Queensway Dental Clinic

Sedation Referral Policy

A referral based service offers a range of conscious sedation techniques for children and adults needing support with dental treatment due to problems with anxiety, co-operation, the invasiveness of the dental procedure required or an combination of these. A service reducing dependency on referral to hospital for general anaesthesia.

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Summary of action points for referring Practitioners

Our conscious sedation service aims to reduce dependency on general anaesthesia and where possible to provide treatment under oral, inhalation or intravenous conscious sedation or a combination of these. We do not provide general anaesthesia.

Following a full assessment by an experienced sedationist, the appropriate conscious sedation technique will be selected to best suit the individual needs of your patient. A range of conscious sedation techniques is available and the principle of minimal intervention will be followed.

Please make referred patients aware that their treatment will normally not take place on the day of the assessment.

Normally, patients who have been assessed as being fit and healthy or who have controlled systemic disease (ASA I or II) are considered appropriate for dental treatment with the support of conscious sedation at this clinic. Patient over 150kg should not be referred as our dental chairs have a 150kg load carrying capacity.

Please do NOT refer children of three years and under unless they have evidence of pain sepsis or infection. Please instigate the Department of Health- "Delivering Better Oral Health an evidence based toolkit, second addition 2006"

Please use referral forms provided by Queensway, ensure patients know the location of our clinic and that their first visit will usually be for assessment only. Maps, patient information about sedation services at Queensway, referral forms and addressed envelopes can be ordered from Queensway can be downloaded from our website.

Please indicate whether the referral is being made on an NHS or private basis. Private patients will be seen on a private basis and are not subject to NHS waiting lists.

Please inform referred NHS fee paying patients that they will be subject to band charges at Queensway in addition to those band charges paid to the referring dentist. Sedation on referral is always considered an "entire course" for the

purposes on patient band charges. (NHS blue referral forms have incorrect information for sedation referrals)

Please do not construct immediate dentures as the definitive treatment plan is often differ from the referred treatment plan.

Please ensure you send patients all relevant referral information to Queensway (e.g. fully completed referral form, radiographs, copy of specialist orthodontic referral letter) and that the patient is aware of the reason for referral and the proposed treatment plan (including which teeth are to be filled / extracted).

Please ensure that patients are aware that pre-existing medical conditions may mean that they may be found to be unsuitable for care in our Clinic, and that alternative arrangements will be made where necessary.

Please ensure that patients who are taking prescribed medicines bring a list of their medication with them to their assessment appointment.

Referring dentists should ask diabetic patients to bring a list of all medication as well as bringing BM stix to the assessment visit.

Please ensure that the patient is aware they are being referred to Queensway for treatment under conscious sedation and NOT general anaesthetic.

Following completion of treatment please instigate regular recall visits as a "high risk" patient and apply the guidance from the Department of Health- "Delivering Better Oral Health an evidence based toolkit, second addition 2006"

Introduction

The provision of adequate anxiety control is an integral part of the practice of dentistry. The General Dental Council has indicated that this is both a right for the patient and a duty placed on the dentist.

All patients deserve appropriate anxiety control for any dental procedure; in order to be successful and appropriate the methods used must be considered for the individual patient requiring specific treatment. A "one size fits all" approach is inappropriate. A range of options is required.

It is important that a wide margin of safety between conscious sedation and the unconscious state provided by general anaesthesia (GA) is maintained. In conscious sedation, verbal contact and protective reflexes are maintained, whereas in general anaesthesia these are lost.

Queensway complies with all current guidance and recommendations on conscious sedation in the UK. Queensway provides a consultant anaesthetist led, primary care based, sedation service. All aspects of behavioural management and anxiety control will be explored with your patients. The small number of patients, for which an indication for GA has been established, will be referred to the appropriate hospital based GA service on your behalf.

It has become increasingly important NOT to prescribe a general anaesthetic for dental treatment unless other sedation techniques have been considered, and there is a justifiable dental treatment need. Please refer patients for dental treatment and allow us to prescribe a GA if required.

