

**GEORGIA BOARD OF DENTISTRY**  
**Sedation Committee Meeting**  
**November 14, 2014**  
**2 Peachtree St., N.W. 36<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
**1:30 p.m.**

**The following committee members were present:**

Dr. Randy Daniel  
Dr. Tom Godfrey  
Dr. Antwan Treadway

**Staff Present:**

Tanja Battle, Executive Director  
Anil Foreman, Legal Officer  
Brandi Howell, Bus Operations Spec

**Visitors:**

Dr. John Harden  
Dr. Glen Maron

**Open Session**

Dr. Daniel established that a quorum was present and called the meeting to order at 1:32 p.m.

**Capnography**

Dr. Daniel stated that, before he became a member of the Board, he would learn about new board policies by word of mouth. Pulse oximetry was not required when he first received his sedation permit. He learned that it had become a requirement from a colleague. He stated he felt permit holders should be notified of new requirements through regular mail.

Dr. Daniel stated he would appreciate any input from Dr. Harden and Dr. Maron, who are both board-approved consultants, regarding capnography. Dr. Daniel stated that one item that has been brought to the Board's attention is the shortage of capnography machines. He asked Dr. Harden and Dr. Maron if they were aware of any issues regarding the shortage of the machines. Dr. Maron responded that the market is well supplied and the cost of the machines has gone down.

Dr. Daniel asked if in the event the board rule was amended to require capnography, what a reasonable effective date would be. Dr. Treadway responded by stating that the Board needs to give everyone adequate time due to the costs associated with the machines. He added that 12 to 18 months would be sufficient.

Dr. Daniel stated that at the Board's September 19, 2014 meeting, a public hearing was held in regards to Rules 150-13-.01 Conscious Sedation Permits and 150-13-.02 Deep Sedation/General Anesthesia Permits. He stated that many individuals voiced their opposition to mandating capnography. He asked for the opinions of Dr. Harden and Dr. Maron on this matter. Dr. Maron stated that the newer models of capnography machines can be adapted to open circuit, thus addressing the concerns that he has heard from those who were against the requirement. Dr. Harden stated that the issue is having it available rather than mandating it. He firmly believes that capnography should be required for any IV and deep sedation as the standard of care has risen to this level now.

Both Dr. Maron and Dr. Harden were both asked to clarify their opinions regarding the use of capnography. Drs. Maron and Harden confirmed the need to require capnography for IV and deep/general sedation cases. When asked specifically about mild and moderate oral conscious

sedation, both Dr. Maron and Dr. Harden stated capnography should not be a requirement. Dr. Godfrey commented that based on this testimony, the recommendation of the Committee would be that capnography should be required for IV and deep/general sedation, but not for oral conscious sedation.

### **Drugs Limited to Deep Sedation/General Anesthesia**

The Committee discussed ketamine and propofol. Dr. Daniel stated that it needs to be known that these two drugs are limited to deep sedation/general anesthesia. He would like to direct the Board to mail a written notice to permit holders saying these two drugs are not appropriate for anything other than deep sedation/general anesthesia. Dr. Harden commented that etomidate is another drug that needs to be listed as it would not be used under conscious sedation. Dr. Maron added that fentanyl also needs to be listed.

Ms. Foreman asked the Committee if there was a particular trend or a new development the Board was seeing with these drugs. Dr. Daniel responded that teaching programs doing deep sedation/general anesthesia are pushing some propofol. Residents have been through training and know how to ventilate a patient. Dr. Harden stated that propofol should not be used for conscious sedation in any office. It should only be used by someone who is an oral maxillofacial surgeon.

### **Evaluation Form**

The evaluation form was discussed by the Committee. Dr. Daniel stated that romazicon is not listed as an emergency drug and feels this should be added to the form.

### **Informed Consent**

The Committee discussed informed consent forms. Dr. Daniel asked if informed consent is mandatory. The Committee recommended making informed consent board policy.

