

Policy for Selecting Anesthesia Providers for the Delivery of Office-based Deep Sedation/General Anesthesia

Originating Council

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Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes that it is the exclusive responsibility of dental practitioners, when employing anesthesia providers to administer office-based deep sedation/general anesthesia, to verify and carefully review the credentials and experience of those providers.¹ An understanding of the educational and training requirements of the various anesthesia professions and candid discussions with potential anesthesia providers can assist in the vetting and selection of highly skilled licensed providers in order to help minimize risk to patients.

Methods

This policy is based on a review of current dental and medical literature pertaining to the education and training accreditation requirements of potential anesthesia providers.

Background

Historically, care necessitating deep sedation/general anesthesia was provided in a surgical center or hospital-based setting by an anesthesiologist selected and vetted by the facility or institution. The dental surgeon had little, if any, choice as to who would provide these services. Current trends find an increasing number of dental providers electing to complete such care in the confines of their office using the services of an anesthesia provider.² Over the last decade, office-based deep sedation/general anesthesia in the dental office has proven to be safe and effective when delivered by a highly competent and attentive individual.³ Substantial societal cost savings associated with the delivery of care outside of a surgical center or hospital setting have been well documented.⁴

With the use of office-based deep sedation/general anesthesia, the primary dental provider takes on the significant responsibility of creating a team of highly qualified professionals to deliver care in an optimal and safe fashion. Deep sedation/general anesthesia techniques in the dental office require at least three individuals:

- independently practicing and currently licensed anesthesia provider.
- operating dentist.
- support personnel.¹

No other responsibility is more important than identifying an anesthesia provider who is highly competent. Significant pediatric training, including anesthesia care of the very young, and experience in a dental setting are important considerations, especially when caring for young pediatric and special needs populations. Advanced training in recognition and management of pediatric emergencies is critical in providing safe sedation and anesthetic care.¹ Close collaboration between the dentist and the anesthesia providers can provide access to care, establish an enhanced level of patient cooperation, improve surgical quality, and offer an elevated level of patient safety during the delivery of dental care.

Federal, state, and local credentialing and licensure laws, regulations, and codes dictate who legally can provide office-based anesthesia services. Practitioners choosing to use these modalities must be familiar with the regulatory and professional requirements needed to provide this level of pharmacologic behavior management.¹ The operating dentist must confirm any potential anesthesia provider's compliance with all licensure and regulatory requirements. Additional considerations in anesthesia provider selection may include proof of liability insurance and recommendations from professional colleagues. Lastly, dentists must recognize potential liability issues associated with the delivery of deep sedation/general anesthesia within their office.

It is important to acknowledge that not all anesthesia providers have equal training and experience delivering care during procedures performed within and around the oral cavity, especially in the pediatric or special healthcare needs patient populations or on a mobile basis. The following table summarizes the educational requirements of various anesthesia professions.

Because of the diversity in anesthesia education among potential providers, operating dentists should further investigate an individual's training and experience. A candid discussion with a potential anesthesia provider to establish the individual's

ABBREVIATION

AAPD: American Academy Pediatric Dentistry. **DS/GA:** Deep sedation/general anesthesia. **OMFS:** Oral and maxillofacial surgery.

Table. ANESTHESIA EDUCATION AND TRAINING COMPARISON

Anesthesia provider	Permitted to function independent of supervision by anesthesiologist	Minimum duration of program required for certification	Min. # of DS/GA cases	Min. # of pediatric cases	Definition of pediatric patient	Min. # of DS/GA cases involving patients with SHCN	National examination/certification organization
Certified anesthesiologist assistant ⁵	No	24 months	400 GA cases	50	0-18	N/A	National Commission for Certification of Anesthesiologist Assistants
Certified registered nurse anesthetist ⁶	In some states	24 months	25/400	< 2 yrs: 10 2-12 yrs: 30	≤12 yrs	N/A	National Board of Certification and Recertification for Nurse Anesthetists
Dentist anesthesiologist ⁷	N/A	36 months	800	125	≤7 yrs	75	American Dental Board Anesthesiology and/or National Dental Board of Anesthesiology
Medical anesthesiologist ⁸	N/A	48 months	N/A	100	≤12 yrs	N/A	American Board of Anesthesiology
Pediatric medical anesthesiologist ⁹	N/A	12 month-fellowship following medical anesthesiology residency	N/A	N/A	N/A	N/A	American Board of Anesthesiology (Pediatric Anesthesiology Examination ¹⁰)
Oral and maxillofacial surgeon ¹¹	N/A	Five months anesthesia service supplemented by OMFS service*	300	50	≤18 yrs	N/A	National Dental Board of Anesthesiology for anesthesia certification
		48 months					American Board of Oral and Maxillofacial Surgery for surgery certification

