

Guidelines For The Management Of Children Referred For Dental Extractions Under General Anaesthesia

The Association of
Paediatric
Anaesthetists of
Great Britain &
Ireland



The Royal College of
Anaesthetists



THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

*The Association of
Dental Anaesthetists* www.dentalanaesthesia.org.uk



EXECUTIVE SUMMARY

August 2011

CONTENTS

Introduction	2
Aims And Remit.....	3
Application Of These Guidelines	4
A suggested Care Pathway.....	5
Key Recommendations.....	6

INTRODUCTION

These Guidelines have been officially endorsed by all of the organisations listed below:

- [Association of Paediatric Anaesthetists of Great Britain and Ireland](#)
- [Association of Dental Anaesthetists](#)
- [Association of Anaesthetists of Great Britain and Ireland](#)
- [British Society of Paediatric Dentistry](#)
- [Royal College of Anaesthetists](#)
- [Royal College of Nursing](#)
- [Faculty of General Dental Practice \(UK\)](#)

The guidelines are also officially supported by the [Royal College of Paediatrics and Child Health](#).

The document will be reviewed every five years.

[Return to TOC](#)

AIMS AND REMIT

To develop an evidence-based consensus on the care pathway from referral to discharge for children and young people who are referred for dental extractions under general anaesthesia.

[Return to TOC](#)

