use (co-administration of nitrous is allowed)