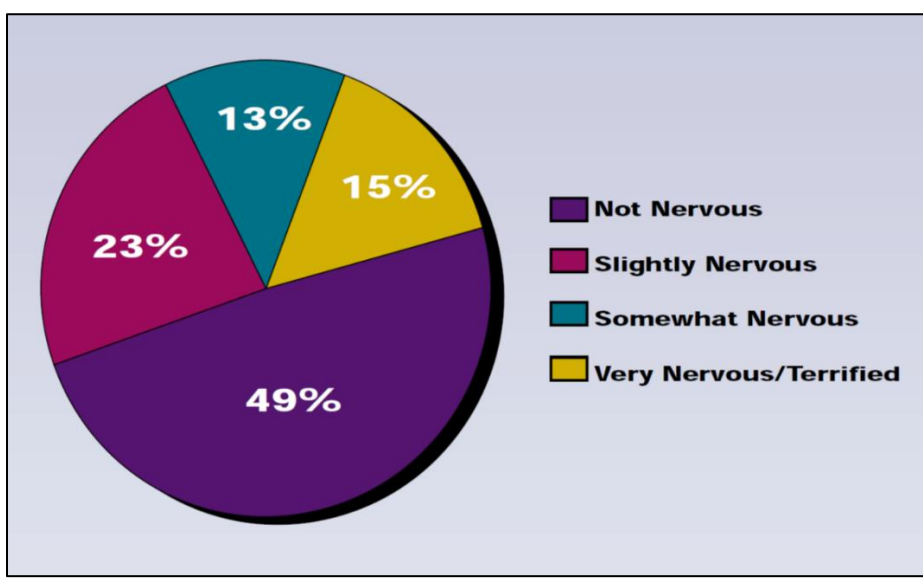
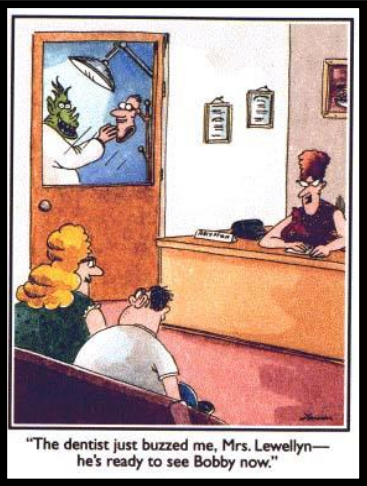
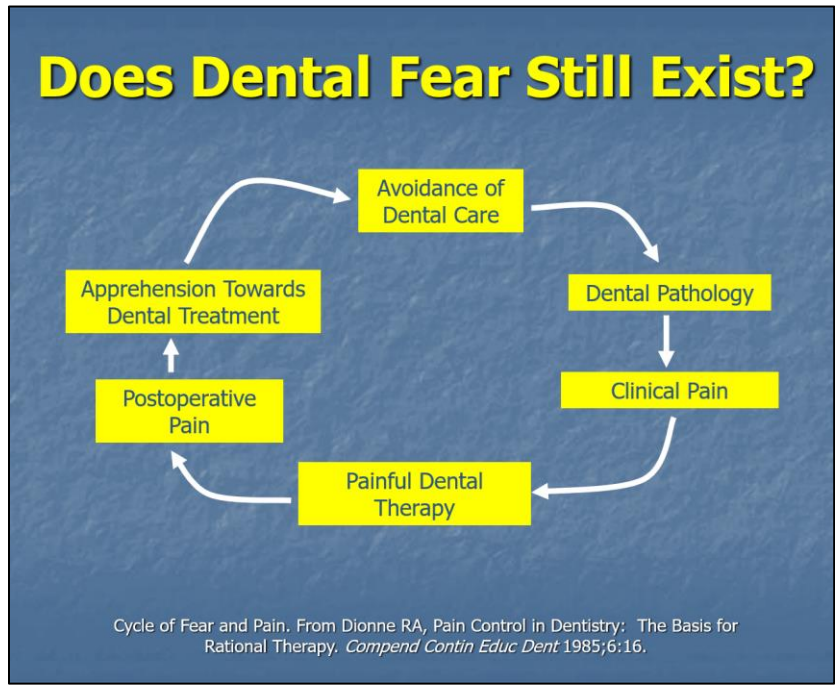


**Mastering Adult Minimal Sedation: Oral and Inhalational Techniques**  
**Introduction to Minimal Sedation – Day 2**  
 Jason H. Goodchild, DMD

