

**§ 34-9-80. Definitions.**

As used in this article, the following terms shall have the following meanings:

- (1) ANALGESIA. The diminution or elimination of pain in the conscious patient.
- (2) ANXIOLYSIS. A pharmacological induced state, oral or inhalation, where a patient experiences a diminution of anxiety.
- (3) BOARD. The Alabama Board of Dental Examiners
- (4) ENTERAL. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal, sub lingual).
- (5) INHALATION. A technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and the primary effect is due to absorption through the pulmonary bed.
- (6) LOCALIZED ANESTHESIA. The elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.
- (7) ORAL CONSCIOUS SEDATION. A depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and to respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or nonpharmacological method or a combination thereof. An oral conscious sedation permit is not required for the use of inhalation nitrous oxide following the administration of a medication given only for the purpose of diminution of anxiety.

**§ 34-9-81. Required permits.**

In order to administer oral conscious sedation, a dentist must possess a general anesthesia permit, a parenteral sedation permit, or an oral conscious sedation permit from the board. In order to receive an oral conscious sedation permit, the dentist must apply on a prescribed application form to the board and submit an application fee to be determined by the board. The dentist applying for the permit must show evidence that he or she has done at least one of the following:

- (1) Has completed an American Dental Association accredited postgraduate general dentistry or specialty residency program which included specific training in oral conscious sedation.
- (2) Has completed a minimum of 16 hours' training in oral conscious sedation in a course approved by the board.
- (3) Has certification of training in oral conscious sedation by any entity or organization approved by the board.

**§ 34-9-82. Required procedures and equipment.**

(a) A dentist using oral conscious sedation must comply with all of the following requirements:

- (1) Patients to be treated under oral conscious sedation must be suitably evaluated prior to the start of any sedation procedure. Using the American Society of Anesthesiologists Patient Physical Status classifications the dentist should determine that the patient is an appropriate candidate for oral conscious sedation.
- (2) The patient or guardian must be advised regarding the procedure associated with the delivery of any sedative agents and the appropriate informed consent should be obtained.
- (3) Inhalation equipment used in conjunction with oral conscious sedation must be evaluated prior to use on each patient. Determination of adequate oxygen supply must be completed prior to use with each patient.
- (4) Appropriate verbal or written preoperative and postoperative instructions must be given to the patient or guardian.
- (5) Baseline vital signs should be obtained unless the patient's behavior prohibits such determination.
- (6) Pretreatment physical evaluation should be performed as deemed appropriate.
- (7) All medications and dosages used during an oral conscious sedation procedure must be recorded in the patient's record of treatment.
- (8) An emergency cart or kit must be readily accessible and must be available for immediate use during any sedation procedure.
- (9) The only classification of drugs for sedation to be administered enterally by a responsible adult procedurally outside the treatment facility is minor tranquilizers. Minor tranquilizers (i.e. hydroxyzine or diazepam) do not include chloral hydrate or narcotics.
- (10) Direct clinical observations and monitoring of the patient by a staff member must be continuous during the recovery period. The dentist shall assess the patient's responsiveness and must determine that the patient has met discharge criteria prior to leaving the office and the patient must be discharged into the care of a responsible person.

(b) It shall be incumbent upon the operating dentist to insure that the patient is appropriately monitored. A sedated patient must be continuously kept under direct clinical observation by a trained individual. The sedated patient's oxygen saturation must be monitored by pulse oximetry. Chest excursions must be observed and the

color of mucosa and skin continually evaluated. Back-up emergency services should be identified and a protocol outlining necessary procedures for their immediate employment should be developed and operational for each facility.

- (c) Any dentist utilizing oral conscious sedation procedures must have a properly equipped facility staffed with a supervised team of allied dental personnel who will be appropriately trained and capable of reasonably assisting the dentist with procedures, problems, and emergencies incident thereto. When inhalation equipment is used, in combination with orally administered sedatives, it must have a fail safe system that is appropriately checked and calibrated. The inhalation equipment must have the capacity for delivering 100 percent oxygen, and never less than 25 percent oxygen. A system for delivering oxygen must be available and must have adequate full-face mask and appropriate connectors, and be capable of delivering oxygen under positive pressure to the patient. Inhalation equipment must have a scavenging system. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. A stethoscope and sphygmomanometer with cuffs of appropriate size shall be immediately available.

**§ 34-9-83. Cardiopulmonary resuscitation (CPR) certification required; two people must be present.**

Allied dental personnel who assist dentist during oral conscious sedation procedures must be currently certified in cardiopulmonary resuscitation. During a sedation procedure, at least one additional person must be present in addition to the dentist. This may be a chair side dental assistant.

**§34-9-84. Adverse consequence report required.**

Any adverse consequence occurring with oral conscious sedation shall be reported to the board as required with general anesthesia and parenteral sedation.

**§ 34-9-85. Advertisements**

The availability of oral conscious sedation, if advertised, shall be done without referring to sleep, snooze, or any other expression indicating a total or partial loss of consciousness.

**§ 34-9-86. Inspection of personnel and facility.**

The board, prior to issuance of a permit for oral conscious sedation, may require an on-site inspection of the personnel, the facility, and the equipment to determine if the requirements of this article have been met. The inspection shall be determined by the board and shall reflect the principles of peer review.

