

Guidance on Conscious Sedation for Dentistry 2026

Integrating GDC and AoMRC minimal standards, with SDCEP and IACSD professional guidance

PROFESSIONAL GUIDANCE

EVIDENCE-BASED PRACTICE

January 2026 - Review Date: December 2026

Introduction



There is some confusion and discussion about what are mandatory standards and which professional guidance should be followed when providing conscious sedation for dentistry in 2026. The disbandment of an IACSD committee in January 2026 does not invalidate the 2020 IACSD document.

This document summarises mandatory requirements and the variety of professional guidance available to dental sedationists and their teams. A comprehensive list of resources is available on the SAAD website.



What must I do as a dental sedationist?

- ❑ Sedationists and their teams must only provide care within their scope of practice. Validated training with practical mentoring is required. Continuing professional development is required within a personal development plan directed towards the clinical care provided. Practitioners should be aware that guidelines are not “tramlines” and professional interaction and discussion are important components of making justifiable clinical decisions.



Accessing Guidance

Sedation teams should ensure the sources of knowledge are reputable. Practitioners should avoid taking credence from anecdotal accounts of individuals however senior within their profession or from organisations with exclusive membership.



Ongoing CPD

The whole dental sedation team should review current practice, identify key learning needs, and complete a minimum 12 hours of age-appropriate sedation related learning activity (verifiable CPD) in each 5 year cycle.

The Framework for Safe Conscious Sedation in Dentistry



"A technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The drugs and techniques used to provide conscious sedation for dental treatment should carry a margin of safety wide enough to render loss of consciousness unlikely."

This widely accepted definition of conscious sedation in UK dentistry, forms the cornerstone of safe sedation practice. It emphasises the critical importance of maintaining patient responsiveness and verbal contact throughout any sedation procedure, clearly distinguishing conscious sedation from deeper levels of sedation or general anaesthesia.



GDC & AoMRC

Sets the minimum fundamental standards that must be met by all practitioners. These are mandatory requirements, not optional guidance.



SDCEP 2017/2022

Provides a graded scientific evidence approach offering practical guidance for best practice in clinical settings.



IACSD 2020

Describes the intercollegiate royal medical colleges approach detailing clinical techniques, environments, and training syllabi.



Important: This document offers guidance (including where GDC and AoMRC mandates apply) to support dental teams in delivering safe, effective conscious sedation within their scope.
AoMRC standards represent the minimum fundamental requirements that are not negotiable.

Conscious Safety



Conscious sedation represents a drug-induced psychologically supported minimally depressed level of consciousness that enables dental treatment to proceed whilst maintaining physiological safety. Techniques are designed to reduce anxiety and discomfort by titrating drug(s) **to and not beyond** a defined level of consciousness whilst preserving the patient's protective reflexes and ability to communicate.

1

Maintained Consciousness

Patients retain the ability to maintain their airway independently and respond appropriately to verbal and physical stimuli throughout the procedure.

2

Clear Distinction

Conscious sedation is distinctly different from some forms of procedural sedation, deep sedation or general anaesthesia, where airway patency and ventilation may be compromised.

3

Safety Margin

The technique emphasises maintaining a wide safety margin to avoid any unintended loss of consciousness during treatment.

4

Excellent Safety Record

Conscious sedation in dentistry maintains an excellent safety record compared with sedation practices in other medical specialties.

The safety profile of dental conscious sedation reflects decades of careful protocol development, appropriate patient selection, and rigorous training standards. When delivered within established guidelines, conscious sedation provides a valuable tool for managing dental anxiety and enabling treatment that might otherwise be impossible for many patients.

Sedation Techniques and Evidence Levels



The SDCEP approach to evidence grading provides practitioners with a clear framework for understanding the strength of recommendations supporting different sedation protocols. This evidence-based methodology ensures that clinical decisions are informed by the best available research whilst acknowledging the varying quality of evidence across different aspects of sedation practice.

Minimal Sedation (Anxiolysis)

Usually achieved with single enteral drugs administered within maximum recommended doses. Patients remain responsive and can follow commands normally.

