



DEPARTMENT OF THE NAVY
NAVAL DENTAL CENTER SOUTHWEST
2310 CRAVEN ST.
SAN DIEGO, CALIFORNIA 92136-5596

NDCSWINST 6710.2D
03NSN
10 July 02

NAVDENCEN SOUTHWEST INSTRUCTION 6710.2D

Subj: PROCEDURES FOR THE PRACTICE AND USE OF INTRAVENOUS (IV)
CONSCIOUS SEDATION TECHNIQUES

Ref: (a) BUMEDINST 6710.67A

Encl: (1) SF-517, Modified Anesthesia Form
(2) American Society of Anesthesiologists' Risk Classifications in Anesthesia
(3) Equipment Requirements for Intravenous Sedation or Analgesia
(4) Protocol for Medical and Non-medical Emergencies during IV Conscious Sedation
(Intervenous)

1. Purpose. To provide guidance in the use of intravenous (IV) conscious sedation agents within Naval Dental Center Southwest (NDCSW).

2. Cancellation. NAVDENCENS DIEGOINST 6710.2C.

3. Background. Historically, control of pain and anxiety has been accomplished with local and general anesthetics. Delineation of analgesia (diminution of pain without the loss of protective reflexes and consciousness) from general anesthesia (loss of all protective reflexes, sensation, and consciousness) is recognized in dental practice. Safe administration of intravenous/ inhalation sedation or analgesia requires a comprehensive understanding of the pharmacologic agents and resuscitative techniques required for the administration of general anesthesia.

4. Policy. Use of conscious sedation agents will be used only when all requirements of this instruction and reference (a) are met and followed.

5. Action

a. Supervision. Only a Privileged Anesthesia Provider (PAP) (includes oral and maxillofacial surgeons and select providers in the specialties of periodontics, pediatric dentistry and a graduate of the Advanced Clinical Program in Exodontia) trained in accordance with reference (a), and credentialed at NDCSW will be allowed to perform IV sedation. All Privileged Anesthesia Providers (PAP) will be certified in Advanced Cardiac Life Support (ACLS) and required to possess a thorough knowledge of each of the agents to be employed as well as all emergency procedures which may become necessary in the delivery of these agents.

b. Location. Intravenous sedation or analgesia shall be practiced only at the Branch Dental Clinics San Diego, Marine Corps Recruit Depot, Coronado, and Lemoore.

c. Preoperative Preparation

(1) Prior to the IV sedation procedure, the patient will be evaluated by a qualified PAP. (The cardiovascular/respiratory exam will be performed by the Privileged Anesthesia Provider, with appropriate female "stand-in" when examining females.) Appropriate documentation will be entered into the patient record concerning choice of anesthesia and surgical procedure anticipated. Modified Anesthesia Record (SF-517), enclosure (1), will be filled out prior to administration of conscious sedation by the Privileged Anesthesia Provider. The patient will be made aware of possible anesthetic and surgical complications in the preoperative evaluation and this will be documented in the patient's dental record in addition to execution of an appropriate Authorization for the Administration of Anesthesia and for Performance of Operations and Other Procedures (SF-522).

(2) Those patients with significant medical contraindications will be treated on an inpatient basis at Naval Medical Center, San Diego. Enclosure (2) is the Risk Classifications in Anesthesiology as defined by the American Society of Anesthesiologists. Essentially, healthy ASA Class I, II and (in selected cases at the discretion of the PAP), stable Class III patients who can be assured of dependable pre and post-anesthetic and post surgical care will be treated on an outpatient basis.

d. Type and Administration of Anesthetics

(1) The type of conscious sedation to be performed at NDCSW will be either IV sedation or nitrous oxide and oxygen (N2O/O2) inhalational conscious sedation. Outpatient general anesthesia (OPGA) will not be performed.

(2) Prior to undergoing intravenous conscious sedation, the staff at the reception desk will ensure that the patient has:

(a) An escort with car immediately available to transport the patient after release from recovery.

(b) Complied with all pre-surgical instructions, including a six-hour fast prior to surgery.

(c) Filled out Operation Permit (SF-522).

(d) Anesthesia Record (SF-517).

(e) Up-to-date radiographs.

(3) There will be a review of the patient's condition immediately prior to the induction of any anesthetic or conscious sedation agents. This will include a review of the clinical record with regard to completeness, laboratory data when indicated, the time of administration, dosage of any pre-anesthesia medications, and an appraisal of any changes in the patient's condition relative to the pre-anesthetic evaluation. When indicated, the patient's status regarding the last ingestion of food or liquid will be documented in the Anesthetic Record (SF-517).