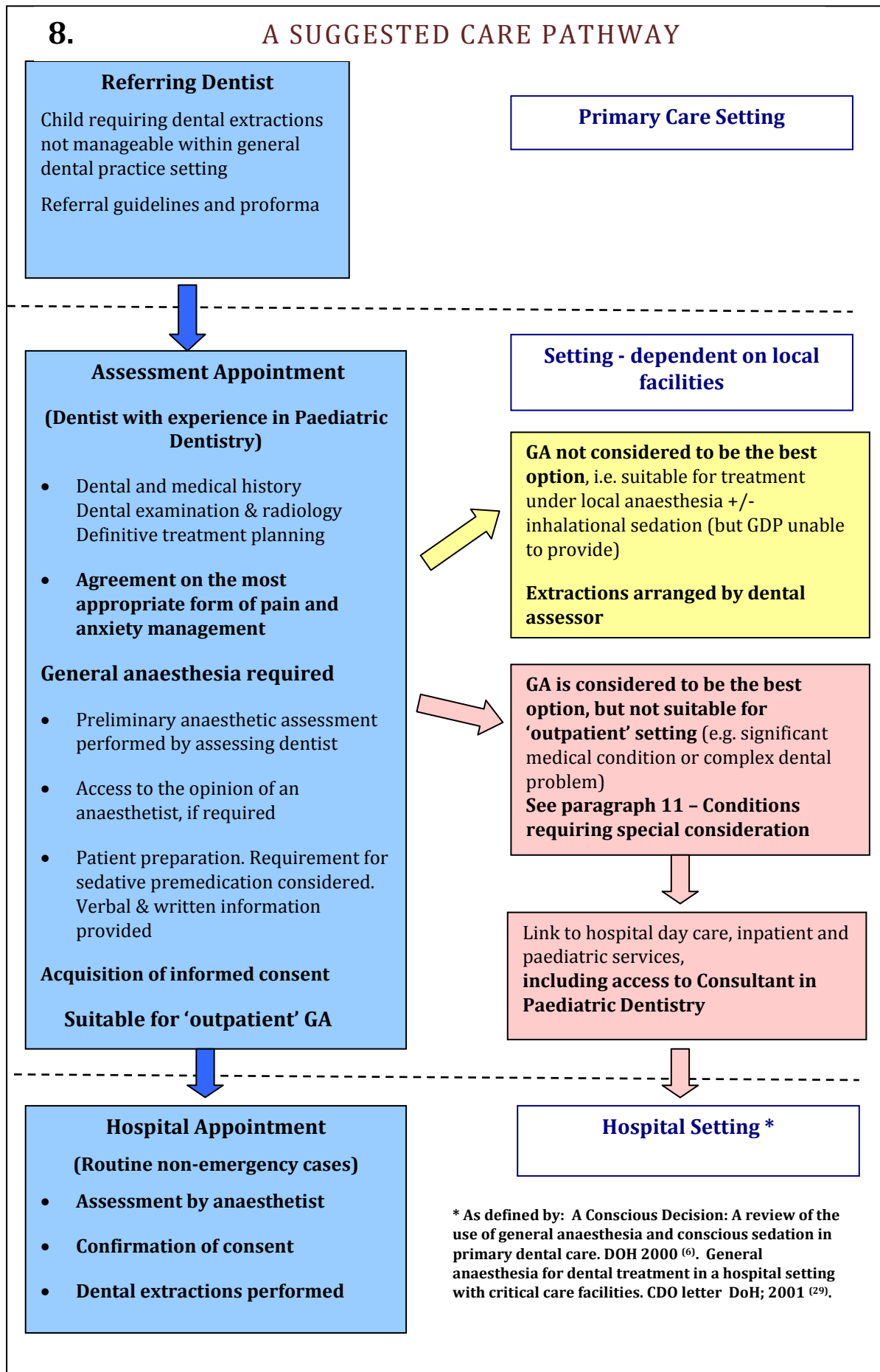
APPLICATION OF THESE GUIDELINES

These guidelines are intended to apply to children and young people aged 1 – 18 years.

[Return to TOC](#)

8.

A SUGGESTED CARE PATHWAY



KEY RECOMMENDATIONS

REFERRAL

Recommendation 1

Dental extractions should only be performed under general anaesthesia when this is considered to be the most clinically appropriate method of management.

(MANDATORY)

Recommendation 2

All services should develop a local referral proforma, distributed with appropriate guidance to all referrers. The referral letter should clearly justify the use of general anaesthesia, though the ultimate decision on whether general anaesthesia is administered should be made at the assessment appointment.

(GRADE D)

ASSESSMENT AND PREPARATION

Recommendation 3

Children undergoing general anaesthesia for dental extractions should receive the same standard of assessment and preparation as children admitted for any other procedure under general anaesthesia.

(GRADE D)

Recommendation 4

Options for the dental extractions, including whether they are performed under local anaesthesia, local anaesthesia supplemented with conscious sedation, or general anaesthesia, should be explained to the parent / carer and child (where appropriate), allowing adequate time for each option to be considered. The associated benefits and risks of each technique should also be discussed.

(MANDATORY)

Recommendation 5

Unless there is an urgent clinical need for treatment, assessment should ideally be undertaken at a separate appointment. This should include the formation of a treatment plan, preparation for the procedure and associated general anaesthesia, assessment of the need for sedative premedication, information sharing, discharge planning and an explanation of fasting instructions together with an appropriate regimen for analgesia. Sufficient time should be provided to allow the parent / carer and child to arrive at a considered opinion and to give informed consent.

(GRADE D)

Recommendation 6

The assessing dentist should ideally be a specialist in paediatric dentistry, or a dentist who can demonstrate the necessary competencies to carry out comprehensive treatment planning for children who require general anaesthesia. The dentist should be trained and experienced in the behavioural management of children, including conscious sedation (particularly inhalational sedation). The dentist should also be conversant with all clinical guidelines relevant to the assessment, diagnosis, treatment planning and management of children requiring dental extractions under general anaesthesia. Relevant radiological investigations should be available at the assessment appointment.

(GRADE D)

Recommendation 7

At the assessment appointment, written information should be provided in suitable formats for the child and the parent / carer. This should include details about:

- Preoperative preparation, including preoperative fasting
- The proposed treatment plan, including benefits and risks
- The availability of alternative treatment options
- The process of general anaesthesia, including potential side effects and complications
- Appropriate escorts for the child on the day of the procedure
- Postoperative arrangements, including suitable transport home
- Postoperative care and analgesia.

(GRADE D)

Recommendation 8

The opinion of an appropriately trained and experienced anaesthetist should be available, if required, prior to the treatment appointment. Dental and relevant medical case records should also be available.

(GRADE D)

APPROPRIATE SITE AND FACILITIES

Recommendation 9

Children requiring general anaesthesia for dental extractions should be managed in a child-centred, family-friendly hospital setting. This should provide the space, facilities, equipment and appropriately trained personnel required to enable resuscitation and critical care to be immediately, efficiently and effectively undertaken, should the need arise. Agreed protocols and appropriate communication links must be in place, both to summon additional assistance in an emergency situation and for the timely transfer of paediatric patients to dedicated areas such as high dependency units (HDUs) or intensive care units (ICUs), if necessary.