Moderate Sedation

Involves one or more drugs inducing depression of consciousness with purposeful patient response. Remains within the definition of conscious sedation when maintained verbal contact. Do not confuse with procedural sedation that may involve loss of consciousness.

Evidence-Based Selection

Practitioners should consider SDCEP's graded evidence to provide care appropriate to individual patient needs and the specific clinical setting. Lack of high-level evidence base does not preclude established techniques with proper training and application in an appropriate environment.

SDCEP grades the evidence supporting sedation protocols with particular emphasis on safety margins and patient outcomes. This grading system helps practitioners distinguish between strongly supported recommendations and those based on expert consensus or limited evidence, enabling informed clinical decision-making.

Sedation Training and Competency Requirements



The provision of conscious sedation carries significant responsibility and must only be undertaken by practitioners and their teams who have demonstrated competency through validated training pathways. Every member of the sedation team must work within their defined scope of practice, ensuring they possess the necessary knowledge, skills, and experience for each technique they provide.

New Starter Training



Training must demonstrate adequate knowledge and skills with mentored experience to provide each specific technique in the environment where it will be delivered. The training pathway must be validated, including both theoretical knowledge and practical skills. Each member of the sedation team should maintain their competencies through continuing professional development.

The options for training new starters in conscious sedation is not exclusive and may include:

SAAD Courses

UK dental school postgraduate courses
Other STAC accredited courses
NEBDN Dental Nursing Sedation Certificate

NHS Postgraduate Deaneries
NHS England
WTE/HEE/NES
Wales Deanery
NIMDTA (including training within DCT, StR,
and deanery sedation programmes)

Clinical supervision for training

Clinical supervision will need to be completed by supervisors who are part of the validated courses, or as part of a postgraduate deanery training programme (eg DCT/StR)

Indemnity

Appropriate indemnity or insurance is an absolute mandatory requirement before any practitioner administers sedation. This is a legal requirement and protects both the patient and the practitioner, ensuring accountability and recourse in the unlikely event of adverse outcomes.

Medical Emergencies & Life Support CPD



Dental Immediate Life Support (DILS) training is an appropriate workplace-based training that can combine scenario training of sedation complications and life support specific to the dental sedation environment.



Medical Emergencies & Life Support Training

The GDC requires you to follow the guidance on medical emergencies and training updates issued by the Resuscitation Council (UK).

Life support courses should be age appropriate to clinical case provision and have learning outcomes equivalent to Resuscitation Council (RCUK) Immediate Life support (ILS) and/or Paediatric Immediate Life Support (PILS). However, they do not need to be RCUK approved or certificated. Key features of these courses should include basic life support, cardiac arrest and respiratory depression recognition, use of AEDs, airway management, airway adjuncts and management of common medical emergencies.



Team Scenarios

Sedation teams should have regular, documented scenario-based team training in management of sedation related complications, including over sedation, respiratory depression, management of the unconscious patient, airway obstruction, anaphylaxis, delayed recovery and failure of conscious sedation.



Ongoing CPD

The whole dental sedation team should review current practice, identify key learning needs, and complete a minimum 12 hours of age-appropriate sedation related learning activity (verifiable CPD) in each 5 year cycle.

Clinical Facilities and Support Staff

The environment in which conscious sedation is administered plays a crucial role in patient safety. Clinical facilities must be properly equipped to manage both routine sedation procedures and any complications or emergencies that may occur. This requirement is not merely guidance but forms part of the AoMRC minimum standards that all practices must meet. [SAAD offers a range of validation services.](#)



Appropriate Environment

Sedation must be administered in clinical environments specifically equipped for complication management and emergency response. Facilities must have appropriate resuscitation equipment readily available.



AoMRC Compliance

All facilities must comply with AoMRC minimum standards for safety and monitoring. These standards are mandatory and represent the baseline requirements for safe practice (see monitoring requirements).



