



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 6710.67A  
BUMED-631  
15 Feb 96

BUMED INSTRUCTION 6710.67A

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Dental Personnel

Subj: OUTPATIENT INTRAVENOUS SEDATION FOR DENTAL PATIENTS

Ref: (a) American Dental Association Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, 1993  
(b) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Manual, 1995  
(c) Guidelines for Elective Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Pediatric Patients. Pediatric Dentistry (Special Issue: Reference Manual 1994 - 1995), volume 16, number 7  
(d) Association of Operating Room Nurses Standards and Recommended Practices, 1994  
(e) BUMEDINST 6320.66A  
(f) Student Manual for Basic Life Support, American Heart Association (NOTAL)  
(g) Student Manual for Advanced Cardiac Life Support, American Heart Association (NOTAL)  
(h) BUMEDINST 6010.13  
(i) BUMEDINST 5100.13 (NOTAL)  
(j) Manual of the Medical Department (MANMED)

Encl: (1) Equipment Requirements for Intravenous Sedation  
(2) Risk Classifications in Anesthesia

1. Purpose. To provide guidance to dental treatment facilities (DTFs) for the administration of outpatient anesthesia services in intravenous (IV) sedation to dental patients. This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6710.67

3. Background

a. Control of anxiety and pain associated with dental care has traditionally been accomplished through the administration of local anesthesia, sedation, analgesia, and general anesthesia.

b. To provide maximum safety, IV sedation must be administered by qualified personnel in a controlled environment with rigid adherence to established standards, policies, and procedures. This instruction follows the guidelines of appropriate civilian organizations (references (a) through (d)).



c. This instruction pertains to that portion of anesthesia services for dental patients defined as IV sedation, performed at freestanding DTFs.

d. This instruction does not pertain to local anesthesia provided in dental facilities.

e. This instruction does not pertain to dental care provided by a hospital, as all anesthesia services within a hospital, including those for outpatient dental care, are under the cognizance of the department of anesthesiology, and are governed by the standards of the Joint Commission on Accreditation of Healthcare Organizations.

#### 4. Definitions

a. Attending Dental Officer. The dental officer responsible for providing dental treatment to the patient.

b. Collocated. When a DTF is located in the same building as an MTF.

c. DTF. An outpatient dental clinic not under the organizational control of a naval hospital. A DTF may be collocated with an MTF.

d. General Anesthesia. The loss of all protective reflexes, sensation, and consciousness including the ability to independently maintain an airway.

e. Intravenous. The establishment of a continuous peripheral IV line, preferably with an indwelling catheter, connected to an IV infusion set and appropriate fluid solution.

f. Privileged Anesthesia Provider. A Medical Department officer or civilian privileged to provide IV sedation per paragraphs 5b(1) or 5b(2).

g. Sedation. As defined in reference (a), "Sedation describes a depressed level of consciousness, which may vary from light to deep. At light levels, termed conscious sedation, the patient retains the ability, present before sedation, to independently maintain an airway and respond appropriately to verbal command. The patient may have amnesia, and protective reflexes are normal or minimally altered. In deep sedation, some depression of protective reflexes occurs and, although more difficult, it is still possible to rouse the patient."

5. Action

a. Approval

(1) Authority to grant site approval and clinical privileges for IV sedation at DTFs is the sole responsibility of the commanding officer (CO) of the DTF.

(2) The CO must ensure the following criteria are met before granting privileges.

(a) A valid mission requirement exists.

(b) Equipment listed in enclosure (1) is present and functional within the spaces of the DTF.

(c) Written policies exist, per paragraph 5d.

(d) Anesthesia providers have received proper training per paragraphs 5b(1) and 5b(2).

(3) A CO considering approval of cross-command privileges (see paragraph 5b(2)) must ensure that a memorandum of understanding is completed with the collocated medical facility delineating how all criteria for personnel, equipment, and emergency procedures are met.

b. Privileging and Oversight. To provide IV sedation in a DTF, the provider must be privileged by the CO per this instruction and reference (e). The responsibilities of the CO include:

(1) Granting authority, through established credentials review and privileging procedures, for anesthesia providers to provide IV sedation. Persons seeking such privileges must meet one of the three following criteria:

(a) Completion of a board qualifying residency program in oral and maxillofacial surgery.

(b) Completion of an American Dental Association recognized dental specialty or residency program leading to board certification equivalency which meets the parent organization's standards for the administration of intravenous sedation and those enumerated in reference (a). Generic aspects of training would include clinical experience in respiratory and cardiovascular support, sedation, and pain control. Included within this definition would be select providers in the specialties of periodontics and pediatric dentistry.

