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Preventive Action

The Quarterly Risk Management Newsletter for Policyholders of FPIC

First Quarter 2006

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Sedation and Anesthesia Management in the Dental Practice



FREQUENTLY ASKED Legal Questions

Security Rule in terms of a covered entity having in place appropriate administrative, physical, and technical safeguards for the protection of protected health information. However, the Security Rule contains 18 security standards that must be implemented. Moreover, there are 42 implementation specifications that are either required or addressable. If implementing a specification is not reasonable and appropriate, the covered entity must document why, and must implement an equivalent alternative measure that is reasonable and appropriate.

What action should be taken when a patient is noncompliant or refuses to undergo diagnostic studies, care, or treatment?

Document your recommendations and the patient's noncompliance. Advise the patient of the potential consequences of their noncompliance or refusal and document your discussion. Confirm the patient's noncompliance, your subsequent discussion and the potential consequences in a letter to the patient sent certified mail, return receipt requested. Send a copy of the letter by regular mail as well. Consider withdrawing from the patient's care, but first review the language of any

managed care contracts that may apply and seek guidance from FPIC's Risk Management Department or personal counsel. If you practice in a group setting, it may be necessary to withdraw on behalf of others in the group and the practice itself.

Is a dentist responsible for the negligent acts of an employee?

Yes. Most employers are responsible for the acts of their employees. While specific statutory provisions may hold the employee directly responsible, it is the dentist who is primarily responsible for all delegated procedures. Depending on the allegations made, a dentist may also be held vicariously liable for the acts of others, including the dental practice or professional association.

Do Florida Statutes set forth requirements pertaining to emergency equipment in dental practices?

Yes. Pursuant to FS 466.017(4)... "Each dental office which uses any form of anesthesia must have immediately available, oxygen, and other resuscitative drugs as are specified by rule of the board in order to manage possible adverse reactions."

Case Study: A forty-two year old male business owner complained of chronic and severe oral pain for three weeks. In addition to the severe pain, the patient also experienced swelling of the jaw and neck. On the sixth visit with his general dentist, the patient underwent a root canal. The patient's medical history included atrial fibrillation managed by chronic anticoagulation therapy; however, a medical history was not noted in the dental record. Prior to the procedure, the patient's history was not evaluated and the patient's anticoagulation therapy was not evaluated or adjusted. Due to multiple factors, including anxiety and severe discomfort, the patient received parenteral sedation with Versed and Demerol. Romazicon was administered at the conclusion of the procedure. Ten minutes after the procedure was ended, the patient was assisted to the

bathroom. En route the patient became short of breath, lost consciousness, and fell to the floor. EMS was called to the scene. Resuscitative efforts were unsuccessful. Cause of death on autopsy was respiratory arrest.

Dental records did not reflect a review of the patient's history, discussions related to informed consent for the procedure, a pre-procedure evaluation, the dosage and time medications were administered, nor any patient assessment during or after the procedure.

Consent

The patient was never required to sign a dental informed consent form, explaining the type of procedure that was performed. Nor was there documentation of any discussion regarding the patient's condition, the procedure recommended, the alternative forms of treatment and procedures available, or the potential risks and complications, including the risks and complications of foregoing treatment.

Patient Evaluation

Patients should be thoroughly evaluated at each office visit. Inquire about medications in conjunction with the patient's prior medical history and current clinical status. Document any discussions with the patient's treating physician and obtain medical



clearance when indicated and written pre-medication orders.

Medical History

Patients should be required to provide a detailed medical history form at the first office visit. Update the history every six months. If the patient's health status warrants, an update should be obtained on each visit. The history form should include the patient's overall health, prior medical history, all medications (including over the counter medications), vitamins, minerals, and herbal preparations. Allergies should be noted and highlighted.

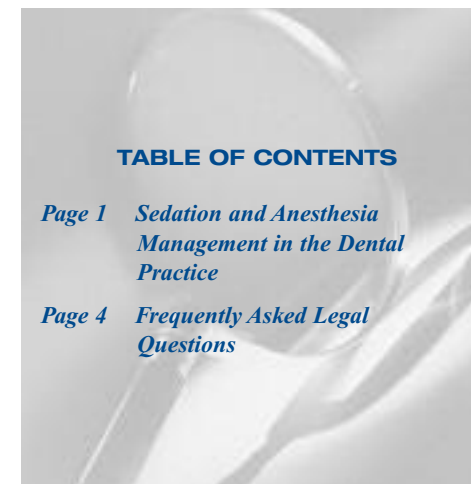


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FPIC publishes Preventive Action on a quarterly basis as a service to its policyholders. Information in this publication does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained in this newsletter are generalized and may not apply to all practice situations. FPIC recommends you obtain legal advice from a qualified attorney for a specific application to your practice. The information should be used as a reference guide only.