Trained Support Staff

Trained support staff must be present throughout sedation procedures to assist with patient monitoring and to respond effectively to any complications or emergencies (see staffing levels).



Recovery Provision

Dedicated recovery areas must be equipped and staffed appropriately, allowing for safe observation until patients return to baseline consciousness before discharge.

Dental Sedation Staffing Levels

 "A second individual already responsible for monitoring the patient may assist the operator-sedationist with **interruptible ancillary tasks of short duration**, no third person being required."

-AoMRC 2013



Dedicated Sedationist

Sole responsibility for sedation administration, monitoring, discharge and complications. Consider for complex/prolonged procedures, ASA III+, and non-standard technique.



Operator-Sedationist

Dentist administers sedation AND performs procedure. Consider for brief, simple procedures on ASA I–II patients.

Requires trained Second Appropriate Person.



Second Appropriate Person

Trained staff dedicated to monitoring vital signs, electronic monitoring & patient safety. May assist with brief, interruptible ancillary tasks (eg. aspiration, instrument passing) while maintaining monitoring focus.

Clinical Decision Framework

Operator-Sedationist: ASA I–II, brief simple procedures, single drug, with second appropriate person assisting.

Three-Person Model: Operator-sedationist + monitoring sedation trained nurse + separate assistant.

Dedicated Sedationist: ASA III+, complex/prolonged procedures, multiple drugs, higher-risk cases.

Patient Selection: ASA Classification and Suitability for Primary Care

Appropriate patient selection is fundamental to safe sedation practice. The American Society of Anesthesiologists (ASA) physical status classification system provides a standardised framework for assessing patient suitability for conscious sedation in different clinical settings.

ASA 1: Healthy Patient

A normal healthy patient with no systemic disease. These patients are ideal candidates for conscious sedation in primary care dental settings with standard protocols.

ASA 2: Mild Systemic Disease

Patient with mild systemic disease that does not limit activity. These patients are also appropriate for conscious sedation in primary care with careful assessment.



Primary Care Suitability: ASA 1 and ASA 2 patients are appropriate candidates for conscious sedation in primary care dental settings. Patients with higher ASA classifications (ASA 3 and above) may require referral to secondary or advanced care facilities where enhanced monitoring and support is available.

Thorough pre-sedation assessment is essential and must systematically identify relevant medical history, potential airway risks, current medications, allergies, and any contraindications to sedation. This assessment, normally carried out at a separate visit, forms the foundation of safe sedation planning and must be documented comprehensively.

Monitoring Requirements by Sedation Technique



Monitoring requirements vary according to the sedation technique employed and the patient's ASA classification. Understanding these distinctions is essential for safe practice and compliance with established standards



Inhalation Sedation (Nitrous Oxide/Oxygen)

For ASA 1 and ASA 2 patients, inhalation sedation requires **physical monitoring only**. This includes clinical observation, conscious level assessment, peripheral pulse, assessment of respiratory rate, skin colour, and patient responsiveness. The excellent safety profile of this technique in healthy patients supports this approach.



All Other Sedation Techniques

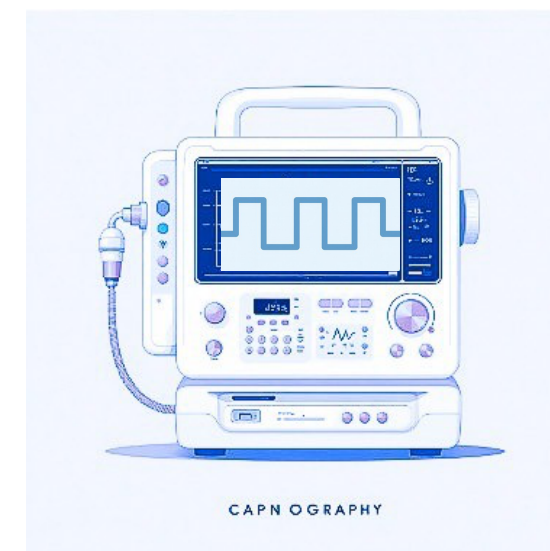
Requires comprehensive monitoring including:

- Continuous pulse oximetry during the procedure until discharge
- Blood pressure monitoring before, during (at appropriate intervals), and after the procedure
- Capnography as appropriate

Capnography Considerations

Capnography is not mandatory but **may be useful** for early detection of hypoventilation, particularly in patients receiving intravenous sedation or those with respiratory concerns. The SDCEP evidence-based approach supports its consideration as an adjunct monitoring tool.