(c) Completion of a residency in anesthesiology of not less than 1 calendar year that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for fellowship in general anesthesia (or who has a fellowship in general anesthesia).

(2) If appropriate, granting intracommand or cross-command privileges for a medical officer or a certified registered nurse anesthetist (CRNA) privileged to provide anesthesia services by a collocated MTF. This is particularly appropriate at an isolated DTF which has no dental officer privileged to provide sedation, but which is collocated with an MTF with providers privileged to provide IV sedation. This service may be provided in a dental treatment room of the collocated DTF when equipment and emergency criteria of this instruction are met.

(3) Ensuring all patients are monitored during sedation per paragraph 5d(4).

(4) Ensuring all privileged providers of outpatient sedation for dental patients are currently certified in basic life support (BLS), and advanced cardiac life support (ACLS), as outlined by references (f) and (g).

(5) Ensuring there are at least two assistants present at all times in the recovery room, at least one of which has demonstrated proficiency in the following:

(a) Use and maintenance of the monitoring equipment.

(b) Obtaining accurate vital signs; knowledge of normal range of vital signs.

(c) Documentation of monitored vital sign values on the anesthesia record.

(d) Knowledge of clinical signs of a sedated patient's signs of distress.

(e) Basic life support procedures (assistant is certified).

(6) Monitoring the requirements for outpatient sedation as part of the quality assurance program per reference (h).

(7) Ensuring all equipment necessary for administering IV sedation and providing emergency resuscitation, (enclosure (1)), is in satisfactory operating condition.

(8) Developing safety standards per reference (i) and other applicable safety program directives.

(9) Establishing and administering a continuing education program for dental officers and dental auxiliary personnel involved in providing IV sedation services. This training should be in-house and focus on policy, guidelines, equipment (operation, maintenance, malfunction), medical emergencies, and documentation.

c. Responsibility and Supervision

(1) A dental or medical officer or CRNA privileged under this instruction, is responsible for administering IV sedation services.

(2) A medical officer or CRNA, privileged by the CO of the DTF under this instruction, after administering IV sedation and ascertaining stability, is not required to remain in the same room with the patient during the entire time of the dental procedure. However, this person must be readily available within the building which houses the collocated medical and dental facilities.

d. Written Policies. Local policies and procedures relating to IV sedation of dental patients must be written, reviewed regularly, and revised as necessary. The guidelines suggested for these policies include, but are not limited to:

(1) Pre-IV Sedation Physical Evaluation. The privileged IV sedation provider must screen and evaluate all patients and, when appropriate, order studies and consultations. This evaluation must include, but is not limited to:

(a) Medical history and physical evaluation.

(b) Medical consultations as necessary.

(c) Appropriate laboratory studies.

(d) Assignment of American Society of Anesthesiologists risk classification (enclosure (2)).

(e) Treatment plan review. With the patient, discuss type of anesthesia, preoperative patient instructions, alternative treatments, and potential complications and risks. At completion of treatment plan review, obtain informed consent on a Standard Form (SF) 522 and document this in the patient's dental record (SF 603 or 603A) or anesthesia record (SF 517).

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(f) Postoperative patient duty status. Consider the requirement for no duty or light duty, especially for patients in the Personnel Reliability Program or in flight status. (See paragraph 5d(6)(g).)

(2) Patient Categories Eligible for Outpatient Sedation at Freestanding DTFs. American Society of Anesthesiologists Physical Status I and II.

(3) Records. Appropriate entries must be made on the following forms which in turn must be permanently retained in the dental record:

(a) Health Record - Dental: SF 603 or SF 603A.

(b) Request for Administration of Anesthesia and for Performance of Operations and Other Procedures: SF 522.

(c) Clinical Record - Anesthesia: SF 517.

(4) Patient Monitoring. IV sedation in the outpatient dental clinic setting must contain documentation in the SF 517 that the heart rate, blood pressure (BP), respiratory rate, blood oxygen saturation level, and responsiveness of the patient are checked at specific intervals. An automated noninvasive sphygmomanometer and a pulse oximeter are required. Electrocardiograph (EKG) monitoring is also required along with supplemental oxygen via nasal canula or hood.

(5) Emergencies. A written plan is required for the following possible emergency situations which may arise during IV sedation:

(a) Medical emergencies such as resuscitation.

(b) Nonmedical emergencies such as: Power failure, fire, bomb threat, and natural disasters.

(6) Recovery Facilities. Patients must recover from anesthesia either in the dental treatment room or a special room designated for such purposes.

(a) If the privileged anesthesia provider is not the providing dentist, i.e., medical officer or CRNA, he or she must be physically present and available in the facility until the patient has been dismissed (see paragraph 5c(2)).

