



California Society of
ANESTHESIOLOGISTS
Physicians for Vital Times

Higher Standards Needed to Protect Pediatric Dental Anesthesia Patients

The California Society of Anesthesiologists commends the Dental Board for its new recommendations: to continue outcomes research, to update the definitions of sedation levels, and to require a second anesthesia provider for children who need deep sedation or general anesthesia. **Unfortunately, the Dental Board's recommendations don't go far enough.** Today, the Board has no data on the true incidence of brain damage and other major complications.

All children – regardless of income level – deserve ONE standard of care.

Young children are at **higher risk** under anesthesia than older children or adults. Their airways are smaller, and they need deeper sedation or anesthesia in order to remain still during painful procedures.

For **moderate sedation AND deep sedation or general anesthesia, children under age 7**, and children of any age who are unable to cooperate, need a **licensed, fully qualified anesthesia provider** to work with the operating dentist or oral surgeon whenever they need extensive dental procedures. Children deserve better than a single operator-anesthetist for anything more than a minor procedure under minimal sedation.

Brain damage or death can occur if moderate sedation inadvertently turns into deep sedation, the child stops breathing, and the lack of oxygen is not recognized in time.

Your child's surgeon isn't allowed by law to give anesthesia while doing an operation, because the surgeon must focus on surgery while an anesthesia professional focuses on giving medications, monitoring, and watching each breath. **How can we allow dentists and oral surgeons to multitask on tasks this important?**

A dental assistant or a dental sedation assistant cannot replace a fully qualified anesthesia professional. By law, **dental assistants and dental sedation assistants cannot perform the medical tasks of Pediatric Advanced Life Support (PALS)**. They cannot insert breathing tubes, start IVs, interpret heart rhythms on monitors, or start giving medications.

The answer to access to care is NOT to promote unsafe anesthesia. We must improve preventive dental care so that fewer children need anesthesia. We should increase Denti-Cal payment so more dentists will accept Denti-Cal, and require insurers to pay for needed anesthesia and sedation for children in dental offices.

California should allow board-certified physician anesthesiologists and certified nurse anesthetists to provide anesthesia in dentist/oral surgeon offices **without** needing a special permit from the Dental Board of California.

Children deserve a second qualified, CMS-recognized, anesthesia provider whenever they need moderate sedation, deep sedation, or general anesthesia for major dental procedures.