

Inhalation Sedation Selection Criteria

Indications

- Dental anxiety
- Needle phobia
- Gag reflex
- ASA II patients where condition exacerbated by stress (e.g. fainting attacks/hypertension/stable angina/well controlled asthma/epilepsy)
- ASA II patients where condition affects ability to cooperate (e.g. parkinson's)

Considerations

- Patients must be happy to wear a mask, breathe through their nose, and sit still on the dental chair.
- Children of a preschool age will not usually have adequate understanding for sedation to be effective.
- If patients are claustrophobic they may find inhalation sedation is not suitable for them.
- Sedation can cause nausea, sweating, dizziness, headaches and/or drowsiness in some cases but usually the percentage of nitrous oxide being given is set to avoid this.
- For some patients their anxiety may be too severe for nitrous oxide to help manage - in these cases it may be appropriate to consider other forms of behavioural management such as intravenous sedation with midazolam, general anaesthesia, or cognitive behavioural therapy.
- Complex treatment on upper anterior teeth is generally not appropriate to carry out with inhalation sedation as the position of the mask can make access difficult; simple extractions here are fine however.

Medical Contraindications

- Intraocular injection of gas (within 3 months)
- History of middle ear surgery or obstruction
- Nasal/upper respiratory tract obstruction
- Enlarged tonsils/adenoids
- Chronic obstructive pulmonary disease
- Emphysema
- Bronchiectasis
- Presence of alveolar bullae
- Pulmonary hypertension
- Pneumothorax
- Cystic fibrosis
- Congestive Heart Failure
- Bowel obstruction
- Malnourishment/ low levels of B12 & folate
- History of substance abuse
- Alcoholism
- Severe emotional/psychiatric disorders
- Multiple Sclerosis
- Myasthenia gravis
- Pregnancy