

# Oral Sedation Regulations

**GUIDELINES**

**REGULATIONS**



# Minimal Sedation Regulations Snapshot

- Alabama – No minimal sedation permit, however **oral conscious sedation permit requires 16 hrs of didactic training** (only 1 sedated patient at a time)
- Arkansas – No permit for minimal sedation, dosing of one drug up to the MRD with/without N2O (<12yo can only use diazepam with/without nitrous)
- California – No minimal sedation permit required (oral conscious sedation permit for adults [≥13 yo] requires 25 hrs & 1 live patient experience)
- Colorado – **16 hrs of didactic instruction, permit required** (OPA&NPA, AED), under 12 yo needs pedo designation (pedo residency, mod permit or 30hrs & 10 cases)
- Florida – No minimal oral sedation permit required (oral up to MRD + N2O is ok)
- Georgia – No minimal oral sedation permit required (oral +N2O is ok, supplemental dosing ok up to 1.5xMRD, ≥13 yo)
- Illinois – No minimal oral sedation permit required (oral + N2O is ok)
- Iowa – No permit for minimal sedation (ASA 1 & 2 – up to MRD with/without N2O, supplemental up to 1.5MRD; ASA 3 & 4 – up to MRD only with/without N2O)
- Massachusetts – **Permit B-2 required** (16hrs + 3 pt experiences)
- Michigan – No minimal sedation permit required (enteral course according to the 2012 ADA Guidelines)
- New Jersey – No permit required for minimal sedation/anxiolysis. (Enteral sedation permit require 40 hrs of board-approved University training)
- New York – no minimal sedation permit required (enteral moderate sedation requires 60 hrs & 10 live cases)
- North Carolina – anxiolysis: single dose of a minor psychosedative, possibly in combination with nitrous oxide does not require a permit. **Minimal sedation: permit req'd**, 18 hrs, MRD, ACLS, AED, exam and facility inspection
- Oregon – **Minimal sedation permit required**, 16 hrs didactic instruction
- Virginia – No minimal sedation permit (<13 all medication administered in the office)

# *Things I've Learned... good sedation practices*

---

- Maintain BLS for you and your Team
- Sedation Team is at least Dr and one other person (who has BLS – anesthesia monitor)
- Get a focused Medical History (determine ASA, Mallampati)
- Take baseline vitals (Pulse, BP, O<sub>2</sub> sat%), peri-op, post-op
- Never leave sedation patients alone!
- Pre-procedure dietary restrictions must be considered based on the sedative technique prescribed
- Pre-op & Post-op verbal and written instructions must be given to the patient, parent, escort, guardian, or care-giver
- Get a pulse oximeter, continuous use, record every 15 minutes (minimal sedation)
- Get a vial of flumazenil and syringe (25ga 1" 3cc) (consider getting a vial of naloxone)
- Use a time-oriented sedation record for documentation of monitoring parameters and ALL drugs used
- Patient satisfies discharge criteria for dismissal
- Patients are driven to/from the appointment by an adult companion