The ethos of this referral service is to provide necessary dental treatment for your patients both children and adults alike using the simplest sedation technique possible. We promote where possible the use of conscious sedation. The choice of techniques and drugs will be governed by the principle of minimum intervention, and the amount of any drug

administered will be the minimum necessary to achieve co-operation. It is our aim to reduce both the need and demand for general anaesthesia by substituting its use with conscious sedation techniques.

At Queensway our aim is to ensure that conscious sedation will be:

"a technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient will be maintained throughout the period of sedation. The drugs and techniques used will provide conscious sedation for dental treatment, carrying a margin of safety wide enough to render loss of consciousness unlikely".

The level of sedation will be such that the patient remains conscious, retains protective reflexes and is able to understand and respond to verbal commands. In the case of a patient who is unable to respond to verbal contact even when fully conscious the normal method of communicating with them will be maintained.

From a recent audit of Queensway's sedation activity, we expect approximately 15% of referred children to be treated with the help of relative analgesia. The remaining children will require a general anaesthetic to complete their dental treatment unless alternative conscious sedation techniques are used. We anticipate that five per cent of children referred to Queensway will require hospital referral for a general anaesthetic despite our best efforts to avoid this. This leaves 95% of referred children that will benefit from evidence based conscious sedation techniques used at Queensway.

These protocols address-

- How patients are routinely referred to this service.
- How patients will be assessed and treated.
- How patients will be returned to the referring dentist.

These protocols have been developed with the advice, expertise and experience of dental and anaesthetic colleagues who work in practice, community and hospital specialist centres.

We expect these protocols to be updated as our unit develops and would welcome any advice, feedback and constructive criticism to help improve the care, which patients receive at our clinic.

We operate an "open door" policy and colleagues are welcome to arrange a visit to the clinic at any time.

The use of our sedation referral service is subject to audit. In the event that referring colleagues have difficulty in referring their patients in line with these protocols we will make contact you to suggest changes in how to refer that are needed.

Referral Criteria

Queensway Sedation Clinic will accept NHS referrals, subject to the availability of resources, of children and adults provided they meet the following criteria and in the event that the referring dentist cannot manage the patient:

- The patient is unable to co-operate with the intended dental procedure.
- The patient demonstrates that their anxiety would benefit from the support of conscious sedation.
- The intended dental treatment is considered too invasive to expect the patient to manage by using behavioural management techniques and local anaesthetic alone.
- The patient requires oral surgery services.

Patients who do not want sedation, who request treatment which is not available as NHS treatment (for example implants) or who DO NOT meet our NHS referral criteria, cannot be accepted as NHS referrals. These patients will be offered dental care on a private basis or returned to you for NHS care. It is important that our NHS resources be directed to the right patients.

Referral Procedures

In view of the duties of the referring dentist under current GDC guidance, we advise that referring colleagues allow us to establish the justification for a general anaesthetic and to prescribe a general anaesthetic where appropriate.

The clinic's policy at the assessment visit is to give a thorough and clear explanation of all sedation techniques available, together with a clear explanation of the risks involved.

We ask that all colleagues to allow us to take the responsibility of prescribing the appropriate sedation technique as justified by our protocols.

Please do not construct immediate dentures for patients who require them. This is unhelpful as the definitive treatment plan often differs from the referred treatment plan.

All dentists referring patients to Queensway's sedation services should be in possession of the following documentation. Copies of most documentation can be ordered from Queensway. Most documentation can be downloaded from our web site (www.queensway.co.uk).

- Our referral protocols (this document)
- Patient referral form to be sent to Queensway (please download a current referral form)
- Queensway addressed envelope
- Queensway service information and location map (to be given to patient)

Please contact us at Queensway (Tel: 01642 554667) if you require additional supplies of the above. However we would prefer these documents are downloaded from our website.

