

# **Conscious Sedation in the Oral Surgery Department Minor Oral Surgery (MOS Clinic) Standard Operation Procedure**

**V2.0**

**February 2025**

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## **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust      [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

# 1. Introduction

- 1.1. The Oral Surgery department carries out minor procedures under conscious sedation, in the Minor Oral Surgery (MOS) clinic. Conscious sedation in the dental setting is described as '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 is maintained throughout the period of sedation. The drugs and techniques used to provide conscious sedation for dental treatment should carry a margin of safety wide enough to render loss of consciousness unlikely'.

**Ref: Conscious sedation in dentistry, SDCEP guidelines (2017).**

## 1.2. Definitions and Depth of Sedation

Sedation is a continuum ranging from normal level of level of consciousness to complete unresponsiveness. The ASA defines four levels of sedation:

- **Level 1 minimal sedation** (anxiolysis) patients respond normally to verbal commands. Cognitive function and co-ordination may be impaired. Ventilatory and cardiovascular functions are unaffected. This is usually achieved with inhaled nitrous oxide.
- **Level 2 moderate / conscious sedation** patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. Protective airway reflexes and adequate ventilation are maintained without intervention. Cardiovascular function is usually maintained. In the ED this is achieved with a combination of opioids and benzodiazepines.
- **Level 3 deep sedation** the patient cannot be easily roused but responds purposefully following repeated or painful stimulation. Assistance may be needed to ensure the airway is protected and maintain adequate ventilation. Cardiovascular function is usually maintained. In the ED this is achieved with the combination of opioids and propofol.
- **Level 4 general anaesthesia** patients are not rousable, even by painful stimulus. Require assistance to protect airway and maintain ventilation. Cardiovascular function may be impaired.
- **Dissociative sedation** is a separate sedation category produced by ketamine. Ketamine causes a trance like cataleptic state characterised by profound analgesia and amnesia with retention of protective airway reflexes, spontaneous respirations and cardiopulmonary stability. As there is loss of verbal contact with patients during ketamine sedation and because of the risk of significant (although rare) complications ketamine sedation is grouped with deep sedation (level 3).

The level of sedation for MOS clinic patients is **level 2**.

- 1.3. Conscious sedation can only be carried out under the direct instruction and presence of a competent clinician trained in administering conscious sedation.

- 1.4. This guideline should be read in conjunction with the following documents:
  - 1.4.1. RCH Procedural Sedation of Adult Patients Clinical Guideline.
  - 1.4.2. RCH Infection prevention and control policies.
  - 1.4.3. RCH Inclusion criteria for Outpatient General Anaesthetic (OPGA) in the Oral surgery department.
  - 1.4.4. Conscious sedation in dentistry, SDCEP guidelines (2017).

## **2. Purpose of this Standard Operating Procedure**

The aim of this standard operating procedure (SOP) is to:

- Clarify the standard expected for the safe administration of conscious sedation in the oral surgery MOS clinic.
- To confirm the safe staffing levels for the conscious sedation clinic list.
- To clarify the training / competency required for the conscious sedation clinic list.
- Ensure patient and staff safety.
- Ensure safe care and recovery of conscious sedation patients.
- Ensure all staff are adhering to the same practice standards.

## **3. Ownership and Responsibilities**

This SOP will have shared responsibility for specific members of the oral surgery department team.

### **3.1. Role of the Specialty Lead**

- To be familiar with the Conscious Sedation in the Oral Surgery Department (MOS clinic) Standard Operation Procedure (SOP).
- To be a point of escalation regarding this subject.
- To provide senior professional support to the dental practitioner as required.
- Monitor compliance of this SOP and escalate to appropriate responsible person / team for resolution where compliance not met.

### **3.2. Role of the Clinical Matron**

- To be the point of escalation regarding this subject.
- Monitor compliance of this SOP and escalate to appropriate responsible person / team for resolution where compliance not met.

### **3.3. Role of the Operator-Sedationist (The Dental Practitioner)**

- To ensure that a full assessment of the patient is carried out to confirm the dental treatment required, the need for sedation and the preferred technique. This will be carried out initially on clinic assessment and confirmed at both the pre-assessment clinic appointment (where indicated) and on the day of the procedure by the treating clinician.
- To agree with the patient a treatment plan appropriate for the patient's needs and inform the referring practitioner of the treatment provided.
- To obtain written valid consent for provision of dental care with conscious sedation.
- To provide the patient with information about their sedation including pre- and post-sedation instructions.
- To provide safe and effective conscious sedation for dental treatment.
- To administer the sedation required for the procedure.
- To provide preventive oral health advice and to encourage the patient to seek continuing dental care.
- To complete an incident report where standards are not achieved.

