Pediatric Dental Sedation

My name is Dr. Kristen Johnson. I am a pediatric anesthesiologist and have practiced pediatric anesthesia for 35 years. I currently am the Medical Director of PDI Surgery Center where we provide efficient high volume general anesthesia dentistry for young children and special needs children up to 18 years of age. Most of our patients are insured by DentiCal/MediCal. Safety and quality have been our guiding principles.

We have in our 8 years cared for 16500 children, who have an average age of 3.5 years and who are referred by their primary dentists throughout northern CA for an average of 12 diseased teeth per patient.

We are an accredited ambulatory surgery center devoted to pediatric dentistry. We are the end of the line for these kids. They are very limited in options. We fully support efforts to educate and provide preventative dentistry for these underserved children. In the meantime, our kids get general anesthesia with endotracheal intubation, a protected airway so that they can easily breath despite the dental work occurring in their mouth. They are fully monitored, and each child has a physician anesthesiologist, nurse, dentist, and dental assistant. This is the safe practice of anesthesia and dentistry in accredited hospitals and surgery centers. We keep down costs by doing a high volume of cases very efficiently.

Safety is the backbone of the medical practice of anesthesia. We are vigilant, always scanning in our visual field the patient, the surgery, and all of the monitors. And we put it all together. We hold the patients life in our hands whether a sedation or general anesthetic.

This focus has resulted in a culture of critical analysis of mishaps and mortality with consequent technologic innovation, check list protocols, and best practice guidelines. Comparisons are made between us and the airline industry's focus on safety. The mortality of anesthesia has been dramatically reduced by our approach – a more than ten fold decrease in the decades of my professional life.

As a pediatric anesthesiologist, I am heartened to see the California Board of Dentistry embrace safer policy. However, it isn't enough. I agree with Dr. Sibert's testimony and the CSA recommendations regarding these issues. A few sedation points, repeated for emphasis:

- Morally we are obligated to one standard of care regardless of income..
- Morally we are obligated to one standard of care for high risk procedures no matter office, surgery center, or hospital; Dentist or MD.
- Young children are particularly vulnerable.
- Conscious sedation/moderate sedation is an oxymoron in the young pediatric patient – they are typically awake or deeply sedated.
- Sedation is a continuum and despite intention, a deeper level of sedation is very possible.

- Practitioners that aim for moderate sedation must be prepared to rescue a child from deep sedation immediately. This means that moderate sedation should have the same staffing and monitoring requirements as deep sedation/general anesthesia.
- Propofol is a general anesthetic and its use as a sedative equals general anesthesia without a protected airway.
- Any sedation medication in a high enough dose or in combination with other medications can result in general anesthesia and the loss of the ability to breathe.
- Dentists that assume the responsibility for any level of anesthesia must have the skills to mask ventilate a patient, to treat airway obstruction, to treat laryngospasm, to start an IV, to intubate a patient, to perform CPR.
- Dental assistants who become sedation assistants are required to have a high school degree, a certificate in dental assistance, and a less than 2 week course in sedation. They are not licensed medical personnel and are not qualified to provide PALS care or anesthesia services. All young children and all uncooperative special needs children should have a qualified anesthesia provider unless the intent is minimal sedation.

It has been stated that requiring an additional anesthesia provider may interfere with access to care, implying that the cost would be prohibitive. Oral surgeons and dentists charge for their anesthesia care AND their dental care. They are paid for both activities despite each activity getting partial attention from the one dentist. The solution is not unsafe care. The solution is providing safe care and then figuring out how to fairly reimburse each provider. Perhaps insurers need to step up. Perhaps safe efficient systems like our center can be replicated. Having an anesthesia provider would actually free up the dentist to reconfigure work load for improved efficiency.

I believe that there is much to gain from a closer collaboration between dentists and physicians. We have much to offer each other. Let us figure this out for our children's safety.

Thank you.