All patients seen on a referral basis must be matched with a written referral request, preferably using the referral form provided. Forms can be sent by post or be faxed (Tel 01642 531799). We prefer, where possible, to assess patients at a separate visit to their treatment appointment. However, we recognise that there will be occasional 'acute' referrals which require more immediate treatment.
For acute referrals, patient's details can be given by telephone but the referral form must be faxed or accompany the patient to their assessment. Once the patient's details have been received, they will be contacted to arrange an assessment appointment. If patients are suitable for treatment with conscious sedation a treatment appointment will be arranged as soon as possible.

Please inform referred NHS fee-paying patients that they will be subject to band charges at Queensway in addition to band charges paid to the referring dentist. Private referrals should be indicated clearly on the referral form. Private patients will be seen on a private basis.

Action- Please use current Queensway referral forms. Enclose other relevant records (such as x-rays and orthodontic treatment plan letters). Ensure patients know the location of the clinic. Warn patients that their treatment will not usually be carried out at the assessment visit. Remind patients to bring with them a list of any prescribed medications. Please indicate whether the referral is being made on an NHS or private basis. Please give patients information about sedation services at Queensway (patient information sheets can be down loaded from our website)

Action- Please inform referred NHS fee paying patients that they will be subject to band charges at Queensway in addition to band charges paid to the referring dentist.

Failure to Attend

If a referred patient fails to attend the assessment visit which they have made, no further appointment will be made unless the patient contacts Queensway to make a further appointment. At this point, the patient will be warned that if a future appointment is missed no further NHS appointment will be made. After two missed consultation appointments, the patient will only be able to access care as Queensway as a private patient.

If a patient fails to attend a treatment appointment or fails to comply with the written and verbal instructions that have been given or cancels the appointment within 24 hours then further NHS appointment may not be made.

Assessment and Examination Visit

All patients will be assessed in a standard way using an assessment checklist. On arrival, patients will be given a medical history (MH) questionnaire to complete while in the waiting room. All patient documentation including the MH form will be checked initially by the reception staff.

Using the referral form and clinical findings, the examining dentist will assess the patient's level of anxiety, their level of co-operation, the invasiveness of the intended procedure, their previous dental experiences and their current dental needs prior to formulating an appropriate treatment plan.

We will give detailed and comprehensive written advice and instructions to patients and carers, ensuring that they are fully informed and able to consent to the proposed treatment plan (including the proposed sedation strategy). Each patient will be given a clear explanation of the options available to them and any associated risks.

An assessment checklist will be filled in for each referred patient and kept with the notes. Ideally the referring dentist will have already supplied us with radiographs and with other records relevant to the assessment.

Colleagues should appreciate that the choice of sedation technique may modify the dental treatment plan. We encourage referring dentists to indicate (by ticking the box on the referral form) that they are happy for Queensway to undertake any necessary dental treatment to secure oral health in the context of the sedation technique adopted. However it is important to indicate the treatment priorities, for example teeth that have been painful.

In the event that the appropriate box on the referral form is not ticked or that there is a major discrepancy between treatment requested on the referral form and that found to be indicated, every attempt will be made to contact the referring dentist. Where this proves to be difficult, another dentist in Queensway will be asked to give

a second opinion and the majority decision incorporated into the plan. This decision will be noted on the patient records.

Sedation on referral is always for an entire course of treatment. NHS fee paying patients will be asked to pay a band charge at the time of making their assessment appointment. Further payment will be made when the definitive charge band is known and prior to making the treatment appointment.

Private patients will be charged £40 for an assessment. "A pay as you go" system will then apply unless the patient wishes to enter into an interest free credit arrangement.

Action - Please ensure all relevant records (e.g. radiographs, copy of specialist orthodontic referral letter) are sent with the referral form or accompany the patient to the assessment appointment.

Action - Please advise patients to bring a list of all medication with them to the assessment appointment.

Patient Selection

Medical History Protocols.

