
Page 2: About your submission

Q1

First name

Morris

Q2

Last name

Wong

Q4

Registered oral health practitioner

In what capacity are you making this submission?

Q5

Respondent skipped this question

Company/organisation name

Page 3: About your submission

Q6

Dental specialist

What is your profession?

Q7

Please enter your Dental Council Person ID, if applicable

7565

Page 4: Q1 - Sedation practice standard

Q8

Agree

Do you agree/disagree with the updated draft Sedation practice standard?

Q9

If you disagree, please tell us why:

I welcome most of the proposed updates to the Sedation Practice, particularly in the areas of oral or inhalation administration for light sedation. Our practice has ceased providing light sedation due to staff and compliance requirements. This has added greater financial burden to the patient as cases would be referred to a sedationist, with sedation costs exceeding treatment costs. The default method for the sedationist was normally intravenous. As some of our patients were requiring 3-monthly reviews, this was considered impractical and unnecessary.

I disagree with the requirement to submit and annual audit of each case in such detail. However, it would be normal to have full details of drug use and dosage in our patient notes, together with a comment on effectiveness or complications.

I agree a 2-person sedation team is adequate to perform procedures under light sedation. However manual recording of patient parameters would require a third person. This could only be achieved by a 2-person team if monitoring equipment such as capnography were employed, which has automated data recording to a digital medium.

Page 5: Q2 - Sedation practice standard

Q10

Yes, more clarification or guidance needed

Are there any areas of the proposed Sedation practice standard you feel require further clarification or guidance?

Q11

If yes, please tell us which areas and why:

Midazolam may be administered intra-nasally, with the pharmacy preparing 3ml of 5mg/ml. This is titratable. Would the total be considered a single dose, and by what route?

Methoxyflurane administered via an inhaler device (Penthrox) is not a continuous delivery, and suitable for light sedation and short procedures. Does this require the same equipment as continuous flow nitrous oxide?

Page 6: Q3 - Sedation practice standard

Q12

Do you have any further comments on the proposed Sedation practice standard?

Six-monthly sedation training is too frequent.
