

MEDLINE Abstract

Conscious sedation for dentistry: risk management and patient selection.

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There are many safe and effective medications available to the dental practitioner for producing conscious sedation. Given the many sedatives available, all possessing slightly different clinical characteristics and various degrees of risk, careful consideration needs to be given to the objectives of the sedation when deciding which pharmacologic agents to use. Before making plans to sedate dental patients, however, one needs to make sure that several "layers" of risk management are in place to ensure the sedation procedure is as safe as possible. Included in this risk management plan is a complete understanding of the regulations that define conscious sedation and the training that is required to deliver this state of depressed consciousness. Careful attention also needs to be given to selecting appropriate dental patients for sedation. A thorough understanding of the patient's physical and psychologic status is necessary when making decisions about sedation. Because most dental disease is not life threatening, dental treatment needs tend to be primarily elective in nature. Considering the training requirements for delivering inhalational or enteral conscious sedation with a single agent, it is prudent to limit this type of sedation to the patient population that is healthy (e.g., ASA I and II) and psychologically stable as a way of minimizing risk. The amount of additional risk one encounters when sedating more medically compromised patients (ASA III and greater) should suggest that deferring elective dental treatments until the health status improves is prudent. In situations in which an improvement in the patient's health status is not likely, referral to someone with more experience sedating medically compromised patients is strongly recommended. Equally important to the conscious sedation risk management plan is an assurance that the patient understands what is meant by conscious sedation and that their treatment expectations are realistic. Finally, even though conscious sedation is safe when all precautions are followed, being prepared to manage unexpected sedation-related emergencies is necessary. The principles of risk management covered in this article are applicable to other articles in this issue, in which N2O/O2 inhalational sedation and enteral sedation in adults and children are discussed. The remaining article in this section that reviews the prevention of medical emergencies and the pharmacologic agents necessary to treat emergency events that are likely to occur in dental settings further enhances the level of preparedness necessary when administering conscious sedation to adults and children.

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