AMERICA'S PEDIATRIC DENTISTS

THE BIG AUTHORITY on little teeth®

Safe Sedation Practices

American Academy of Pediatric Dentistry

July 28, 2026

Thank you for being here!

- Thank you for attending this webinar. We understand recent events have deeply impacted the pediatric dental provider community. The goal of this webinar is to provide a space for members to engage and review office safety—especially as it pertains to sedation and anesthesia.
- To respect our time together and our presenters:
  - The chat box will be disabled for this webinar
  - Please use the Q&A box to ask any questions, and we will try to address as many as possible at the end of the webinar.

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Continuing Education

ADA C·E·R·P® | Continuing Education Recognition Program

- Continuing dental education is available to those listening in live today who complete the entirety of the CE evaluation.
- Please use the same email address on the evaluation as you used to register (necessary for attendance verification purposes).
- The evaluation link will be posted at the end of the webinar and provided in a follow-up email to attendees.
- The evaluation must be completed no later than Monday 8/10. Certificates will be distributed via email later in August.

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Learning Objectives

1. **Review** day-to-day safety workflows for pediatric sedation/anesthesia to reduce preventable harm.
2. **Apply** core principles in pharmacy and medication handling, monitoring, documentation, disposal, and reversal.
3. **Recognize** emergency triggers and describe the expected team response/escalation steps.
4. **Assess and improve** internal practice processes to strengthen a culture of safety within the dental team.

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Speakers

Dr. Joe Castellano

Chair of AAPD Safety & Quality Improvement Committee

Dr. Scott Papineau

Chair of AAPD Committee on Sedation & Anesthesia

Dr. S. Bobby Thikkurissy

Former Chair of AAPD Committee on Sedation & Anesthesia

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Agenda

1. Welcome & Review of Resources
2. Introduction from Dr. Joe Castellano
3. Discussion with Drs. Castellano, Scott Papineau, and Bobby Thikkurissy
4. Q&A Session moderated by Dr. Jessica Lee

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Resources

PEDIATRIC DENTISTRY V 47 / NO 6 NOV / DEC 25

RECOMMENDATIONS: BEST PRACTICE

Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures*

Charles J. Coté, MD, FAAP • Stephen Wilson, DMD, MA, PhD • American Academy of Pediatric Dentistry • American Academy of Pediatrics

Abstract: *The safe sedation of children for procedures requires a systematic approach abstract that includes the following: no administration of sedating medication without the safety net of medical/dental supervision, careful presedation evaluation for underlying medical or surgical conditions that would place the child at increased risk from sedating medications, appropriate fasting for elective procedures and a balance between the depth of sedation and risk for those who are unable to fast because of the urgent nature of the procedure, a focused airway examination for large (kissing) tonsils or anatomic airway abnormalities that might increase the potential for airway obstruction, a clear understanding of the medication's pharmacokinetic and pharmacodynamic effects and drug interactions, appropriate training and skills in airway management to allow rescue of the patient, age- and size-appropriate equipment for airway management and venous access, appropriate medications and reversal agents, sufficient numbers of appropriately trained staff to both carry out the procedure and monitor the patient, appropriate physiologic monitoring during and after the procedure, a properly equipped and staffed recovery area, recovery to the presedation level of consciousness before discharge from medical/dental supervision, and appropriate discharge instructions. This report was developed through a collaborative effort of the American Academy of Pediatrics and the American Academy of Pediatric Dentistry to offer pediatric providers updated information and guidance in delivering safe sedation to children. (Pediatr Dent 2025;47(6):E100-E128)*

* ***Reaffirmed in June 2025 with Reference Updates.*** *New references are indicated in boldface in the reference list; Supplemental Appendix 5 contains a list of references from the original that have been deleted. No other changes have been made to the text or content. The AAPD and AAP acknowledge Charles J. Coté, MD, FAAP, and Sarat Thikkurissy, DDS, MS, MA, for these updates.*

