

Comparing CODA and State Board Requirements for Moderate Enteral Sedation

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BACKGROUND

One of the most common modalities in treating pediatric patients in the dental office is through the use of moderate enteral sedation. The AAPD publishes guidelines for monitoring and management of pediatric patients for a sedative procedure. Considering sedation has serious adverse risk, the guidelines state the provider "must be competent to use such techniques." However, no quantitative guidelines (the amount of didactic hours or number of clinical cases performed) are stated on what defines competency or proficiency. Instead, it is the individual state dental boards that define the requirements needed to hold a moderate enteral sedation permit.

One of the routes recognized by state dental boards to obtain a sedation permit is by completing an Advanced Dental Education Program. CODA is responsible for developing and ensuring accreditation standards amongst these programs. CODA quantitatively outlines sedation requirements as "a minimum of 50 patient encounters" with the provider acting "as sole primary operator in a minimum of 25 sedation cases." While a few states require graduation from a CODA accredited program in order to request a moderate sedation permit, others only require a few didactic hours in combination with an amount of clinical case experiences. These state requirements vary drastically not only from CODA but from state to state.

OBJECTIVE

To compare the requirements to obtain a permit for moderate enteral sedation from every state to that of the requirements for pediatric dental residency programs as outlined by CODA.

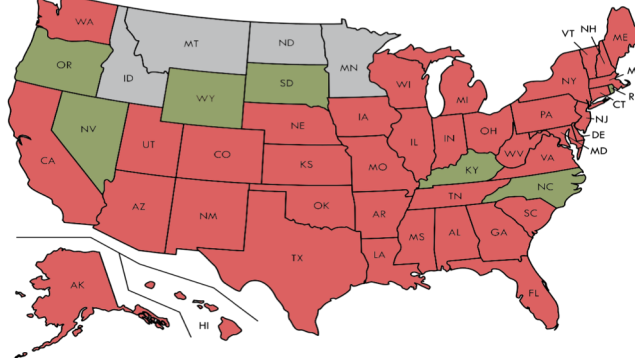
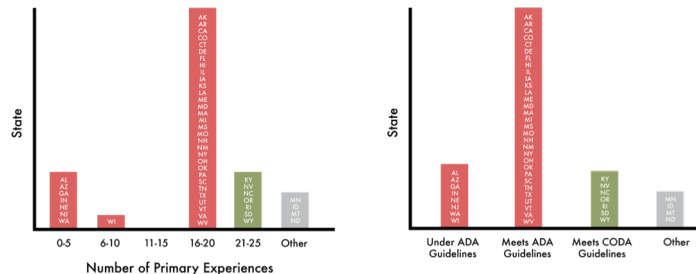
DATA, RESOURCES, REFERENCES



MATERIALS AND METHODS

A review was conducted of the minimum requirements for moderate sedation via an online search of each states' Board of Dentistry published rules and statutes. These were then compared to the requirements outlined by CODA. Data included: number of patient experiences and number of didactic hours required. The number of patients experiences was narrowed to "primary provider" for analytical purposes. The data was analyzed using descriptive statistics.

SEDATION REQUIREMENTS BY STATE VS. CODA



RESULTS

Of the 50 states, 39 fell below CODA requirements when examining number of primary provider sedation experiences. No state exceeded the amount required by CODA, 7 matched, and 4 states fell into an "other" category. The mean number of sedation experiences required by States was 17.8 with a median of 20 and a range from 0 to 25. The mean number of educational hours was 50 with a median of 60 and a range from 0 to 75.

DISCUSSION

80% of the States fell below that of CODA requirements for moderate sedation. The majority of States, 66%, required 20 primary provider experiences and 71% required 60 didactic hours. These numbers correspond to the "ADA Guidelines on Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students" indicating that most States are following some sort of proposed guidelines in order to obtain a sedation permit. However, many States are grossly under even those requirements with some requiring zero encounters and minimal hours in educational training. While the majority of States only fall short of CODA requirements (25 sole provider) by 5 experiences, if you were to take into account that CODA requires an additional 25 secondary experiences, the difference drastically increases across the board. This raises the question of how does CODA reach these numbers to train in moderate sedation while most States and the ADA follow vastly different guidelines? Another future study could include examining the number of sedation related deaths and the number of primary cases required to obtain a permit. Further research is indicated.

CONCLUSIONS

1. There is a difference between CODA moderate sedation requirements and those required by individual states to obtain a moderate sedation permit.
2. Most states follow the ADA Guidelines for moderate sedation.
3. CODA requirements and ADA Guidelines differ in the amount of primary and secondary patient encounters.