(MANDATORY)

PERIOPERATIVE CARE

Recommendation 10

Children undergoing general anaesthesia for dental extractions should receive the same standard of care as children admitted for any other procedure under general anaesthesia. This should include an opportunity to visit the department before the day of the procedure, as well as access to preoperative preparation by registered children's nurses and / or play specialists. If such staff are not employed within the department, arrangements should be made to ensure appropriate availability on a flexible basis.

(GRADE D)

Recommendation 11

Children undergoing general anaesthesia for dental extractions should be cared for in a family-orientated environment. This should allow the parent / carer to accompany the child during induction of general anaesthesia, where appropriate. Treatment rooms should be child-friendly, with suitable play and recreational equipment in the waiting areas. There should be physical separation from adult patients as well as adequate space to accommodate the equipment required to meet the needs of the child with physical disabilities.

(GRADE D)

Recommendation 12

Parents and carers should be informed of the potential adverse effects of general anaesthesia, including the timescale of these. Advice should be given about return to school and normal activities, as well as the management of behavioural changes at home.

(GRADE C)

Recommendation 13

Children undergoing general anaesthesia for dental extractions should be managed by staff who have received appropriate training, and who are competent in paediatric anaesthesia and paediatric resuscitation. Regular updates in resuscitation techniques, together with practice as a team in the management of simulated emergencies, are essential to maintain skills and optimise effective team working in a genuine crisis.

(GRADE D)

Recommendation 14

Whenever general anaesthesia is administered to a child, clinical observation should be supplemented by minimum standards of monitoring. These standards should be uniform irrespective of the duration, location or mode of anaesthesia.

(GRADE D)

Recommendation 15

Intravenous access should be considered for every patient. Topical local anaesthetic cream (Ametop® / EMLA® / LMX4®) should be applied preoperatively to potential sites for venepuncture, where appropriate.

(GPP)

Recommendation 16

All clinical staff should be aware of relevant legislation including the Children Act 2004 (or its equivalent), the rights of the child, safeguarding of children / child protection and the process of obtaining consent. All members of staff who care for children should be aware of local policies concerning the management of uncooperative children.

(GPP)

Recommendation 17

All clinical staff caring for children should have the necessary level of competence in the safeguarding of children / child protection. *

(MANDATORY)

*This should be a minimum of "Level 2 Competence", as outlined by the Intercollegiate Document on Safeguarding Children and Young People (2010).⁷⁵

PERIOPERATIVE ANALGESIA

Recommendation 18

Unless contraindicated, non-steroidal anti-inflammatory drugs (NSAIDs) and / or paracetamol should be used to provide analgesia for dental extractions under general anaesthesia. These drugs may be combined or given separately before, during or after surgery. Opioids are not routinely required for uncomplicated dental extractions.

(GRADE B)

Recommendation 19

Infiltration of a local anaesthetic agent combined with a vasoconstrictor agent may have a role in achieving haemostasis, with possibly some benefit in terms of analgesia in the older child who is able to understand the sensation of numbness.

(GRADE B)

RECOVERY AND DISCHARGE

Recommendation 20

The standards of recovery and discharge following general anaesthesia for dental extractions in children should be the same as those following general anaesthesia for any other procedure.

(GPP)

Recommendation 21

Children should be managed in a dedicated and appropriately equipped children's recovery area, on a one-to-one basis, by designated members of staff who receive regular training in paediatric resuscitation. A registered children's nurse must be available to provide care for paediatric patients and to supervise other nursing staff who may be involved in the care of children. A member of staff who is trained and competent in advanced paediatric life support should be available until the child is discharged from the department.

(GRADE D)

Recommendation 22

Facilities should allow parents / carers to be present as soon as their child emerges from general anaesthesia. Adequate time should be allowed for the second stage of recovery and appropriate facilities should be provided for the child who requires prolonged recovery for medical, nursing, or social reasons.

(GPP).

Recommendation 23

Discharge or transfer of the patient should be based on specified criteria, irrespective of the time taken to achieve these.

(GPP)

Recommendation 24

Suitable transport home should be arranged. The child must be accompanied by a responsible adult.

(GPP)

Recommendation 25

Written and verbal advice about postoperative care should be provided for the parent / carer. A responsible adult must be available for care of the child at home. Clear information should also be provided on appropriate lines of communication in the event of any subsequent queries or postoperative problems.

(GPP)

[Return to TOC](#)