Introduction

The number of diagnostic and minor surgical procedures performed on pediatric patients outside of the traditional operating room setting has increased in the past several decades. As a consequence of this change and the increased awareness of the importance of providing analgesia and anxiolysis, the need for sedation for procedures in physicians' offices, dental offices, subspecialty procedure suites, imaging facilities, emergency departments, other inpatient hospital settings, and ambulatory surgery centers also has increased markedly.[1-16] In recognition of this need for both elective and emergency use of sedation in nontraditional settings, the American Academy of Pediatrics (**AAP**) and the American Academy of Pediatric Dentistry (**AAPD**) have published a series of guidelines for the monitoring and management of pediatric patients[16-43] during and after sedation for a procedure.[44-58] The purpose of this updated report is to unify the guidelines for sedation used by medical and dental practitioners; to add clarifications regarding monitoring modalities, particularly regarding continuous expired carbon dioxide measurement; to provide updated information from the medical and dental literature; and to suggest methods for further improvement in safety and outcomes. This document uses the same language to define sedation categories and expected physiologic responses as The Joint Commission, the American Society of Anesthesiologists (**ASA**), and the AAPD.[49-52]

This revised statement reflects the current understanding of appropriate monitoring needs of pediatric patients both during and after sedation for a procedure.[2,3,5,8,18,20,23,24,34,53-68] The monitoring and care outlined may be exceeded at any time on the basis of the judgment of the responsible practitioner. Although intended to encourage high-quality patient care, adherence to the recommendations in this document cannot guarantee a specific patient outcome. However, structured sedation protocols designed to incorporate these safety principles have been widely implemented and shown to reduce morbidity.[11-13,17,19,22,25,29,32,35-37,69-83] These practice recommendations are proffered with the awareness that, regardless of the intended level of sedation or route of drug administration, the sedation of a pediatric patient represents a continuum and may result in respiratory depression, laryngospasm, impaired airway patency, apnea, loss of the patient's protective airway reflexes, and cardiovascular instability.[16,21,25-26,58,59,82,84-110]

Procedural sedation of pediatric patients has serious associated risks.[3,16,21,23,24,26,34,35,84,88,92,96-105,107-134] These adverse

ABBREVIATIONS
AAP: American Academy of Pediatrics. **AAPD:** American Academy of Pediatric Dentistry. **ASA:** American Society of Anesthesiologists. **BIS:** Bispectral index. **CPAP:** Continuous positive airway pressure. **ECG:** Electrocardiography. **EEG:** Electroencephalogram/electroencephalography. **EMS:** Emergency medical services. **LMA:** Laryngeal mask airway. **MRI:** Magnetic resonance imaging. **OSA:** Obstructive sleep apnea. **PALS:** Pediatric Advanced Life Support.

To cite: Coté CJ, Wilson S. American Academy of Pediatric Dentistry, American Academy of Pediatrics. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. Pediatr Dent 2025;47(6):E100-E128.

Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures

Developed and actively maintained by AAPD and the American Academy of Pediatrics (AAP)

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

Latest Revision
2023

How to Cite: American Academy of Pediatric Dentistry. Policy for selecting anesthesia providers for the delivery of office-based deep sedation/general anesthesia. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2025:177-9.

Purpose

The American Academy of Pediatric Dentistry recognizes that it is the exclusive responsibility of the operating dentist when employing currently-licensed anesthesia providers (**CLA**) for safe administration of deep sedation/general anesthesia (**DS/GA**) in the dental office to carefully verify and review the credentials (eg, education, licensure, certifications) and experience of those providers.[1] An understanding of the educational and training requirements of the various types of anesthesia professionals and candid discussions with potential anesthesia providers can assist in the vetting and selection of highly-skilled CLA to help minimize risk to patients.

Methods

This policy was developed by the Council on Clinical Affairs and adopted in 2018[2]. This revision is based on a review of current dental and medical literature pertaining to the education and training accreditation requirements of anesthesia providers.