A completed Medical History Questionnaire will form the basis of the medical history. At the assessment visit, the examining dentist will check the self-completed medical history questionnaire. If there is any doubt as to a patient's suitability for treatment, we will arrange for a medical assessment with one of our consultant anaesthetists. Normally, only patients assessed as being fit and healthy or with controlled systemic disease (ASA I or II) will be considered as appropriate for conscious sedation at this clinic. (see section on "Sedation Assessment Guidelines")

If the patient is clearly unsuitable on medical grounds for treatment at this clinic, we will arrange to refer them to secondary care services in hospital by the Community Dental Services or Oral Surgery Services as appropriate.

The following are mentioned as a guide as to how patients' medical suitability for treatment at this clinic is assessed. Final decisions about suitability will be up to the consultant anaesthetist or in the case of RA up to the assessing dentist.

CARDIAC DISEASE

For example; angina, previous myocardial infarction, congestive heart failure, peripheral vascular disease, hypertension, valvular heart disease, and medication associated with the above

Evidence of cardiac disease is followed up by; contacting the patients General Medical Practitioner (GMP) if appropriate to determine the exact extent and nature of the condition and, when required, arranging for a separate medical assessment by the anaesthetist.

Low risk: Conditions suitable for day case sedation are; those with stable angina (infrequent attacks) where patients have brought their usual medication, patients

diagnosed with asymptomatic arrhythmia, patients who have good exercise tolerance.

High Risk: The following cases are not considered suitable for conscious sedation at Queensway; recent MI (within last 6 months), unstable angina (frequent attacks), Uncompensated congestive heart failure, investigated symptomatic arrhythmia and significant symptomatic valvular disease.

HYPERTENSION

Advice from the GMP will be sought if patients give an unclear history of their condition or of the medication they are taking. If hypertension is uncontrolled the sedation session will be postponed until this has been investigated and treated by the GMP.

RESPIRATORY DISORDERS

For example. Common cold / rhinitis, asthma, chronic obstructive airways disease (bronchitis / emphysema), heart related pulmonary disorders.

Rhinitis: If clear rhinitis with dry cough, clinically well and no fever- treatment may proceed. If purulent rhinitis with fever, worsening symptoms and unwell- treatment will be postponed until signs and symptoms improve.

Common Cold: Treatment will be carried out unless there is significant nasal obstruction in which case 1-2 weeks after the last bouts of infection.

Asthma: If well controlled, treatment can be carried out. The patient will be asked to bring their usual medication with them. However patients with the following conditions will have their session postponed until they recover and will require a medical assessment by the consultant anaesthetist prior to acceptance for treatment, (acute exacerbation of asthma, superimposed chest infection, poorly controlled asthmatic (ASA III), chronic obstructive airways disease).

Prior to acceptance for treatment the anaesthetist will undertake a review of the patient's medical history.

Medication: It is important that the patient takes their medication as normal on the day of the appointment, in the case of both asthma and chronic obstructive airways disease being present.

Action- Referring dentists should ensure that patients are aware that pre-existing medical conditions may mean that their patient may be unsuitable for care in our Clinic and that alternative arrangements will be made where necessary.

Action- Referring dentists should ensure that patients bring a list of all medication with them to the assessment appointment.

OBESITY

Our dental chairs have a maximum limit of 150 kg. Patients exceeding this weight will not be able to be managed at Queensway.

DIABETES

All diabetic patients will be identified and their care discussed with the anaesthetist prior to treatment.

Insulin dependant diabetes mellitus: These patients may be suitable for IV Sedation depending on their diabetic control and the competence of the patients carer. Blood sugar must be monitored carefully and patients are requested to bring their 'BM Stix'.

Non insulin dependant diabetes mellitus: These patients are usually controlled by diet alone or in conjunction with oral hypoglycaemics. They will be assessed and given appropriate advice (e.g. omit hypoglycaemics, starve and make

treatment appointments early-mid morning).

All diabetics will have their blood sugar checked before discharge from recovery. After care by the escort is very important in this patient group and if the suitability of patients escort is in question treatment will be postponed.

Action- Referring dentists should ask patients to bring a list of all medication and bring BM stix to the assessment visit.