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Medical Clearance

Ensure that the patient has proper medical clearance(s). Request that the patient furnish written medical clearance from their treating physician. Clearance should include pre-medication prior to commencing dental care and treatment.

Monitoring and Evaluation

When administering conscious sedation, deep sedation, or general anesthesia during the procedure, ongoing assessment of the patient should be conducted and documented, to include:

- The patient's skin color and color of oral mucosa
- Respiratory effort and rate
- Breath sounds or end-tidal CO₂. End-tidal CO₂ **must** be monitored for intubated patients.
- Oxygen saturation
- Heart rate
- Blood pressure. Blood pressure and pulse should be documented every five (5) minutes for patients under deep sedation or general anesthesia.
- Continuous ECG monitoring, especially of patients with cardiovascular disease.
- Patency of the intravenous access line

Documentation should reflect the patient's pre-procedure status and vital signs, the time(s) and dosage(s) of

medication administration, the time the procedure was initiated and concluded, on-going assessments and the time of those assessments, and the assistive personnel present.

Continually evaluate and document the patient's tolerance of the procedure and the degree of analgesia and anxiolysis during the procedure.

Recovery and Discharge Preparation

After the procedure is completed, the patient should be continually monitored until the patient's physiologic status is stabilized. Generally, it is recommended that the patient be monitored at least 15 - 30 minutes after the procedure is completed. The patient's color, mental status, vital

signs, respiratory effort and oxygen saturation should return to pre-procedure status prior to release. Post procedure monitoring should be documented.

Post-operative explanations and instructions should be provided to a responsible adult, along with the patient, prior to discharge. Instructions should include a follow-up evaluation appointment; post-procedure care instructions and cautions, along with anticipated signs and symptoms, and signs and symptoms that should be reported. Providing written instructions, along with a telephone number for accessing the dentist, is recommended.

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Discharge preparations and instructions, along with the patient's condition upon discharge should be documented.

The patient should be released with a responsible adult escort. The presence of an escort and time of discharge should be documented.

Emergency Management

Equipment

The office should maintain an emergency response kit that is immediately accessible to the operatories. The kit should be centrally maintained and easily accessible. All staff members should be trained in the location and use of the kit. Contents of the kit should include resuscitative medications needed to treat emergencies associated with sedation and anesthesia, including a supply of injectable antihistamines and steroids and Epinephrine; appropriate pharmacologic antagonists; medication administration supplies; and appropriately sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen.

If general anesthesia or deep sedation is administered, advanced airway equipment and a defibrillator must be immediately available. Additionally, the complete administration dosage of Dantrolene sodium and a plan and supplies to treat malignant hyperthermia (MH) should be available if succinylcholine or anesthetics known to trigger MH are used.

The contents of the emergency response kit, including medication

expiration dates, should be monitored periodically. Medications nearing expiration should be immediately replaced.

Emergency Plan

The practice should develop a plan for dealing with medical emergencies. Staff should be trained in their role in emergency management. Periodically, staff members and the dentist should perform a practice drill in emergency response.

Assistive Personnel

When administering conscious sedation, at least one other person should be available to assist the dentist with the monitoring and evaluation of the patient. The assistant should, at a minimum, be competent in Basic Life Support (BLS). When administering deep sedation or general anesthesia, two other persons should be available to assist. Both individuals should be, minimally, competent in Basic Life Support. One individual should be trained in patient monitoring. It is recommended that assistive personnel be not only competent in Basic Life Support, but also receive Advanced Cardiac Life Support (ACLS) training.

Risk Management Recommendations

Dentists have a responsibility to minimize risks associated with the administration of any medication, especially those used in providing sedation and anesthesia.

- Preoperative evaluation - Carefully assess candidates for sedation or anesthesia to determine the appropriateness of these modalities. Conduct a

comprehensive pre-operative assessment.

- Maintain competence – Maintain a thorough knowledge and understanding of modalities and medications used. Be familiar with indications, contraindications, dosages and administration cautions, adverse reactions and their management, and drug interactions. Maintain a thorough understanding and knowledge of resuscitative procedures and management of medical emergencies. Ensure staff members maintain competence in emergency response and patient monitoring.
- Equipment and supplies - Maintain monitoring equipment, supplies, facilities and emergency response kit.
- Monitoring - Provide appropriate equipment and personnel to properly monitor the patient in the preoperative period as well as throughout the procedure and recovery period.
- Document – Maintain time oriented documentation of the entire procedure, including pre-procedure preparation and evaluation and post-procedure evaluation and instructions
- Patient Education – Provide appropriate information and instructions to the patient. Obtain written informed consent.
- Treat high-risk patients in a properly equipped setting.

The control of pain and anxiety during dental procedures is integral to a dental practice. These guidelines are intended to assist dentists in successfully providing anxiety and pain control in a safe and effective manner.