Policy statement

No other responsibility is more crucial than identifying a highly-skilled CLA. Significant pediatric training, including anesthesia care of the very young, and experience in a dental setting are key considerations, especially when caring for pediatric patients and patients with special health care needs (**SHCN**). If the CLA will be treating patients younger than 3 years of age, it has been recommended that they have focused expertise in pediatric airway management and vascular access.[7] Advanced training in recognizing and managing pediatric emergencies is critical in providing safe sedation and anesthetic care.[1,6] Close collaboration between the dentist and the anesthesia provider 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 can legally provide office-based anesthesia services. Familiarity and compliance with the

Use of Anesthesia Providers in the Administration of Office-Based Deep Sedation/General Anesthesia to the Pediatric Dental Patient

Latest Revision
2023

How to Cite: American Academy of Pediatric Dentistry. Use of anesthesia providers in the administration of office-based deep sedation/general anesthesia to the pediatric dental patient. The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry; 2025:451-5.

Abstract

This best practice provides recommendations for dentists who elect to use anesthesia providers in their office or other non-accredited treatment facilities. The scope of this guidance covers personnel, facilities, quality assurance requirements, and documentation of patient care. Anesthesia providers (dental or medical anesthesiologists, oral and maxillofacial surgeons, certified registered nurse anesthetists, certified anesthesiologist assistants) must be licensed, credentialed, and certified in pediatric advanced life support (PALS) or advanced pediatric life support (APLS). Facilities must meet all local, state, and federal laws, codes, and regulations regarding provision of anesthesia services, controlled drug storage, fire prevention, safety and health, and accommodations for disabled individuals. A framework for patient monitoring and required emergency equipment are described. This best practice includes recommendations for documenting indications for deep sedation/general anesthesia, informed consent, patient/parent instructions, the patient's preoperative health evaluation, a time-based anesthesia record, and recovery notes. Risk management and quality assurance measures are considered essential. Use of in-office anesthesia providers offers alternatives and opportunities for safe, quality compassionate care for pediatric dental patients requiring deep sedation or general anesthesia, especially when access to traditional surgical facilities is limited.

This document was developed through a collaborative effort of the American Academy of Pediatric Dentistry Councils on Clinical Affairs and Scientific Affairs to offer updated information and recommendations to dental practitioners choosing to treat pediatric dental patients in the dental office or other non-accredited ambulatory treatment center using deep sedation/general anesthesia delivered by licensed anesthesia providers.

KEYWORDS: ADOLESCENTS; CHILD; ANESTHESIA, GENERAL; ANESTHESIOLOGISTS; DEEP SEDATION; DELIVERY OF HEALTH CARE; DENTAL OFFICES

Preparing for Your Child's Sedation Visit

Patient: _____ **Sedation appointment:** _____ **at** _____**AM/PM**

We have recommended sedation for your child's safety and comfort during dental procedures. Sedation can help increase cooperation and reduce anxiety and discomfort associated with dental treatment. Various medications can be used to sedate a child; medicines will be selected based upon your child's overall health, level of anxiety, and dental treatment recommendations. Once the medications have been administered, it may take up to an hour before your child shows signs of sedation and is ready for dental treatment. Most children become relaxed and/or drowsy and may drift into a light sleep from which they can be aroused easily. Unlike general anesthesia, sedation is not intended to make a patient unconscious or unresponsive. Some children may not experience relaxation but an opposite reaction such as agitation or crying. These also are common responses to the medications and may prevent us from completing the dental procedures. In any case, our staff will observe your child's response to the medications and provide assistance as needed.

You, as parent/legal guardian, play a key role in your child's dental care. Children often perceive a parent's anxiety which makes them more fearful. They tolerate procedures best when their parents understand what to expect and prepare them for the experience. If you have any questions about the sedation process, please ask. As you become more confident, so will your child. For your child's safety, you **must** follow the instructions below.

