**INHALATION SEDATION**

**Directly Observed Procedural Skills for those ADMINISTERING Sedation**

|  |  |
| --- | --- |
| Sedation Trainee’s Name |  |
| Sedation Trainee’s GDC / GMC no. |  |
| Supervisor’s Name |  |
| Supervisor’s GDC / GMC no. |  |

|  |  |
| --- | --- |
| Date of assessment |  |
| Trainee providing sedation only\* / sedation plus dental treatment\* \*delete as appropriate  |
| Description of dental procedure: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Competency** | **Unsafe** | **Below Standard** | **Meets Standard** | **Above Standard** | **Not Observed**  |
| Understanding the indication for inhalation sedation and knowledge of technique |  |  |  |  |  |
| Equipment safety checks prior to sedation |  |  |  |  |  |
| Pre-sedation assessment and baseline observations  |  |  |  |  |  |
| Discussion of proposed treatment with patient and consent confirmed |  |  |  |  |  |
| Safe titration of nitrous oxide and recognition of end point  |  |  |  |  |  |
| Maintenance of sedation including psychological support  |  |  |  |  |  |
| Manages any over sedation appropriately  |  |  |  |  |  |
| Monitoring of patient throughout procedure |  |  |  |  |  |
| Dental procedure |  |  |  |  |  |
| Discharge assessment and post-operative instructions |  |  |  |  |  |
| Appropriate clinical notes |  |  |  |  |  |

|  |
| --- |
| Agreed suggestions for development:  |
| Supervising dentist’s signature: |  |
| Trainee’s signature: |  |