*Does dental anxiety and fear still exist?*



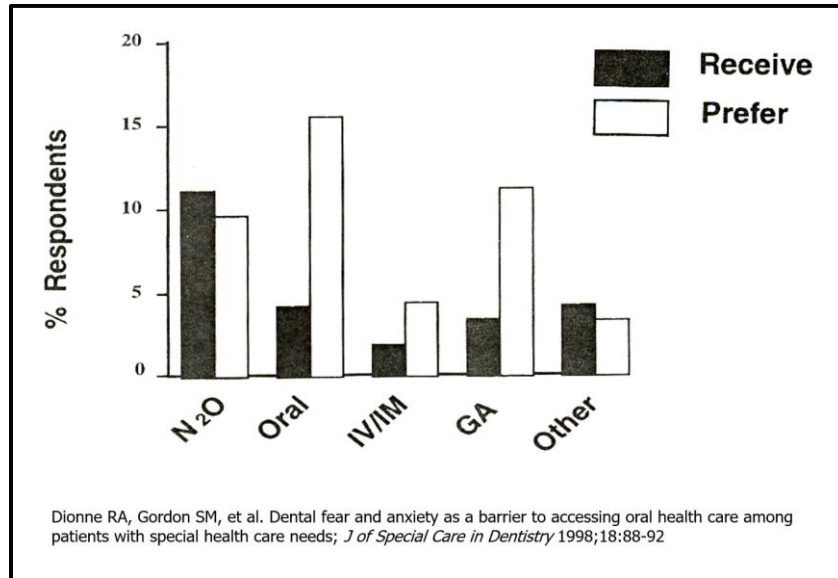
**Fig 2:** Level of dental fear/anxiety for all respondents.  
 Source: Dionne RA, *et al.* Assessing the need for anesthesia and sedation in the general population. *JADA* 1998;129:167-173.

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**The course manual is intended to follow the agenda and slides.  
Additional information and reference reading is given in your workbooks!**

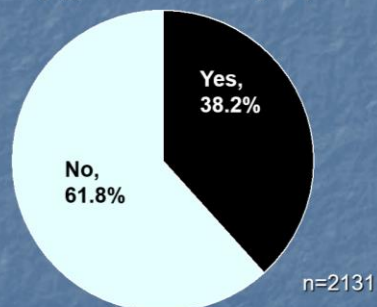
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**What types of sedation/anesthesia do patients prefer?**

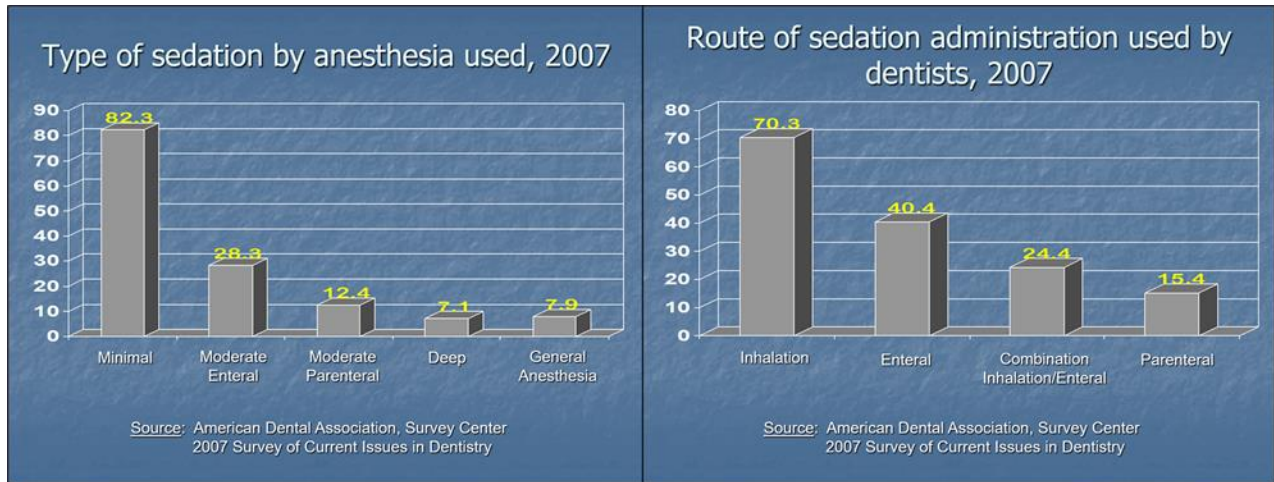


**Dentists use of sedation on their patients in their primary practice, 2007**

Do you use any types of sedation on your patients?