### **3.4. Role of the Department Sister**

- To ensure standards and practices detailed in this SOP are shared with the clinical team.
- Ensure these standards are adhered to.
- Ensure the appropriate staffing is allocated to the MOS clinic.
- Ensure an up-to-date copy is always available on the Oral surgery department shared drive and a paper copy is available in the sister's office.
- To resolve any issues or concerns raised with regard compliance with this SOP. If the Lead Nurse is absent, then the lead clinician, present in the department, should be notified.
- Ensure training is provided for all relevant registered nursing staff.

### **3.5. Role of the Primary assistant (Airway and Patient Monitoring)**

- This role must be undertaken by a registered nurse with the appropriate knowledge, skills and competence.
- The registered nurse is responsible for adhering to the standards and practices in this SOP and to escalate to the appropriate person where these standards are not achieved.

- The registered nurses will be trained and competent to care for the patient who is having conscious sedation.
- Understanding their responsibilities in relation to this SOP.
- Know what action to take should there be a concern.
- Attend any relevant training required to assure competence in the standards set out in this SOP.
- To complete an incident report where standards are not achieved.

### **3.6. Role of the Secondary Assistant (Scrub)**

- This role can be undertaken by either a registered nurse or a registered dental nurse with the appropriate knowledge, skills and competence.
- To provide the role of a scrub nurse, they are not competent to provide airway / recovery support independently.
- Responsible for adhering to the standards and practices in this SOP and to escalate to the appropriate person where these standards are not achieved.
- To be trained and competent to care for the patient who is having conscious sedation.
- Understanding their responsibilities in relation to this SOP.
- Know what action to take should there be a concern.
- Attend any relevant training required to assure competence in the standards set out in this SOP.
- To complete an incident report where standards are not achieved.

## **4. Standards and Practice**

### **4.1. Minimal staffing levels for the M.O.S Conscious Sedation clinic**

- Conscious Sedation trained Operator-sedationist with ILS competence.
- Primary assistant (Registered nurse) with ILS competence.
- Secondary assistant (Registered Nurse or Registered Dental Nurse) with scrub competence. As the secondary assistant, they are not required to be ILS competent.

### **4.2. Patient selection**

- Conscious Sedation in the MOS clinic is offered to adult patients only (>18years).

- Indications for conscious sedation in the MOS clinic as a potential adjunct for patient management include patients with:
  - Dental anxiety and phobia.
  - A need for potentially more painful dental work.
  - Those with a strong gag reflex.
  - Those who need longer or multiple procedures.
  - A need for prolonged or traumatic dental procedures.
  - Medical conditions potentially aggravated by stress.
  - Medical or behavioural conditions affecting the patient's ability to cooperate.
  - Special care requirements.

#### **4.3. Pre procedure patient advice**

- Standardised patient advice is given to the patient in the form of a departmental letter, which is sent to the patient when they are given a date to come into hospital for their procedure.
- Prior to sedation, provide consistent instructions both verbally and in writing for patients, parents/carers and escorts, that are specific to the patient's needs and explain the effects of the proposed sedation and responsibilities both before and after treatment.
- Include details of escort responsibilities, post-operative risks and possible.
- Complications, analgesia, aftercare advice (including about the patient's usual medication), restrictions on post-sedation activities, contact details for the care provider and out-of-hours contact details for emergency advice and services. Fasting advice will be provided based on an individual assessment of the patient and the nature of the sedation and dental procedure. All instructions given in should be recorded the patient's clinical notes.
- Ensure that a responsible adult escort, who can look after the patient unaided, is present and accompanies the patient home after treatment under conscious sedation for a responsible adult to remain with the patient as a minimum for the rest of the day. For those sedated later in the day, the escort may need to remain with the patient overnight.

#### **4.4. General Clinic Standards**

- Conscious sedation (C.S) is provided in pre-booked MOS clinics and is only undertaken by a trained dental clinician. In the oral surgery department, the operator will have a dual responsibility of operator-sedationist.