MUSCULAR DISORDERS

Unsuitable for conscious sedation: Muscular dystrophy (e.g. Duchenes disease); Myotonic dystrophy; Myasthenia Gravis, Myasthenia Syndrome.

NEUROLOGICAL DISORDER

Multiple Sclerosis: Patients with a diagnosis of MS will require a comprehensive anaesthetic assessment

Epilepsy: Well controlled: Treatment can be undertaken. Medication must be taken as normal. Poorly controlled: (frequent lapses). Not suitable for conscious sedation.

PREGNANCY.

In all cases, treatment using IV sedation will be avoided. Female patients will be questioned about the possibility of being pregnant both at the assessment and by the sedationist prior to treatment.

The safest and most recommended sedation technique is inhalation sedation with nitrous oxide and oxygen. This will be provided in the second trimester if treatment cannot be deferred.

OTHER.

Any allergic reactions the patient may have encountered should also be noted on the referral form.

Choice of Sedation Techniques.

Our aim is to reduce dependency on general anaesthesia, to ensure compliance with contemporary UK sedation guidance and where possible to provide treatment under oral, inhalation, intravenous sedation or where appropriate a combination of these.

Each patient's individual concerns and fears will be assessed by careful and delicate discussion. When making a decision on the level of support a patient requires, an assessment is made of patient's level of anxiety and co-operation against validated scales. In addition, the invasiveness of the intended procedure to be undertaken is taken into consideration.

The sedation strategy of choice will be a conscious sedative technique. Relative analgesia will be offered as a first line management technique if patients fulfil the following criteria:

- Children aged 4 years and over.
- Children with an adequate degree of comprehension and understanding of the treatment.
- Children who sit in the dental chair at assessment and are able to tolerate an examination.
- Children who have non obstructed nasal airways.
- Children or parents who are able to give informed consent to treatment with inhalation sedation.

The preference of conscious sedation over a general anaesthetic is implicit in the changes to the legal status of general anaesthesia for dental procedures. Children who are unable to accept treatment under local anaesthesia with relative analgesia alone will be assessed for alternative conscious sedation techniques using one or more of the following:

- The child's level of anxiety is four or more on the visual analogue scale (Wong Baker 1988)

- The dentist's assessment of the child's co-operation is three or more on the
- Venham Scale (Venham Bengston et al 1977)
- The dental treatment required is particularly invasive (e.g. multiple or difficult extractions

These patients will require alternative conscious sedation, given by an appropriately trained and experienced consultant anaesthetist, using the evidence based techniques that have been developed at Queensway (see our website for publications).

During treatment the level of consciousness will be observed continuously using a six point scale for conscious sedation (Modified Wilson scale). In addition, the child's co-operation will be monitored using the Venham Scale. (Venham Bengston et al 1977).

Where there is a compelling clinical need for treatment and where we have established that other available conscious sedation and behavioural management techniques are unsatisfactory or inappropriate we will prescribe a general anaesthetic in line with our protocols. We will refer these patients to the appropriate "Hospital setting" on your behalf and supply you with a copy of the referral letter.

The following categories are likely to be appropriate for referral to hospital for a general anaesthesia, if there is a compelling clinical need:

- Children 0-4 years old who are in pain and are having disturbed sleep
- Acute conditions such as dental abscesses that have given patients repeated bouts of pain and swelling.
- Failed local anaesthesia, relative analgesia, or conscious sedation techniques with one or more of the above.

If there is no justification to refer for a GA then the patient will be returned to their GDP.

Orthodontic extractions

The sedation strategy of choice will be a conscious sedation technique. Relative analgesia will be the first line management technique for children referred for orthodontic extractions. Conscious intravenous sedation may be appropriate in older children. We do not consider orthodontic extractions a justification for prescribing a general anaesthetic.

Action- Please provide copies of treatment plans if patients have had a consultant orthodontist's or specialist orthodontist assessment.

Pre-operative Advice and Information.