All monitoring equipment and protocols must meet AoMRC minimum standards and should align with SDCEP evidence-based recommendations. Regular equipment checks and staff training in interpretation of monitoring data are essential components of safe practice.

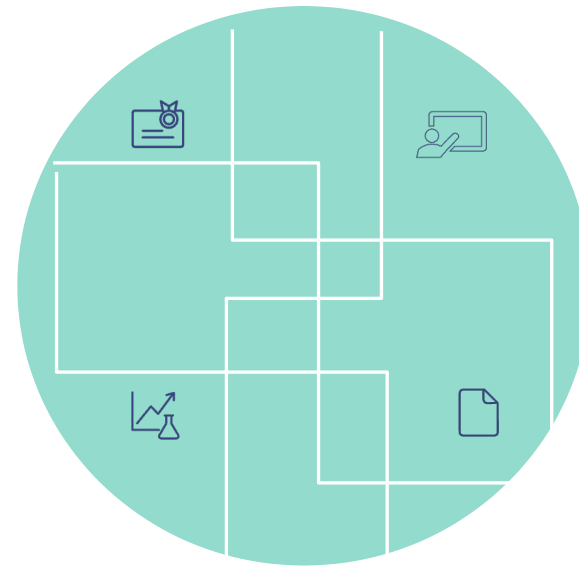


Governance, Audit, and Quality Assurance



SAAD Certification
Safe Sedation Certificate /
Safe Practice Scheme validation

Audit & Review
Peer review processes for
continuous improvement



Regular Training

Ongoing updates in complications,
airway management and emergency
protocols

Documentation

Complete records of assessment,
planning, consent for sedation and
dentistry, and monitoring and discharge

 Adoption of the **SAAD Safe Sedation Certificate and Safe Sedation Practice Scheme** is strongly recommended for validated governance. This provides a structured framework for demonstrating competency and maintaining standards across all aspects of sedation practice.

Audit of sedation practice

Example audit options

- Record keeping – pre-assessment, monitoring and recovery
- Sedation complications and unplanned flumazenil use
- Patient reported Outcomes and Experience Measures (PROMS & PREMS)

Documentation Standards

- Patient assessment records
- Sedation plan documentation
- Consent for sedation and dentistry
- Monitoring records throughout
- Post-procedure instructions

Summary:

Safe Conscious Sedation in Dentistry 2026



Conscious sedation in dentistry is a well-established modality for anxiety and pain control. When delivered within established frameworks and by appropriately trained practitioners, it maintains an excellent safety record compared to other specialties. Sedation practitioners must follow fundamental standards and be familiar with professional guidance.

Mandatory Compliance

Compliance with [AoMRC minimum standards](#) is mandatory and non-negotiable. These represent the fundamental baseline for safe practice.

Best Practice Framework

[SDCEP guidance](#) and [IACSD](#) definitions provide a robust framework for achieving best practice beyond minimum requirements.

Core Requirements

Practitioners must ensure appropriate training, careful patient selection, assessment, sedation provision with comprehensive monitoring, [complete record keeping](#) and proper facility standards.

Validated Governance

Embracing recommended governance schemes such as [SAAD's safe sedation validation programmes](#) enhances patient safety and professional accountability.

This guidance supports dental teams in confidently providing conscious sedation within a safe, evidence-based, and patient-centred approach. Sedationists should be aware of the limited evidence base and make justifiable decisions based on a balance of the available documents and professional discussion. Particular care should be taken when considering anecdotal evidence and any weight given to that. Patient needs and safety remain of primary importance.