- Valid written consent will be obtained from all patients prior to the administration of any sedation medication.
- All practitioners should recognise the limits of their own competency and, where appropriate, refer to teams with the required skills and experience or if any concerns about the planned care on the day, then the patient should be cancelled and rebooked for an alternative treatment pathway.
- All staff providing care and treatment within the C.S. clinic will have the knowledge and skills required for prompt recognition and immediate management of sedation-related complications and medical emergencies (Immediate Life support (ILS or equivalent), trained and competency in date) and participation in departmental simulation training sessions relevant to this specialty.
- The Primary assistant supporting the operator-sedationist must be present throughout the procedure and be able to monitor the patient according to sedation effect and assist the operator in the event of an emergency. This person must be a registered nurse who is competent in airway management / recovery nursing.
- No member of staff should be left alone with a sedated patient.
- Patients selected for this will usually be defined as ASA I and II and will also meet the departments standard inclusion criteria as per RCH Inclusion criteria for Out-Patient General Anaesthetic (OPGA) in the Oral surgery department.
- Patients should be fasted as per the RCH Fasting for Adults who require Anaesthesia or Intravenous Sedation Clinical Guideline.
- Patients should be provided with moderate / conscious sedation defined by the ASA as Level 2: patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. Protective airway reflexes and adequate ventilation are maintained without intervention.

**Level 3 deep sedation is not appropriate for this setting.**

- Patients will have their treatment under conscious sedation and their recovery period within the same clinic room in the oral surgery department.
- If a patient deteriorates and immediate intervention does not demonstrate significant patient improvement, then the staff should escalate emergency care provision through the RCH cardiac arrest protocol by calling ext. 2222.
- The standard medication administration for C.S. in the Oral Surgery, MOS clinic is intravenous Midazolam.
- Successful intravenous sedation with a wide margin of safety is dependent on titration of the drug dose according to the individual patient's response and therefore the use of fixed doses or bolus techniques is not appropriate.

- For each patient, keep a detailed record of the pre-sedation assessment, consent, the visit for conscious sedation including monitoring, the treatment procedure and the recovery.

#### **4.5. Equipment and medication**

- Necessary required equipment for the procedure is available and prepared in the C.S. clinic room as per the departmental MOS IV Sedation Checklist:
  - Theatre Day-case documentation pack (Checklist, Consent form 1 and pink anaesthetic chart).
  - Midazolam IV 5mg.
  - Flumazenil ampoule.
  - Skin prep (Chloraprep and Betadine).
  - Cannulas (20 and 22 gauge).
  - Cannula dressings.
  - 5ml syringes.
  - 10ml syringes.
  - 0.9% saline ampoules.
  - Torniquet.
  - 18g needles for drawing up.
  - Medication labels for midazolam and saline.
  - Sterile gauze 10cm squares.
  - Patient observations machine with saturations monitoring (for continuous pre, peri and post operative).
  - Portable Oxygen with nasal cannula and mask available.
- All equipment and drugs recommended for treating medical emergencies and sedation-related complications is available in the C.S clinic.

#### **4.6. Patient Monitoring**

- Intravenous access will be maintained by way of an indwelling cannula until the patient is fit for discharge.
- During procedural sedation, monitors should have alarms set and enabled. All patients must have direct continuous monitoring.

- Monitoring clinical signs includes:
  - Sedation level.
  - 3-lead ECG.
  - NIBP.
  - Pulse oximetry.
  - Respiratory rate and depth.
  - Airway patency.
  - Skin colour.
  - Capillary refill.
  - Sedation technique used.
  - Patient status and sedation response.
- Patient observations will be monitored from the pre-procedure stage until the discharge criteria is met peri-operatively by an appropriately registered nurse.
- Documentation should be contemporaneous and recorded on the 'pink' RCH Day case anaesthetic chart (CHA 1561).

#### **4.7. Post procedure:**

- Standardised patient advice is given to the patient in the form of a patient information leaflet (Ref: RCHT149), which is given to the patient by the discharging nurse, as part of their discharge from hospital discussion, following their procedure.
- The operator-sedationist remains available in the department to see the patient urgently in the event of any complications.
- Sufficient recovery time must be allowed following administration of a reversal agent.
- Recovery from sedation is a progressive step-down from completion of treatment, through to the patient's discharge.
- Ensure that both the patient and escort have been provided with written and verbal post-procedure instructions that include details of escort responsibilities, post-operative risks and possible complications, analgesia and aftercare advice, restrictions on post-sedation activities, contact details for the care provider and out-of-hours contact details for emergency advice and services.

#### 4.8. Discharge criteria:

The patient will be discharged when they can clearly demonstrate:

- That they are orientated in time, place and person.
- Their vital signs are stable and within normal limits for the patient and respiratory status is not compromised.
- Pain and discomfort have been addressed.
- Where relevant, haemostasis has been achieved.
- The cannula, where inserted, has been removed.
- The responsible escort is present, and arrangements have been made for supervision as advised by the sedationist.
- Written and verbal post-operative instructions appropriate for both the sedation technique and the dental treatment have been given to the patient and escort.

(Ref: These discharge criteria are adapted from the IACSD Report Standards for Conscious Sedation in the Provision of Dental Care as cited in the Conscious sedation in dentistry, SDCEP guidelines (2017)).