Source: American Dental Association, Survey Center  
2007 Survey of Current Issues in Dentistry



## **Definitions**

(Source: ADA teaching and use guidelines for sedation and general anesthesia, October 2016)

**Enteral** – any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract (i.e., oral, rectal, sublingual)

**Parenteral** – a technique of administration in which the drug bypasses the gastrointestinal (GI) tract (i.e., IM, IV, intranasal, SM, SC, IO)

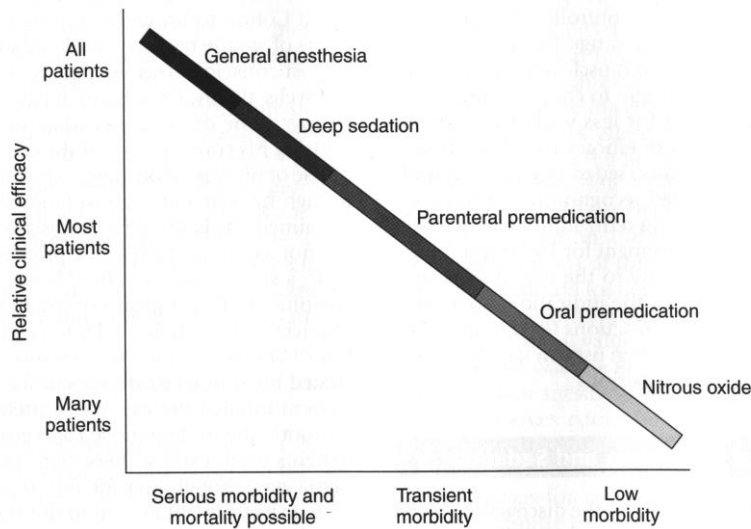
**Minimal Sedation** - a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond NORMALLY to TACTILE stimulation AND verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

**Dosing for minimal sedation via the enteral route** – minimal sedation may be achieved by the administration of a drug, either singly or in divided doses, by the enteral route to achieved the desired clinical effect, not to exceed the maximum recommended dose.

**Nitrous oxide/oxygen** when used in conjunction with sedative agent(s) may produce minimal, moderate, deep sedation, or general anesthesia

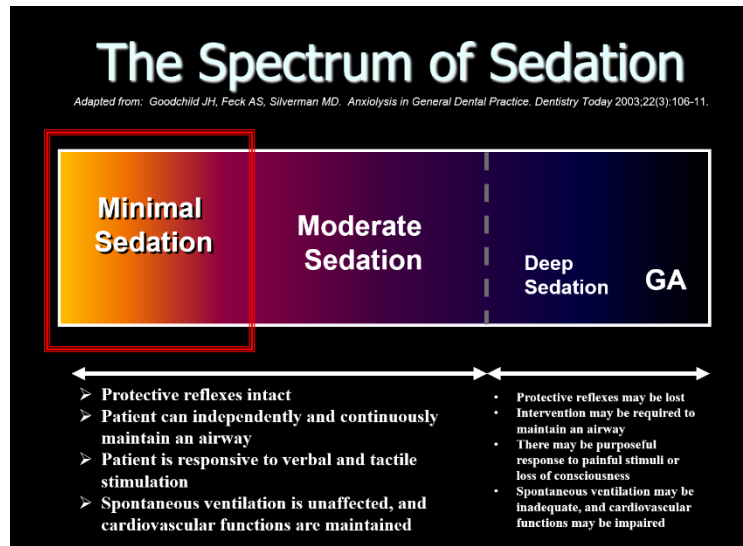
## **Teaching Minimal and Moderate Sedation (Oct 2016)**

- Nitrous oxide / oxygen sedation: 14 hrs with clinical component
- Minimal Sedation: 16 hrs plus clinically oriented experiences
- Moderate Sedation (either enteral or parenteral): 60 hrs plus administration of sedation for at least 20 individually managed patients



**Important Point: The ADA makes Guidelines but your State Dental Boards define how you can practice in your State! – READ YOUR STATE RULES & REGULATIONS!**

Source: Dionne RA.  
*Oral Maxillofac Surg Clin North Am*  
 1992;4:887-991.



	Minimal Sedation (Anxiolysis)	Moderate Sedation / Analgesia (Conscious Sedation)	Deep Sedation / Analgesia	General Anesthesia
<b>Responsiveness</b>	Normal response to verbal stimulation	Purposeful response to verbal or tactile stimulation	Purposeful response following repeated or painful stimulation	Unrousable even with painful stimulus
<b>Airway</b>	Unaffected	No intervention required	Intervention may be required	Intervention often required
<b>Spontaneous Ventilation</b>	Unaffected	Adequate	May be inadequate	Frequently inadequate
<b>Cardiovascular Function</b>	Unaffected	Usually Maintained	Usually maintained	May be impaired

Source: American Society of Anesthesiologists.  
 Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia (last amended on October 15, 2014)  
 Available at: [www.asahq.org](http://www.asahq.org)