Prior to your child's sedation appointment

- Please notify our office of any change in your child's health and/or medical condition. Fever, ear infection, nasal or chest congestion, coughing, wheezing, or recent head trauma could place your child at increased risk for complications. Should your child become ill just prior to a sedation appointment, contact our office to see if it is necessary to postpone the sedation.
- Tell us about any prescribed, over-the-counter, or herbal medications your child is taking. Check with us to see if routine medications should be taken the day of the sedation. Also, report any allergies or reactions to medications that your child has experienced.
- Food and liquids must be restricted in the hours prior to sedation. Fasting decreases the risk of vomiting and aspirating stomach contents into the lungs, a potentially life-threatening problem. We will not proceed with the sedation if you do not comply with the following requirements.

TYPE OF FOOD / LIQUID	MINIMUM FASTING PERIOD

Procedural Sedation Record

Patient Selection Criteria **Date:** _____

Patient: _____ Birth sex: ❑ M ❑ F DOB: ____/____/_____ Weight: _____kg Height: _____cm

Physician name/phone number: _____ BMI: _____ BMI % for age: _____

Indication for sedation:
- ❑ Fearful/anxious patient for whom basic behavior guidance techniques have not been successful
- ❑ Patient unable to cooperate due to lack of psychological or emotional maturity and/or mental, physical, or medical disability
- ❑ To protect patient's developing psyche
- ❑ To reduce patient's medical risk

Medical history/review of systems (ROS)	NO	YES*	**Describe positive findings:**
Allergies &/or previous adverse drug reactions	❑	❑	
Current medications (including OTC, herbal)	❑	❑	
Relevant diseases (including COVID)	❑	❑	
Previous sedation/general anesthetics	❑	❑	
Physical/neurologic impairment	❑	❑	
Snoring, obstructive sleep apnea, mouth breathing	❑	❑	
Relevant birth, family, or social history	❑	❑	
For female: Post-menarchal	❑	❑	

Airway Assessment	NO	YES*
Limited neck mobility	❑	❑
Micro/retrognathia	❑	❑
Limited oral opening	❑	❑
Macroglossia	❑	❑

Brodsky grading scale: ❑ I ❑ II ❑ III ❑ IV

Mallampati classification: ❑ I ❑ II ❑ III ❑ IV

ASA classification: ❑ I ❑ II ❑ III* ❑ IV* ❑ E If any *, is medical consultation indicated? ❑ NO ❑ YES Date requested: _____

Comments: _____

Is this patient a candidate for in-office sedation? ❑ YES ❑ NO Doctor's signature: _____ Date: _____

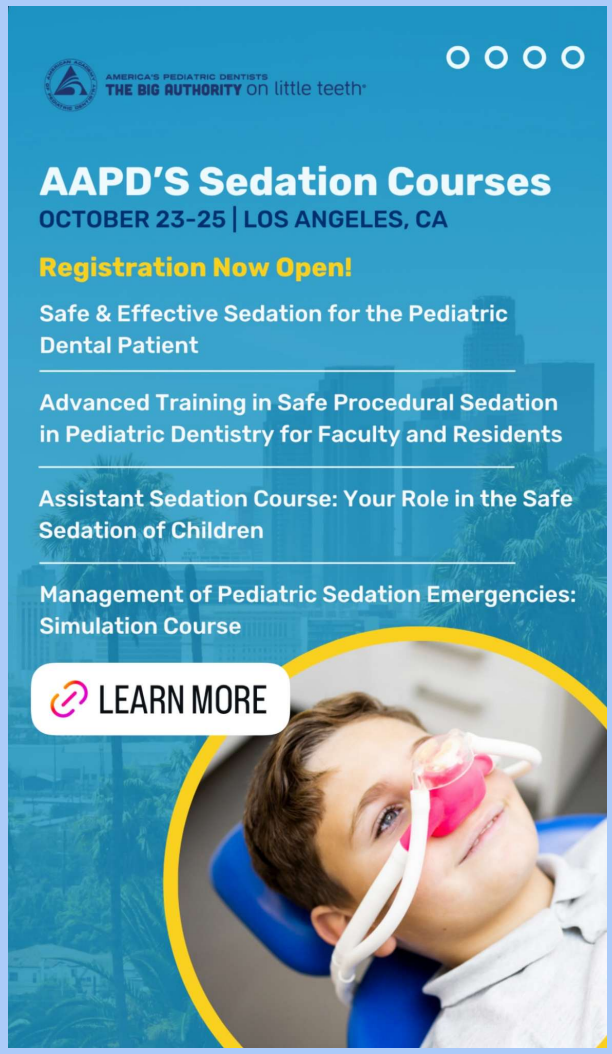
Plan	Name/relation to patient	Initials	Date	By
Informed consent for sedation obtained from				
for protective stabilization obtained from				
for dental procedures obtained from				
Preoperative instructions reviewed with				
Postoperative precautions reviewed with				