(b) The IV line must be maintained in IV sedation patients until the patient meets established postanesthesia recovery unit criteria.

(c) The patient must be tended in the recovery period by qualified personnel (see paragraph 5b(5)), with supervision by the privileged anesthesia provider, who will be readily available. During this period, vital signs, i.e., BP, heart rate, and respiratory rate, blood oxygen saturation level, and patient response should be charted at appropriate intervals.

(d) The attending dental officer, before dismissing the patient, must ensure the patient has received oral and written postoperative instructions regarding the surgery and the anesthesia service performed.

(e) Patient dismissal criteria must be established: Airway normal, vital signs stable, patient alert and oriented, hemorrhage controlled, patient able to move without assistance, and absence of nausea and vomiting. After dismissal criteria have been established, the patient must be dismissed by the attending dental officer.

(f) Patients must be dismissed with a responsible adult.

(g) The attending dental officer must ensure compliance with articles 6-102(9) and 6-102(10) of reference (j) for patients identified in the Personnel Reliability Program or flight status.

## 6. Forms

a. The following forms are available from the Federal Supply System through normal supply procurement procedures:

SF 513 (8-92), Medical Record - Consultation Sheet,  
NSN 7540-00-634-4127

SF 517 (10-75), Clinical Record - Anesthesia,  
NSN 7540-00-634-4157

SF 522 (7-91), Medical Record, Request for  
Administration of Anesthesia and Performance of  
Operations and Other Procedures  
NSN 7540-00-634-4165

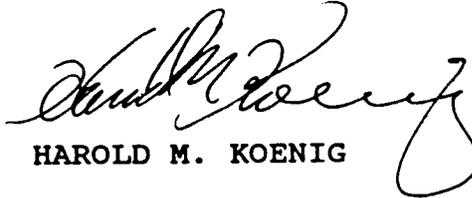
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b. The following forms are available per CD ROM NAVSUP PUB 600(NLL).

SF 603 (10-75), Health Record - Dental  
S/N 0105-LF-011-9300

SF 603A (10-75), Health Record - Dental  
(Continuation)  
S/N 0105-LF-011-9400



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## EQUIPMENT REQUIREMENTS FOR INTRAVENOUS SEDATION

Life Support Equipment. The minimum requirements for life support equipment that must be present and functional, within the facility where IV sedation is being administered, are:

1. Defibrillator.
2. EKG monitor with printout capability.
3. Positive pressure oxygen delivery system.
  - a. AMBU bag with reservoir bag.
  - b. Clear anesthesia masks of assorted sizes including pediatric.
  - c. Adequate backup supply of oxygen.
4. Supplemental oxygen delivery capability.
  - a. Oxygen mask with reservoir bag.
  - b. Nasal cannulas.
  - c. Connecting tubing.
5. Automated blood pressure monitor.
6. Sphygmomanometer.
7. Pulse oximeter.
8. Stethoscope with regular and precordial head.
9. Laryngoscope with assorted blades.
10. Endotracheal tubes with stylet.
11. Magill forceps.
12. Oral and nasal airways of assorted sizes.
13. Auxiliary suction source.
14. Suction tips including tonsillar (Yankauer) and pharyngeal catheter.
15. Emergency cart or box with appropriate drugs.
16. IV therapy supplies, such as IV solutions, tubing, indwelling catheters, etc.

Enclosure (1)

RISK CLASSIFICATIONS IN ANESTHESIA

1. Risk Classifications in Anesthesia. The American Society of Anesthesiologists has defined the physical status of potential anesthesia patients as follows:

a. Class I. A patient without systemic disease; a normal healthy patient. The pathological process for which the operation to be performed is localized and not conducive to systemic disturbance. Example: Multiple caries in an apprehensive, yet otherwise healthy person.

b. Class II. A patient with mild to moderate systemic disease, caused either by the condition to be treated or by other pathophysiologic process. Examples: McCarthy classes 1 and 2; presence of mild diabetes, essential hypertension, or anemia; possibly the extremes of age, either neonate or octogenarian, even though no discernable systemic disease is present.

c. Class III. A patient with severe systemic disease that limits activity, but is not incapacitating. Examples: McCarthy class 3; severe diabetes with vascular complications; moderate to severe degrees of pulmonary insufficiency; and angina pectoris or healed myocardial infarction.

d. Class IV. A patient with incapacitating severe systemic disease that is a constant threat to life. Examples: McCarthy class 4; unstable angina pectoris; myocardial infarction within the past 6 months; and uncontrolled diabetes.

e. Class V. A moribund patient not expected to survive 24 hours with or without operation. Example: Major cerebral trauma with rapidly increasing intracranial pressure.