Pre-operative advice will be given in writing at the assessment visit (or by telephone for acute referrals). The following important points will be highlighted to each patient verbally at the assessment visit.

Escort.

The escort needs to be a responsible adult able to escort the patient to the clinic on the treatment day, who can remain in the Clinic while treatment is being carried out, and is able to take them home after treatment and remain available to look after the patient until the following day.

Transport.

It is emphasised that this should be by private transport. If transport home cannot be arranged by private car, then a taxi will be organised for the patient. Patients are warned in advance that it will not be acceptable for them to use public transport for 24 hrs following their treatment.

Need for appropriate childcare.

Patients with children will need to arrange childcare for the post-operative period. Parents with small children are advised to bring only the patient to the treatment session ensuring that childcare for the other children be arranged.

Starving.

Patients are advised that they must be starved for six hours prior to the appointment for consultant anaesthetist-given sedation, and for two hours before simple sedation, with RA or single drug intravenous sedation.

EMLA.

Topical anaesthetic cream for patients will be supplied to improve tolerance of venepuncture if required. Patients will be issued with written advice and instructions on how this product should be used.

Treatment Plan and Estimates.

An estimate of the NHS cost of treatment if appropriate, including charges, will be given to the patient so that any queries can be dealt with before the treatment session takes place.

Consent

Written consent will be obtained before booking the treatment appointment. This will involve consenting to the treatment proposed and also to the method of sedation.

Consent will be obtained from the patient if they are of the age of reason. The parent or guardian of all patients under 16 years old will be asked to give their written consent.

Treatment Appointment

Documentation and Compliance.

Before inviting the patient into the treatment room, five items of documentation need to be checked to be present and in agreement: These are the referral form; the consent form and medical history; the treatment plan; the sedation/anaesthetic record sheet; the assessment check list form.

Escort.

The patient and escort will be asked whether they have made adequate arrangements for post-operative care and whether the escort is willing to take responsibility for that care.

Transport.

We will check that suitable transport has been arranged to escort the patient safely from the building and that patients are to be carefully supervised for the rest of the day.

Discharge procedure

Patients and carer will be assessed by the operating dentist and by the anaesthetist before they are discharged from the clinic. A discharge summary will be completed by the recovery nurse. Written postoperative care instructions will be given prior to discharge.

Clinical and Administrative Follow-up

Discharge Summary.

A description of the treatment which has been carried out will be sent by letter to the referring dentist within two weeks following treatment. Any changes to the treatment which became necessary during the treatment session can be made clear at this time.

The discharge summary letter suggests that the referring dentists to contact the clinic if they have any queries or suggestions to help further improve the service. Any clinically important information which may be needed by the referring dentist will be made accessible at the clinic on request.

Radiographs and any other documentation provided by the referring dentist will be returned.

Review appointment.

A review appointment may be required for clinical reasons or to discuss further treatment options. This will be arranged with the patient's escort before the patient leaves the clinic.

Selected patients may require a review appointment to check progress made following the treatment provided, and to act as a post-operative debriefing. Some patients may be encouraged to take part in an oral hygiene and dietary advice session with one of our qualified Oral Health Educators.

Complaints

We operate a local resolution complaints system. Our complaints administrator at Queensway is Dr Ian Lane.

Sedation Assessment guidelines

The American Society of Anaesthesiologists (ASA) - Classification of physical status, see below

