

Sedation Policy and Standard Operating Procedures for Conscious Sedation in Dentistry.

Midlands Sedation LTD t/a Midlands Dental Sedation Services

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Leamington Spa CV32 4PN

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Standards and related policies - IACSD, SDCEP, The Controlled Drugs (Supervision and Management of Use) Regulations 2013

Introduction

Midlands Sedation LTD (MS) is a living dental sedation service carrying out IV mainly single drug Midazolam Sedation in dental practices across the UK. We treat adult patients with an ASA rating of 1 or 2 and in some cases a borderline 3.

We also carry out Intranasal and Oral Sedation and occasionally use an additional Opioid (Fentanyl) if the patient situation demands.

We work alongside the dentist and their teams to ensure good preoperative assessments and good communication, helping to increase the margin of safety involved with sedation procedures.

Objectives of the policy

The purpose of this document is to ensure a standardised safe approach to IV sedation, to prevent adverse incidents and to maintain standards.

Scope of this document

This policy only applies to Midazolam and occasional Opioid sedation, no other advanced techniques are used.

Target group

All employees and subcontractors of MS are authorised to follow this SOP.

Equipment

MS provides all the equipment necessary for carrying out IV, IN and Oral sedation procedures, including our own Oxygen canisters. All equipment is checked for use every month and we always carry of spare of all essential equipment like monitoring, as well as battery backups. We also carry airway management tools.

The only equipment required from the practice is an Emergency Drugs Kit which is a normal part of a practices armamentarium.

Reversal safety

MS always carries reversal agents for all drugs used. At least two Flumazenil ampoules are carried in case of breakage and one profiled syringe of Naloxone for opioid overdose. Midazolam is always initially titrated as per SAAD guidance, top ups are given in 1mg increments and left for 3 minutes for effect, Fentanyl is given in slow increments of 25mcg and left for 3 minutes. This is the policy of MS and is designed to prevent over-sedation.

With BDZ over-sedation, before reversal is used, the patient is encouraged to breathe, pain response is illicit, supplemental O2 is given at 4l/min and the airway is opened. Only when these methods fail will reversals be used.

If Flumazenil is used, due to the short acting nature, the patient will be retained in recovery for at least one hour.

How we work

Communication preop

When the practice first sees the patient, an initial sedation suitability assessment is carried out, including ASA status, age, gag reflex, need for escort and if they've had a consent form. That information is relayed to the sedationist via a secure on line booking form and a copy of that information is held securely. No patient information is communicated at this stage.

A day before the booking, an automated email is sent to the practice to confirm.

The day of the booking, the sedationist arrives at least 15 minutes early to sign in and setup. Before cannulation, they will then discuss with the patient the sedation procedure, check the escort, check the medical history verbally and written, check the consent forms and gain last verbal consent from the patient.

Needle phobics

If a patient is assessed to be a severe needle phobic, IN midazolam sedation may be used, as long as there are 2 or more available IV sites. Again the patient is consented for this before treatment.

Choice of drug / CI

For longer procedures or for severe gaggers, it may be suggested to use Fentanyl to increase the profanity and dissociation of the sedation. Sometimes a continuous infusion pump may be used to improve the quality of a longer sedation session, leading to a lower overall dose and greater efficiency.

During treatment

Once in the chair, preop BP, SaO₂ and PR is to be taken and a check made of IV sites. Also noted are CRT, Respiration rate. A standardised monitoring form is used to record all the information.

Once a site is chosen, it is disinfected to prevent phlebitis and a very small cannula inserted and secured.

Midazolam is titrated as per SAAD protocol until suitable end point is reached.

The patient is continually monitored for SaO₂, PR, sedation level, agitation level, O₂ amount required, Dose given and periodic BP if required.

Post operative

After treatment is completed, the patient recovers in the chair. Sedation is timed so recovery time happens during the final stages of the dentistry. before de-cannulation, the patient is asked to stand up out of the chair and take a few paces forward. If this is done without assistance, discharge criteria are met.

The patient is given to the escort and final instructions given.

At no stage of the treatment before discharge will the patient be left without supervision by either a MS member of staff or a practice member who is sedation trained.

Practice responsibilities

It is the responsibility to ensure that the online booking form is filled in correctly and accurately. If the information is incorrect and sedation is deemed outside the scope of adult ASA1/2 then treatment will be declined.

No treatment is carried out without a signed consent form

No treatment is carried out without an escort being nominated and contact details logged

No treatment is carried out if there is no emergency drugs box present

MS reserves the right to refuse treatment even on the day of treatment.

Auditing

6 monthly audits are carried out based on the patient notes. This is to ensure quality and consistency and adherence to the guidelines. Any previous action plans are noted, data is gathered and a new action improvement plan is written and a timeframe for action is devised to ensure that it is carried out.

Record keeping and confidentiality

All sedation notes are written using an easily auditable database stored on a secure iPhone and secure Mac laptop. Monitoring sheets are filled in on paper and scanned into the notes before being shredded.

The notes are emailed to practice postoperatively and stored securely by MS. Only staff of MS have access to that data and only if they have signed a confidentiality policy.

CD log

Occasionally Opioid Schedule 2 drugs are used based on patient need. A CD log is kept and witnessed by the practitioner.

Opioids are purchased from Medical-World and stored securely locked at the business addressed. They are signed in and out of the locker by a nominated health care professional and notes made in CD log.

All schedule 2 drugs are disposed of safely and witnessed in the surgery and notes made in CD log.

All schedule 2 orders are noted in the CD log

Adverse incidents

A log is taken of all adverse or unusual events which can then be analysed and acted upon to prevent in the future.

This SOP is to be reviewed every year or in the interim based on any adverse incidents, results of auditing or changes in guidelines.