November 21, 2024 ADA meeting brought together leaders for the AAOMS, ASDA, AAP to create national guidelines for states to follow in putting forth legislation for office based anesthesia. I have attached the draft with which they are working with. There will be summit in 2025 bringing in AAPD as well. These guidelines also do not state that moderate sedation is labeled with only the use of reversible medications, but as a state of consciousness.

It leans on the training of the dentists/doctors/nurses and is not dismissive to that end.

I would also like to show that there are reasonable guidelines for exemptions with sedation of patients under 8 years old.

Practice Parameter| April 2002

Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists

An Updated Report by the American Society of Anesthesiologists Task Force on Sedation and Analgesia by Non-Anesthesiologists
Author and Article Information

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Recommendations.

Intravenous sedative/analgesic drugs should be given in small, incremental doses that are titrated to the desired end points of analgesia and sedation. Sufficient time must elapse between doses to allow the effect of each dose to be assessed before subsequent drug administration. When drugs are administered by nonintravenous routes (*e.g.* , oral, rectal, intramuscular, transmucosal), allowance should be made for the time required for drug absorption before supplementation is considered. Because absorption may be unpredictable, administration of repeat doses of oral medications to supplement sedation/analgesia is not recommended.

Anesthetic Induction Agents Used for Sedation/Analgesia (Propofol, Methohexital, Ketamine)

The literature suggests that, when administered by non-anesthesiologists, propofol and ketamine can provide satisfactory moderate sedation, and suggests that methohexital can provide satisfactory deep sedation. The literature is insufficient to evaluate the efficacy of propofol or ketamine administered by non-anesthesiologists for deep sedation. There is insufficient literature to determine whether moderate or deep sedation with propofol is associated with a different incidence of adverse outcomes than similar levels of sedation with midazolam. The consultants are equivocal regarding whether use of these medications affects the likelihood of producing satisfactory moderate sedation, while agreeing that using them increases the likelihood of satisfactory deep sedation. However, the consultants agree that avoiding these medications decreases the likelihood of adverse outcomes during moderate sedation and are equivocal regarding their effect on adverse outcomes during deep sedation.

According to the American Society of Anesthesiologists (ASA), moderate sedation, also known as conscious sedation, is a drug-induced state that allows a patient to: Respond to verbal commands or light tactile stimulation, Tolerate an unpleasant procedure, Maintain adequate cardiovascular function, Maintain a patent airway, and Have adequate spontaneous ventilation.

-------Has nothing to do with what medication is given.

The Joint Commission and the National Association for Healthcare Quality Form

Strategic Alliance to Advance Global Patient Safety and Healthcare Quality

Tuesday, November 19, 2024

Definitions^

Moderate sedation - A drug-induced depression of consciousness during which patients respond to purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep sedation/analgesia - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance and maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Anesthesia - Consists of general anesthesia and spinal or major regional anesthesia, does not include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuro-muscular function. Cardiovascular function may be impaired.

While each level shares some common accreditation requirements, deep sedation and general and regional anesthesia assessments/administration require an anesthesia provider or a

Licensed Practitioner (LP) with Medical Staff privileges in accordance with hospital's policy and state scope-of-practice laws.

Medications

Irrespective of the medications administered, the level of sedation/anesthesia achieved determines the applicability of the accreditation requirements as discussed in this FAQ.

Are there limits on Rx like Valium, Ativan etc.? Are reversal medications given with these medications? And are quantities dispersed to a single untrained patient with no clinical/medical expertise to make them apneic and die?

The answer to these questions is yes. We trust patients with vast quantities of these medications but we do not trust trained clinicians who come from accredited programs?
