

**Table 1: Summary of Changes to Minimal Sedation comparing the 2012 versus 2016 ADA teaching and use guidelines for sedation anesthesia<sup>1-4</sup>**

	2012	2016
<b>Education</b>	The course should include a minimum of 16 hours, plus clinically-oriented experiences during which competency in enteral and/or combined inhalation-enteral minimal sedation techniques is demonstrated. Clinically-oriented experiences may include group observations on patients undergoing enteral and/or combination inhalation-enteral minimal sedation.	No Changes
<b>Definition</b>	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, cardiovascular functions are unaffected.	No Changes  Added: Patients whose only response is reflex withdrawal from painful stimuli would not be considered to be a in a state of minimal sedation
<b>Dosing</b>	When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use.  During minimal sedation, supplemental dosing is a single additional dose of the initial dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.	Minimal sedation may be achieved by the administration of a drug, either singly or in divided doses, by the enteral route to achieve the desired effect, not to exceed the MRD.  The administration of enteral drugs exceeding the MRD during a single appointment is considered to be moderate sedation and moderate sedation guidelines apply.  If more than one enteral drug is administered to achieved a desired sedation effect, with or without concomitant use of nitrous oxide, the guidelines for moderate sedation must apply.
<b>Equipment</b>	A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.  When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either (1) a functioning device that prohibits the delivery of less than 30% oxygen or (2) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.  An appropriate scavenging system must be available if gases other than oxygen or air are used.	No Changes  Added: Documentation of compliance with manufacturer’s recommended maintenance for monitors, anesthesia delivery systems, and other anesthesia-related equipment should be maintained. A pre-procedural check of equipment for each administration of sedation must be performed.
<b>Monitoring and Documentation</b>	A dentist, or at the dentist’s direction, an appropriately trained individual, must remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. Monitoring must include: • Oxygenation: • Color of mucosa, skin or blood must be evaluated continually. • Oxygen saturation by pulse oximetry may be clinically useful and should be considered. • Ventilation: • The dentist and/or appropriately trained individual must observe chest excursions continually. • The dentist and/or appropriately trained individual must verify respirations continually. • Circulation: • Blood pressure and heart rate should be evaluated pre-operatively, postoperatively and intraoperatively as necessary (unless the patient is unable to tolerate such monitoring).  Documentation: An appropriate sedative record must be maintained, including the names of all drugs administered, including local anesthetics, dosages, and monitored physiological parameters.	A dentist, or at the dentist’s direction, an appropriately trained individual, must remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. Monitoring must include: • Consciousness: • Level of sedation (e.g., responsiveness to verbal commands) must be continually assessed • Oxygenation: • Oxygen saturation by pulse oximetry may be clinically useful and should be considered • Ventilation: • The dentist and/or appropriately trained individual must observe chest excursions. • The dentist and/or appropriately trained individual must verify respirations. • Circulation: • Blood pressure and heart rate should be evaluated pre-operatively, postoperatively and intraoperatively as necessary (unless the patient is unable to tolerate such monitoring).  Documentation: An appropriate sedative record must be maintained, including the names of all drugs administered, time administered and route of administration, including local anesthetics, dosages, and monitored physiological parameters.

1. American Dental Association. Guidelines for the Use of Sedation and General Anesthesia. 2012.  
2. American Dental Association. Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. 2012.  
3. American Dental Association. Guidelines for the Use of Sedation and General Anesthesia. 2016.  
4. American Dental Association. Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. 2016.