**§ 34-9-87. Oral conscious sedation permit; use of general anesthesia or parenteral sedation not authorized.**

A dentist who holds only an oral conscious sedation permit may not use or administer general anesthesia or parenteral sedation, or both, as those terms are used in this chapter.

**§ 34-9-88. Oral conscious sedation permit; renewal.**

This permit must be renewed annually and an annual fee determined by the board shall be paid for the renewal of a permit at the time of license renewal.

**§ 34-9-89. Oral conscious sedation of children.**

When oral conscious sedation is used on any patient under 12 years of age the following provisions shall apply:

- (1) The drugs, dosages, and techniques used should carry a margin of safety which is unlikely to render the patient noninteractive and nonarousable.
- (2) In offices where pediatric patients are treated, appropriately sized emergency equipment must be available.

**§34-9-90. Penalties.**

Violation of any provision of this article shall subject the dentist to the penalties in §34-9-18 and no order imposing those penalties shall be made or entered except after notice and hearing by the board as provided by that section. Such order shall be subject to judicial review.

## **270-X-2.21 ORAL CONSCIOUS SEDATION**

The following requirements shall apply to the administration in the office of oral conscious sedation by dentists:

1. In order for a course of training to be approved by the Board, the following shall be required:
  - (a) A minimum of sixteen (16) hours of training;
  - (b) The definition of oral conscious sedation and anxiety reduction (anxiolysis);
  - (c) A list of oral sedative agents commonly used, their basic pharmacology and past documentation or records of use;
  - (d) Coverage of medical conditions which can adversely affect the administration of oral conscious sedation and the basics of physical diagnosis to appropriately classify your patient medically;
  - (e) Coverage of proper monitoring techniques for the sedated patient;
  - (f) An overview of the most common sedation protocols from start to finish;
  - (g) Proper documentation required by the dentist and dental staff; i.e., consent forms, monitoring strips, and patient information packets;
  - (h) An overview of potential medical emergencies specific to oral conscious sedation and their diagnosis and management;
2. In order for an entity or organization to be approved by the Board for purposes of training in oral conscious sedation, training offered must at a minimum include the topics referenced in number 1 above.
3. The emergency kit must at a minimum include the following:
  - (a) Epinephrine;
  - (b) Atropine;
  - (c) Narcotic antagonist (e.g., Naloxone HCL) and benzodiazepine antagonist (e.g., Flumazenil), if these agents are used;
  - (d) An antihistamine (e.g., Diphenhydramine HCL);
  - (e) Nitroglycerine;
  - (f) A bronchodilator (e.g., Albuterol inhaler); and
  - (g) An antihypoglycemic (e.g., 50% glucose).
4. Any operatory where oral conscious sedation is administered must be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management.
5. All allied personnel who may be involved in the monitoring of a patient who is administered oral conscious sedation shall be trained to assist the dentist in the recognition and management of the following clinical emergencies:
  - (a) Laryngospasm;
  - (b) Bronchospasm;
  - (c) Emesis and aspiration of vomitus;
  - (d) Management of foreign bodies in the airway;
  - (e) Angina pectoris;
  - (f) Myocardial infarction;
  - (g) Cardiopulmonary resuscitation;
  - (h) Hypotension;
  - (i) Hypertensive crisis;
  - (j) Acute allergic reaction;
  - (k) Hyperventilation syndrome;
  - (l) Convulsions; and
  - (m) Syncope.

6. In order for a patient to be appropriately monitored, the monitoring and recording of blood pressure at intervals determined by the dentist must be performed both during the administration of oral conscious sedation and any recovery period.
7. As to all patients who are administered oral conscious sedation, the type and amount shall be within accepted therapeutic guidelines and not dependant upon the period of duration of the procedure.
8. A dentist utilizing oral conscious sedation in the dental office may induce only one patient at a time. A second patient shall not be induced until the first patient is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two or more permit holders are present simultaneously, each may sedate one patient provided that the office has the necessary staff and equipment, as set forth in this rule.
9. Notwithstanding any of the provisions set forth above, any oral conscious sedation administered to a pediatric patient, shall be pursuant to and follow the current guidelines and recommendations for sedation of the pediatric dental patients promulgated by the American Academy of Pediatric Dentistry. Pediatric patients shall be defined as infants and children through adolescence, including those with special health care needs.
10. All individuals licensed to practice dentistry on the effective date of this rule, who intend on administering Oral Conscious Sedation shall submit an application for an Oral Conscious Sedation permit no later than September 30, 2006 and any such permit granted shall not expire until December 31, 2007. Thereafter the renewal requirements and expiration date shall be the same as those for a dental license.

All individuals not licensed to practice dentistry on the effective date of this rule, who become licensed thereafter, and who intend on administering Oral Conscious Sedation shall file for an Oral Conscious Sedation permit prior to administering such sedation. The renewal requirements and expiration of such permit shall be the same as those for annual renewal of a dental license.

Fees: \$100.00 for initial application  
\$50.00 for annual renewal.

Authority: Code of Alabama, (1975) § 34-9-43 and Act 2005-298; Adopted January 6, 2006, Effective February 21, 2006.