

Consensus Statement for Safe Administration of Pediatric General Anesthesia in the Dental Office

Background

- A) It is recognized that deep sedation or general anesthesia is often necessary to provide adequate conditions for the safe and expeditious examination and treatment of pediatric dental patients.
- B) There has been an increasing trend to provide care for pediatric dental patients in an environment outside a hospital operating room. This has been driven both by cost factors, as well as the belief that these environments may be less stressful or threatening to children.
- C) Administration of general anesthesia to pediatric dental patients outside the hospital environment has historically involved ambulatory surgery centers (ASCs), but has increasingly included pediatric dental offices.
- D) The potential to provide general anesthesia safely in a dental office may result in substantial decreases in facility fees and overall cost, and thereby improve access to these services for financially challenged families.

Goals

It is in the interest of ensuring increased access to quality care for pediatric dental patients, in a safe and cost-effective environment, that the Consensus Group recommends the following guidelines to Trillium Community Health Plan.

Recommendations

Each child receiving general anesthesia for a dental procedure shall receive care which adheres to the following guidelines:

Facility

- A) Pediatric dental offices providing general anesthesia as an option for procedures shall adhere to the American Society of Anesthesiologists (ASA) Guidelines for Office-Based Anesthesia. ^{1,2,3}

Preoperative Evaluation

- A) Each child shall receive a pre-anesthetic evaluation by a provider trained in anesthesiology, to assess appropriateness of outpatient anesthesia and to determine severity and stability of acute or chronic medical conditions. ⁴
- B) Each child shall also receive an evaluation by either an office RN, or the responsible anesthesia provider (or a designated colleague within the provider's group, who also is credentialed at the dental facility). This evaluation may occur in the form of an in-office visit with the child and their caregiver(s), or a phone call evaluation with the child's primary caregiver, as determined by the overall health status of the patient.
- C) The pre-anesthetic evaluation must be performed within a reasonable time period before anticipated date of the procedure. Any pertinent tests and consultations should be ordered at this time, and the results reviewed prior to the procedure.

- D) As part of the preoperative process, an anesthetic plan shall be determined, as well as an ASA status. Only children designated ASA I or II are appropriate for general anesthesia in a dental office.
- E) Appropriate preoperative medications should be ordered as part of routine evaluation.
- F) Adequate and fully-informed consent must be obtained prior to provision of anesthetic care.

Intraoperative Care

- A) Provision of general anesthesia in the dental office shall be performed by a board-certified or board-eligible anesthesiologist with expertise in pediatric anesthesia, or by a certified registered nurse anesthetist (CRNA) strictly under the medical direction of such an anesthesiologist. ⁵
- B) Anesthesia care providers shall maintain current PALS certification in order to provide anesthetic care to pediatric patients in dental offices.
- C) Each patient shall be monitored according to guidelines specified by ASA. ⁶

Postanesthetic Recovery Period

- A) Each child receiving general anesthesia for a procedure in a dental office shall receive appropriate post-anesthesia care in a post-anesthesia care unit (PACU) or designated post-anesthetic recovery area. ⁷
- B) The patient shall be monitored and evaluated by a PACU nurse until appropriate criteria are met for discharge from the facility.
- C) Nurses providing post-anesthetic recovery care shall maintain current PALS certification.
- D) The patient shall be discharged with at least one responsible adult.

References

- 1) Guidelines for Office-Based Anesthesia; ASA Committee of Ambulatory Surgical Care; October 2009.
- 2) Statement on Non-operating Room Anesthetizing Locations; ASA Committee on Standards and Practice Parameters; October 2013.
- 3) Guidelines for Ambulatory Anesthesia and Surgery; ASA Committee of Ambulatory Surgical Care; October 2013.
- 4) Basic Standards for Preanesthetic Care; ASA Committee on Standards and Practice Parameters; October 2010.
- 5) Statement on Qualifications of Anesthesia Providers in the Office-based Setting; ASA Committee on Ambulatory Surgical Care; October 2009.
- 6) Standards for Basic Anesthetic Monitoring; ASA Committee on Standards and Practice Parameters; July 2011.
- 7) Standards for Post-Anesthesia Care; ASA Committee on Standards and Practice Parameters; October 2009.