### **Office Evaluations**

In regards to office evaluations, Dr. Daniel stated when a dentist with a permit moves to a new location or applies for a permit for an additional location current Board policy does not require an inspection. He asked if it would be appropriate for a board investigator, who is not a dentist, be sent to new locations with a check list of equipment requirements and what emergency drugs should be on hand. Ms. Battle responded that the Board does have an investigator. She was not aware of how many cases there would be, but certainly would be willing to look at it from a resource perspective. The concern is that it might prove to be challenging to have the investigator take on this responsibility in addition to his investigative caseload. Dr. Maron responded that he felt a board investigator, the examining dentist or appropriate Board designee would be sufficient.

### **Provisional Permits**

Discussion was held regarding provisional permits. Dr. Daniel stated that recently an applicant wanted to extend his provisional permit so he could practice doing more cases before his evaluation was performed. The question becomes for how long a provisional permit should be valid. Ms. Battle responded by stating that the provisional permit is currently valid for a period of six months.

### **EKG Usage**

The Committee discussed EKG usage for IV sedation. Dr. Daniel stated that the standard of care for the American Society of Anesthesiology for IV sedation last amended October 16, 2013 dictates that EKG is required on all cases. He asked the Committee if the rules need to be amended to require EKG monitoring during IV sedation cases. Dr. Godfrey stated that EKG should be required for IV, but not oral sedation. Dr. Harden added that the EKG and capnography should be required for IV sedation.

### **Surgical Centers**

Dr. Daniel stated that surgical centers not always affiliated with hospitals that perform outpatient surgical procedures under general anesthesia and IV sedation have credentialing standards. Therefore, if a physician, osteopath, or dentist desires to perform procedures at such a facility, he/she must meet certain credentialing requirements. Physicians and Osteopaths who administer anesthesia in dental offices are not regulated by the Georgia Board of Dentistry. He asked should the Board regulate the credentials required of a Physician, Osteopath, PA, or CRNA who administers anesthesia in a dental office. For example, should the Board allow an anesthesiologist who cannot get privileges at a Georgia hospital to administer IV sedation or general anesthesia in a dental office? Ms. Foreman responded that she does not think the Board cannot prohibit that as the Board's authority is limited to licensees and those practicing dentistry. Ms. Foreman asked why an anesthesiologist would be used at a facility where the dentist has a permit. Dr. Maron responded that there are some dentists that do not have the training to do general anesthesia, but have patients that require general anesthesia. He added that the dentist will then have an anesthesiologist come in. Discussion was held concerning a dentist being permitted at the conscious sedation level and the facility is bringing in an anesthesiologist for general anesthesia. The Committee recommended discussing this matter with the Board.

### **Morbidity and Mortality of IV Sedation and Deep Sedation/General Anesthesia Cases**

Dr. Daniel asked if there was a way to find out how many known cases of death exist. Ms. Battle responded that you could not query the database for that information without having to look at every disciplinary file. Dr. Harden stated that in the end it all comes down to training. He stated that it can happen to anybody, but most trouble cases come from those with minimal training. Dr. Maron asked Ms. Battle if the data would be available. Dr. Maron asked if staff could proactively start entering the cases in as morbidity cases going forward. Ms. Battle stated that she can check with the vendor to see if this would be available.

### **Newsletter**

Dr. Godfrey asked how can a newsletter be generated to send out to licensees. Dr. Daniel stated that he will come up with a draft and send it to Ms. Foreman for review. Dr. Godfrey stated that sedation is an important aspect of dentistry. He stated that it the newsletter would need to be mailed. Ms. Battle responded by stating that due to the Board's limited resources, the newsletter could be sent electronically.

### **Approval of Minutes**

Dr. Treadway made a motion to approve the Public and Executive Session minutes for the September 19, 2014 meeting. Dr. Daniel seconded and the Committee voted unanimously in favor of the motion.

There being no further business to come before the Committee, the meeting was adjourned at 2:38 p.m.

Minutes recorded by Brandi P. Howell, Business Operations Specialist  
Minutes edited by Tanja D. Battle, Executive Director