(4) Minimum equipment requirements are outlined in enclosure (3). Prior to administering any type of anesthesia or sedation, the dental officer will determine the readiness, availability, cleanliness, sterility and the working condition of all equipment to be utilized in the administration of anesthetic agents and in resuscitation.

(5) In the case of intravenous conscious sedation, the intravenous line may be started by the PAP, or any qualified designee who has trained in starting intravenous lines by the oral surgeon or has completed a course in starting intravenous lines.

(6) Monitoring all patients undergoing outpatient conscious sedation will include blood pressure, pulse and respiration determinations at the frequency deemed advisable by the PAP. All IV sedation patients will receive supplemental oxygen via nasal cannula or mask. An EKG cardioscope, blood pressure, and pulse oximeter will be monitored by PAP when performing all intravenous conscious sedations. The PAP will also monitor the pulse, respirations and airway of the patient. All monitoring records will be documented in the Anesthesia Record (SF-517) as well as drug totals and conscious sedation technique utilized. A copy of the completed Anesthesia Form (SF-517) will be maintained at the dental clinic the original will be attached to the patient's dental record.

e. Recovery

(1) After completion of an IV sedation procedure, the PAP or his/her qualified designee shall remain with the patient for as long as required depending on the patient's post-surgical condition until responsibility for proper patient care has been assumed by other qualified individuals.

(2) The decision to discharge an IV sedation patient from post-anesthesia care shall be made only by the PAP, who will sign the modified Anesthesia Record (SF-517) noting the time of discharge and the responsible individual in whose care the patient was discharged. Patients who have undergone intravenous conscious sedation techniques will not be released from the dental clinic unless escorted by a responsible adult who has been advised of proper post-surgical care and will transport the patient by car to his/her residence.

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(3) The recovery area shall have immediate access to wall or portable suction, positive pressure oxygen and any drugs or equipment to treat a post-surgical and post-anesthetic complication. While in recovery, the patient should be with either the PAP or a responsible individual instructed in the proper monitoring of the patient's airway and level of consciousness. The patient will not be released to the non-medical escort until the patient meets the discharge criteria as established in reference (a) 4d(6)(f).

f. Emergencies

(1) Management of medical and non-medical emergencies during conscious sedation are outlined in enclosure (4).

6. Forms. Standard Form 517, Clinical Record Anesthesia, may be obtained through normal supply channels per NAVSUP P2002.



J.W. KIRBY

Dist:

List I, Case 1, 2

CLINICAL RECORD

ANESTHESIA

ANESTHETIC(S)		HOUR												INDUCTION	
Decadron(mcg)														Satis _____	
Versed(mg)														UNSATIS AND WHY _____	
Fentanyl(mcg)															
ECG														REMARKS	
L/M OXYGEN														Anesthesia Start	
CO ₂ ABSORP.														Procedure Start	
LEVEL OF ANAL-ANES.														Procedure End	
CODE														Anesthesia End	
● PULSE		220												MONITORS: ECG NIBP PTS Pulse Ox	
○ RESP.		200													
V B.P.		180													
^ B.P.		160													
X ANES.		140													
◎ OPER.		120													
T TOURN.		100													
		80													
		60													
		40													
		20												DRUGS:	
FLUIDS														Lidocaine mg	
B BLOOD														Bupivacaine mg	
N SALINE														Epi mg	
G 5% G/W														Robinul mg	
DX EXPAND														Versed mg	
														Fentanyl mcg	
NUMBER FOR REMARKS															
IV FLUIDS SITE															
POSITION															
AGENTS AND TECHNICIANS															

ENDOTRACHEAL: SIZE _____ BLADE _____ ORO _____ NASO _____ CUFF _____ PACK _____

REMARKS: Natural Airway/Nasal Canula

RECOVERY

REFLEX IN O.R.

EMESIS

ASPIR

EXCITEMENT

HYPOTENSION

OTHERS

OPERATION PERFORMED

TOTAL FLUIDS LR:

NAME(S) OF SURGEON(S)

EBL:

Signature of Anesthetist

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD

DATE

Name:

SSN:

Rate:

ANESTHESIA

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
			AIRWAY TEETH R.O.M ANESTHESIA PLAN CONSCIOUS IV SEDATION
	PHYSICAL STATUS		
	1 2 3 4 5 6 7		