### 5. Dissemination and Implementation

This document will be disseminated through the service immediately following agreement and will be stored on the shared drive in the oral surgery department shared drive and a hard copy available in the department sister's office.

### 6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All the policy to be monitored.
Lead	Oral Surgery department Sister.
Tool	Datix Incident Reporting.
Frequency	Monitoring will be an ongoing practice within the department.
Reporting arrangements	Any concerns regarding the ongoing implementation of this procedure should be reported to the Oral surgery department Sister who will investigate and report back to consultants/staff.
Acting on recommendations and Lead(s)	Any recommendations/changes to this procedure will be reported at the specialty Business and Governance meetings / nurses' meetings and changes implemented.

Information Category	Detail of process and methodology for monitoring compliance
<b>Change in practice and lessons to be shared</b>	Required changes to practice will be identified and actioned immediately. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

## 7. Updating and Review

To be reviewed every 3 years.

## 8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Conscious Sedation in the Oral Surgery Department Minor Oral Surgery (MOS Clinic) Standard Operation Procedure V2.0.
<b>This document replaces (exact title of previous version):</b>	Conscious Sedation in the Oral Surgery Department Minor Oral Surgery (MOS Clinic) Standard Operation Procedure V1.0.
<b>Date Issued/Approved:</b>	February 2025.
<b>Date Valid From:</b>	February 2025.
<b>Date Valid To:</b>	February 2028.
<b>Author/Owner:</b>	Paulette Hunkin – Clinical Matron. Lucie Baker – Oral Surgery Department Sister. Jamie Robins – Oral Surgery Governance Lead.
<b>Contact details:</b>	01872 253461.
<b>Brief summary of contents:</b>	Standards expected for providing conscious sedation in the MOS clinic in the oral surgery department.
<b>Suggested Keywords:</b>	Conscious sedation, sedation, oral surgery. MOS clinic.
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOB ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Medical Officer.
<b>Approval route for consultation and ratification:</b>	Oral Surgery Business and Governance Meeting Senior Management Team Meeting Care Board Meeting Policy Review Group Meeting.
<b>Manager confirming approval processes:</b>	Ian Moyle, Head of Nursing (HON), Specialist Services and Surgery.
<b>Name of Governance Lead confirming consultation and ratification:</b>	Michele Reed, Governance Manager, SSS.

Information Category	Detailed Information
Links to key external standards:	None required.
Related Documents:	As listed in section 1.
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/Oral.

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
February 2022	V1.0	Conscious Sedation in the Oral Surgery Department Minor Oral Surgery (MOS Clinic) Standard Operation Procedure V1.0.	Paulette Hunkin – Clinical Matron. Lucie Baker – Oral Surgery Department Sister. Jamie Robins – Oral Surgery Governance Lead
February 2025	V2.0	Conscious Sedation in the Oral Surgery Department Minor Oral Surgery (MOS Clinic) Standard Operation Procedure V2.0.	Paulette Hunkin – Clinical Matron. Lucie Baker – Oral Surgery Department Sister. Jamie Robins – Oral Surgery Governance Lead.

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

### Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team

[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy/policy/proposal/service function to be assessed:</b>	Conscious Sedation in the Oral Surgery Department Minor Oral Surgery (MOS Clinic) Standard Operation Procedure V2.0.
<b>Department and Service Area:</b>	Specialist Services and Surgery.
<b>Is this a new or existing document?</b>	Existing.
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Paulette Hunkin – Clinical Matron. Lucie Baker – Oral Surgery Department Sister. Jamie Robins – Oral Surgery Governance Lead.
<b>Contact details:</b>	01872 253416.

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b>  (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Responsible clinicians and nursing staff who are involved in the administering conscious sedation.
<b>2. Policy Objectives</b>	To define the standards expected for administering conscious sedation to patients in the MOP clinic in the oral surgery department.
<b>3. Policy Intended Outcomes</b>	To ensure safe, efficient and effective practice with administering conscious sedation.
<b>4. How will you measure each outcome?</b>	Monitoring will be an ongoing practice within the department.
<b>5. Who is intended to benefit from the policy?</b>	Staff involved in any part of the conscious sedation pathway.
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/visitors: No</li> <li>• Local groups/system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>

Information Category	Detailed Information
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/groups:</b> Specialty – Clinicians, nursing staff, clinical matron.
<b>6c. What was the outcome of the consultation?</b>	Policy written and approved.
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</b> No.

## 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	
<b>Marriage and civil partnership</b>	No	
<b>Pregnancy and maternity</b>	No	
<b>Sexual orientation</b> (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been**

**identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Paulette Hunkin.

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**

[Section 2. Full Equality Analysis](#)