<table>
<tr><td>ASA I</td><td>Normal healthy patients
- No organic, physiological, biochemical or psychiatric disturbance.</td><td rowspan="2">Suitable for LA with or without IV sedation or Inhaled sedation</td></tr>
<tr><td>ASA II</td><td>Patients with mild to moderate systemic disease
May be due to the condition or pathophysiological processes
- eg Well controlled asthma, NIDDM- dietary controlled, mild hypertension
- Also: no systemic disease but: extremely nervous (high levels of endogenous adrenaline and> risk of sedation complications), >65years (more sensitive to sedatives and physiology less responsive), obese (< respiratory capacity)</td></tr>
<tr><td>ASA III</td><td>Patients with severe systemic disease which is limiting but not incapacitating
- eg stable angina, well controlled epilepsy, chronic bronchitis, congestive heart failure, IDDM, healed MI.</td><td>Suitable for LA with or without Inhaled sedation</td></tr>
<tr><td>ASA IV</td><td>Patients with severe systemic disorders that are a constant threat to life
- eg recent MI, uncontrolled diabetes, uncontrolled epilepsy, severe emphysema – requiring O_2 therapy, cardiac insufficiency etc.</td><td rowspan="2">Should be managed in secondary care</td></tr>
<tr><td>ASA V</td><td>Moribund patients not expected to live more than 24hrs.
- Only emergency treatment would ever be provided, e.g. severe trauma.</td></tr>
</table>

ASA guidelines in relation to BP – Malamed, 1995

BP mmHg	ASA classification
<140 systolic & <90 diastolic	I
140 to 160 systolic & 90 – 94 diastolic	II
160 to 179 systolic & 95-104 diastolic	III a
180 – 199 systolic & 105 – 115 diastolic	III b
>200 systolic & >115 diastolic	IV

Classification of Body Mass Index (BMI) - as adopted by WHO 2000

Classification	BMI	Risk of non-communicable diseases
Underweight	<18.5	Low (but risk of other clinical problems may be greater)
Normal weight	18.5-24.9	Average
Pre-obese (overweight)	25.0-29.9	Increased
Obese Class I	30.0-34.9	Moderate
Obese Class II	35.0-39.9	Severe
Obese Class III	>40.0	Very Severe

Fitness for sedation, based on ASA (FDJ 2010):
ALL patients should be given an ASA grade at the time of assessment

ASA grades & BMI	Treatment modalities	Appropriate setting
I & II **BMI up to 35**	Local anaesthetic (LA) alone LA + Inhaled sedation (also known as IHS and RA) LA + Intravenous (IV) sedation	Queensway Dental Clinic: in surgery operator-sedationist care
III **BMI >35**	Local anaesthetic (LA) alone LA + Inhaled sedation (also known as IHS and RA)	May be suitable for Queensway Dental Clinic – in surgery operator-sedationist care. **Check on individual basis**
III **BMI >35**	LA + IV sedation	Anaesthetic led Sedation, in most cases will require Secondary Care
NB Max weight limit for dental chairs is 150kg		

Blood Pressure (BP) pre-assessment and day of treatment

- Risks relate to high diastolic values then subsequent use of adrenaline containing LA and possible further elevation.
- Cut-off for listing patients for operator-sedationist IV sedation 180/100 (i.e. within the ASA III a band taking into to affect some degree of ‘white coat effect’).
- BP values >180/100 should be sent to their GP for monitoring or treatment as appropriate and follow-up appointment made 6-8 weeks later prior to listing. Patient asked to bring series of BP values from practice for our records.

Day of treatment

- Pre-operative BP <180/100 – OK to proceed
- Pre-operative BP <180/<105 and normal pre-operative values/ readings from GP (white coat hypertension in non-medicated or medicated anxious patients) – consider proceeding with caution
- Pre-operative BP >180/105 – delay treatment and refer to GP for appropriate management

Body Mass Index (BMI) & IV sedation (BMI is not an issue with IHS)

- Patients with **BMI >35** are at severely increased risk of co-morbidities including undiagnosed sleep apnoea, cardiovascular and peripheral vascular disease.
- Cut-off at BMI **35** with caveat for clinical judgement for e.g. rugby players (NB weight maximum for dental chairs is 150kg)
- For Individuals BMI **35 – 40** (and no other medical complaints) *possible* consideration for separate operator & sedationist i.e. Anaesthetic led clinic (with prior discussion with anaesthetist). If in doubt any cases BMI **>35** refer to secondary care.
- Patients with a BMI **41> not suitable for primary care. Refer to appropriate secondary care facility OR offer treatment with LA or Inhaled sedation.**