

Position Summary

Relative Analgesia is a commonly used and safe technique prescribed by dentists for treating anxious patients utilising nitrous oxide and oxygen for the relief of dental patients' anxiety and pain. Dentists should remain the only dental practitioner who can prescribe relative analgesia.

1. Background

- 1.1. Relative Analgesia is one of the most common pharmacological behaviour management techniques used for dental patients.
- 1.2. Relative Analgesia in dentistry has been safely practised in Australia for many years under various levels of regulation dependent upon jurisdiction.
- 1.3. Until 2010, the ADA had recognised the ANZCA and RACDS document PS21 published in 2003. This was replaced by PS9 in 2009.
- 1.4. In 2010, the ADA Guidelines for Conscious Sedation in Dentistry which included the use of Relative Analgesia were adopted.
- 1.5. Dentists are the only dental practitioner who can prescribe relative analgesia in a dental practice. However, other dental practitioners may provide treatment under supervision, once relative analgesia has been initiated by a dentist.

Definitions

- 1.6. ANXIOLYSIS includes the use of a single low dose oral medication or inhalation of gases for treating anxious patients, but not inducing a state of conscious sedation. Appropriate initial dosing of a single oral drug should be no more than the maximum recommended dose that a patient could take unmonitored at home. Anxiolysis does not include polypharmacy.
- 1.7. BOARD is the Dental Board of Australia.
- 1.8. RELATIVE ANALGESIA is a technique in which the inhalation of a combination of nitrous oxide and oxygen enables treatment to be carried out and in which;
 - (a) purposeful verbal contact with the patient can be maintained or the patient responds appropriately to light tactile stimulation throughout the administration of relative analgesia; and
 - (b) the drugs and techniques used have a margin of safety wide enough to render unintended loss of consciousness extremely unlikely.
- 1.9. GENERAL ANAESTHETIC is any drug or substance which when administered to a patient will induce a controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to maintain an airway independently and continuously, and respond to physical stimulation or verbal command.

2. Position

- 2.1. Patient safety should be the prime consideration in forming guidelines for relative analgesia for dental practice.
- 2.2. Regulation of relative analgesia in dental practice should be evidence-based.
- 2.3. Dentists practising relative analgesia must comply with the standards set out in PS9 (ANZCA) as it relates to Relative Analgesia.
- 2.4. Dentists should remain the only dental practitioner who can prescribe relative analgesia.

- 2.5. Only dentists who have adequate training and experience should administer relative analgesia.
- 2.6. Dentists prescribing relative analgesia should follow the ADA Guidelines for the Administration of Nitrous Oxide and Oxygen Relative Analgesia in Dentistry.

Policy Statement 6.33

Adopted by ADA Federal Council, April 11/12, 2019

Editorially amended by Constitution & Policy, July 4/5, 2019

Amended by ADA Federal Council, November 22, 2019.

Amended by ADA Federal Council, November 18, 2022