

Iowa Dental Board

Minimal Sedation Rules FAQs

- 1. What if a physician prescribes an antianxiety medication (e.g. Valium), or the patient takes an antianxiety medication for which they have a standing prescription, how does that affect the dentist's prescribing ability the day of treatment?**

The licensed dentist would be permitted to administer a single supplemental dose of the same prescription drug, no greater than $\frac{1}{2}$ the original dose after it has been determined the clinical half-life of the original dose has been reached. The total aggregate dose shall not exceed 1.5 times the MRD on the date of treatment.

In the case of pediatric or medically-compromised patients, the licensed dentist would be restricted from administering any medications for anti-anxiety purposes, including nitrous oxide.

- 2. Do these rules limit the administration of local anesthetics?**

No.

- 3. In regards to the record keeping requirements for minimal sedation, how do the following need to be documented in the patient's chart?**

- a. Oxygenation** – color of mucosa, skin or blood must be evaluated continually. Oxygen saturation by pulse oximetry may be clinically useful and should be considered.
- b. Ventilation** – The dentist and/or appropriately trained individual must observe the chest excursions continually. The dentist and/or appropriately trained individual must verify respirations continually.
- c. Circulation** – Blood pressure and heart rate should be evaluated pre-operatively, post-operatively, and intra-operatively as necessary (unless the patient is unable to tolerate such monitoring).

- 4. When does dosing start? (e.g. Dentist prescribes 5mg of valium for anxiolysis the evening before treatment. Can the dentist then administer another full dose the morning of treatment? Or would that constitute 2 doses?)**

Dosing starts at the time the first dose is taken by the patient prior to the scheduled appointment. The half-life of the drug would need to be reached before an additional dose is administered or prescribed.

- 5. In treating pediatric patients, can a dentist increase the percentage of nitrous oxide for a short time for any reason when administered via the mouth?**

No. The concentration of nitrous oxide may not exceed 50%.

6. Do the new rules affect a dentist's ability to utilize nitrous oxide with patients?

Yes, with some qualifications.

- a. In the case of pediatric or medically-compromised patients: dentists are limited to prescribing a single drug or administering nitrous oxide up to a concentration of 50% for the purposes of minimal sedation. Nitrous oxide cannot be combined with a prescription drug for the purposes of anti-anxiety unless the dentist holds a moderate sedation permit.
- b. In the case of healthy non-pediatric patients (age 13 or older): dentists may utilize nitrous oxide in combination with a single drug (where the total dosage does not exceed 1.5 MRD on the day of treatment) for the purposes of minimal sedation.

7. What reliable sources are available to determine the clinical half-life of a drug?

Consult the Physician's Desk Reference or a licensed pharmacist.

8. Is the use of drugs that contain a combination/mixture of drugs allowed in combination with nitrous oxide?

The use of any compounded drug, like Mepergan Fortis, would automatically constitute moderate sedation for which a sedation permit is required.