Scheduled for Date: _____ Time: _____ with Dr. _____

Assessment on Day of Sedation Date: _____

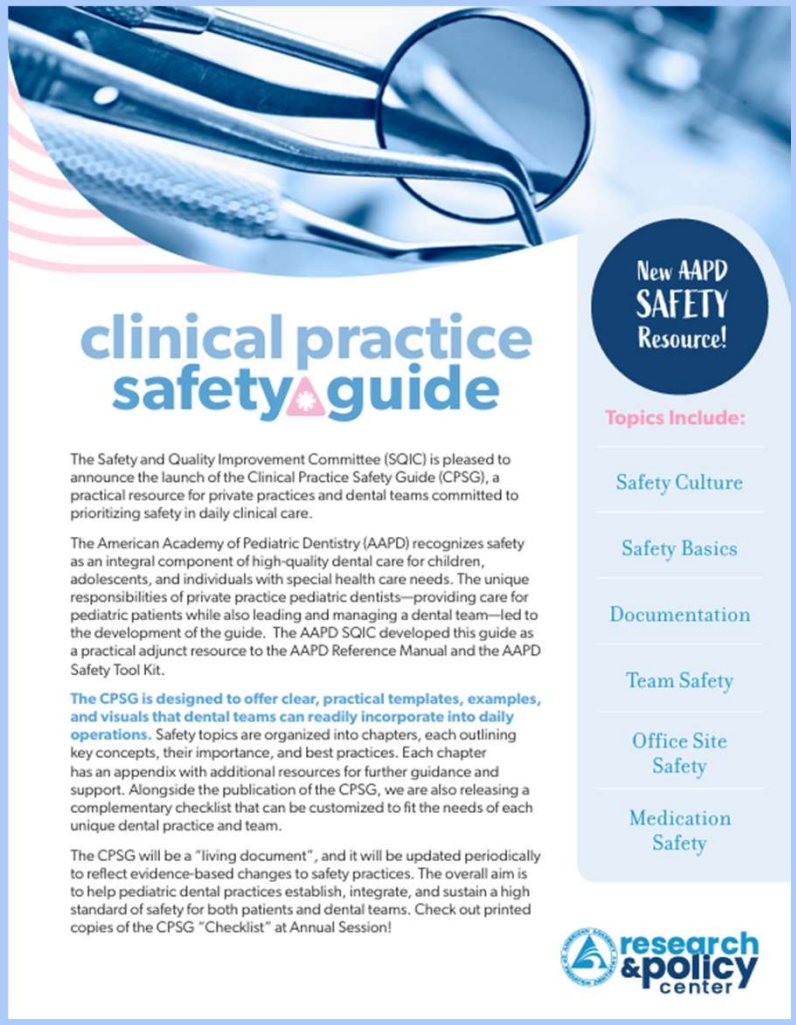
Accompanied by: _____ and _____ Relationships to patient: _____

AAPD's Fall Sedation Courses



https://tinyurl.com/AAPD-meetings

Clinical Practice Safety Guide



https://www.aapd.org/research/clinical-practice-safety-guide/

Let's get started!

Thank you!

The slides will be available by the end of the week at https://www.aapd.org/research/policy-center/webinars/.

CE certificates will be emailed in August. Please complete using the same email address used to register for the webinar.

CE Evaluation due August 10th:

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