DS/GA= Deep sedation/General anesthesia. SHCN= Special health care needs. OMFS= Oral and maxillofacial surgery.

* During the oral and maxillofacial surgery training program, a resident's assignment to the department of anesthesiology "must be for a minimum of five months, should be consecutive and one of these months should be dedicated to pediatric anesthesia".¹¹ This anesthesia experience is supplemented throughout the training program to ensure competence in deep sedation/general anesthesia on adult and pediatric patients.

comfort and experience with unique patient populations (e.g., patients with development disabilities or medical comorbidities, infants and toddlers) is extremely important, especially if it is anticipated that this will represent a large portion of a dental practice's deep sedation/general anesthesia focus. Selection of a skilled and knowledgeable anesthesia provider is paramount in providing patients with the safest and most effective care possible.

Policy statement

The AAPD encourages dental practitioners, when employing anesthesia providers to administer office-based deep sedation/general anesthesia, to verify and carefully review the credentials and experience of those providers. In addition to the credentialing process, the AAPD encourages dentists to engage a potential anesthesia provider in a candid discussion to determine expectations, practices, and protocols to minimize risk for patients. Sample questions to assist in this conversation appear below.

Sample questions to ask a potential office-based anesthesia provider*

1. What is your experience with pediatric patient populations? ...special healthcare needs populations?
2. What is your background/experience in providing office-based deep sedation/general anesthesia care? ... and specifically for pediatric dental patients?
3. How do you evaluate a dental facility and staff prior to initiating anesthesia services? What expectations and requirements do you have for the dentist, auxiliary staff and facility?
4. What equipment do you use to administer and monitor deep sedation/general anesthesia in the office, and what is your maintenance protocol for this equipment?
5. What equipment and/or medications should be maintained by the dental facility?
6. What are some potential emergencies associated with the delivery of deep sedation/general anesthesia in the pediatric dental office, noting any that may be unique to these clinical circumstances?

7. What is your training/experience in recognition and management of pediatric anesthetic emergencies?
8. In the event of a medical emergency, what is your plan of action? What are the roles of the dentist and auxiliary staff during a medical emergency?
9. Do you have an affiliation with any area hospitals in case a patient requires transfer?
10. What patient selection criteria (e.g., age, weight, comorbidities) do you use to identify potential candidates for office-based deep sedation/general anesthesia?
11. When a decision has been made that a patient is a candidate for office-based sedation/general anesthesia, what is the office's role in preparing a patient for office-based deep sedation/general anesthesia? How and when do you prepare the patient for the procedure?
12. What is your protocol for monitoring a patient post-operatively?
13. What are your discharge criteria and your follow-up protocols for patients who receive office-based deep sedation/general anesthesia?
14. Would you describe a typical general anesthesia case from start to finish?
15. What is your protocol for ordering, storing, and recording controlled substances for deep sedation/general anesthesia cases?
16. What are the patient fees associated with office-based deep sedation/general anesthesia services?
17. How and where are patients records related to the office-based administration of and recovery from deep sedation/general anesthesia stored?

* The information included in the preceding sample questions, developed by the AAPD, is provided as a tool for pediatric dentists and other dentists treating children. It was developed by experts in pediatric dentistry and is offered to facilitate excellence in practice. However, these samples do not establish a standard of care. In issuing this information, the AAPD is not engaged in rendering legal or other professional advice. If such services are required, competent legal or other professional counsel should be sought.

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