



Bright Smiles Dental Care

Marie MacKay
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Dear Marie,

Re: Consultation on proposed updates to the Sedation practice standard

Overall, we believe the recommended changes are appropriate, and we are supportive of most of these. However, we do have some comments as follows:

1. It is common practice among dentists who treat children with sedation to use oral sedation together with nitrous oxide sedation as it is often more effective, without compromising safety. However, the guideline states "... practitioners only use oral sedation for an intended level of minimal sedation, limited to a single oral dose and single drug". We believe that the combination of oral sedation and nitrous oxide sedation should still be considered "minimal" sedation.
2. "For children under 3 years of age, sedation to be provided by a paediatric dental specialist or an anaesthetist". This statement implies that paediatric dental specialists are commensurate with anaesthetists with regards to sedation. We do not believe this to be true. Also, does this recommendation mean that nitrous oxide sedation can only be provided for children under 3 by paediatric dentists or anaesthetists? We do not support this statement in relation to nitrous oxide sedation.
3. The guidelines state that there should be monitoring of BP during sedation. This is difficult in young children – and for minimal sedation – we do not believe it should be a requirement.

4. The current course for sedation monitoring (which is attended by our dental assistants) is focused on IV sedation and the people running this course are generally disapproving of oral sedation. This negativity is not helpful.

5. Over the past 10 years our dentists have observed a trend toward increasing numbers of children requiring oral sedation in the 3-6 and 6-12 year age groups. Our impression is that this may be related to increasing numbers of anxious children (and parents), stresses within the Community Dental Service, and longer hospital waiting times. Oral sedation allows the safe treatment of many of these children. We hope that techniques such as Hall Technique stainless steel crowns and SDF may increasingly help therapists and dentists to manage more of the mildly anxious children without the need for sedation or general anaesthesia.

Nga mihi,



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Helen Crosbie
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