URINALYSIS NORMAL _____ ABNORMAL AND WHY?	HEMATOLOGY HGB _____ RBC _____ HCT _____ OTHER	BLOOD CHEMISTRY
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RESPIRATORY SYSTEM (X-RAY, ASTHMA, OTHER PATHOLOGY) Tobacco PPDx YRS LUNGS: ASTHMA BRONCHITIS TUBERCULOSIS PNEUMONIA COPD PRODUCTIVE COUGH+/- URI P.E.	CIRCULATORY SYSTEM BP _____ PULSE _____ ECG (IF PERTINENT) HBP MURMUR RHF CARDIAC: ANGINA MI CHF CLAUDICATION SOB P.E.	CENTRAL NERVOUS SYSTEM (CEREBROVASCULAR, POLIO, NEUROLOGICAL) POLIO SEIZURES MENINGITIS LOC/CVA/TIA NEUROMUSCULAR NECK/BACK PSYCH BLOOD DISORDER BLOOD TRANSFUSION	OTHER SYSTEMS (ALLERGIES) ENDOCRINE DM -THROID LIVER JAUNDICE HEPITITIS ETOH RENAL GI PREGNANT
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PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY: E.G., STEROIDS, TRANQUILIZERS
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PREOPERATIVE DIAGNOSIS	PREMEDICATION MOTRIN 800mg PO
	SIGNATURE OF EVALUATING PHYSICIAN
	DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

RISK CLASSIFICATIONS IN ANESTHESIA

Physical Status. (American Society of Anesthesiologists)

1. Class I. A patient without systemic disease; a normal, healthy patient. The pathological process for which the operation is to be performed is localized and not conducive to systemic disturbance. Example: multiple caries in an apprehensive yet otherwise healthy patient.
2. Class II. A patient with mild to moderate systemic disease, caused either by the condition to be treated or by another pathophysiologic process. Examples: McCarthy classes 1 and 2; presence of mild diabetes essential hypertension, or anemia; and some might choose to list the extremes of age here, either the neonate or the octogenarian, even though no discernable systemic disease is present.
3. Class III. A patient with severe systemic disease that limits activity, but is not incapacitating. Examples: McCarthy class 3: severe diabetes with vascular complications; moderate to severe degrees of pulmonary insufficiency; and angina pectoris or healed myocardial infarction.
4. Class IV. A patient with incapacitating severe systemic disease that is a constant threat to life. Examples: McCarthy class 4; unstable angina pectoris; myocardial infarction within the past six months; and uncontrolled diabetes.
5. Class V. A moribund patient not expected to survive 24 hours with or without operation. Example: major cerebral trauma with rapidly increasing intracranial pressure.

EQUIPMENT REQUIREMENTS FOR INTRAVENOUS CONSCIOUS SEDATION
OR ANALGESIA

1. The minimum requirements for equipment that must be readily available and functional, where intravenous sedation or analgesia is being administered, are:
 - a. Defibrillator
 - b. ECG monitor with printout capability
 - c. Positive pressure oxygen delivery apparatus
 - d. Sphygmomanometer
 - e. Stethoscope
 - f. Laryngoscope with assorted blades
 - g. Endotracheal tubes and flexible stylet
 - h. Magill forceps
 - i. Cricothyroidotomy set
 - j. Oral airways, small, medium, and large
 - k. Nasopharyngeal airway, assorted sizes
 - l. Auxiliary suction source
 - m. Pharyngeal suction tips
 - n. Pulse oximeter
2. Appropriate emergency drugs.
3. Emergency equipment and drugs shall be checked for readiness and completeness prior to commencing any conscious IV sedation.

PROTOCOL FOR MEDICAL AND NON-MEDICAL EMERGENCIES DURING
CONSCIOUS SEDATION (INTRAVENOUS)

1. Medical emergencies occurring during conscious sedation (IV) will be handled as per the recommendations of two suggested manuals:

a. "Office Anesthesia Evaluation Manual", American Association of Oral and Maxillofacial Surgeons, 4th edition, 1999 and,

b. "Handbook of Medical Emergencies in the Dental Office", Stanley F. Malamed, DDS, (Latest Edition), C. V. Mosby CO. These manuals are ONLY SUGGESTED, there are other manuals available that discuss medical emergencies while undergoing sedation. Dental officers performing any form of sedation should be thoroughly familiar with medical emergencies that can occur and the techniques of successful resuscitation.

2. Depending upon depth of anesthesia, weight of patient, type of procedure, etc., the IV sedation patient may be more difficult to manage in an emergency that requires evacuation of the dental facility. The IV line will remain in place, but all monitors will be disconnected, i.e., Pulse Oximetry, ECG, Automatic Blood Pressure Cuff, Nasal O₂, Precordial stethoscope. Remember to pack-off bleeding sites and CONTROL THE AIRWAY while evacuating the patient from the dental facility. The oral and maxillofacial surgeon providing the sedation will be responsible for the care of the patient at all times, and will designate personnel to help with evacuation of patient, monitoring equipment, and oxygen. As soon as possible after removal to a secure area, the nasal oxygen and precordial stethoscope will be replaced along with all other required monitors as urgently practical. Prior to discharge the patient must meet criteria of paragraph 4d(6)(f) of reference (a).