



October 2, 2020

Dr. Bryan Henderson, II, D.D.S  
Anesthesia Committee Chair  
Texas State Board of Dental Examiners  
333 Guadalupe Street, Tower 3, Suite 800  
Austin, TX 78701

Dear Dr. Henderson,

Thank you for allowing the Texas Academy of Pediatric Dentistry (TAPD) to participate in today's stakeholder meeting regarding the appropriate doses for in- and out-of-office administrations of benzodiazepines. TAPD represents approximately 80 percent of practicing pediatric dentists in Texas, with the goal of promoting oral health for Texas children. To ensure the health and safety of our patients, TAPD believes benzodiazepines for children should only be administered in an in-office setting by a licensed sedation permit holder.

Sedating a child is different than sedating an adult. According to the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, children under the age of six are "particularly vulnerable to the sedating medication's effects on the respiratory drive, airway patency, and protective airway reflexes."<sup>1</sup> However, children of any age could experience "airway obstruction, hypoventilation, laryngospasm, hypoxemia and apnea."<sup>2</sup> Hypotension and cardiopulmonary arrest may also occur if a person is not trained to recognize a respiratory compromise. Numerous studies have concluded that children often "pass from the intended level of sedation to a deeper, unintended level of sedation, making the concept of rescue essential to safe sedation."<sup>3</sup>

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<sup>1</sup> Charles J. Coté, MD, FAAP & Stephen Wilson, DMD, MA, PhD, *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures: Update 2016*, PEDIATRICS Volume 138, number 1 (July 2016).

<sup>2</sup> Coté CJ, Wilson S. American Academy of Pediatric Dentistry, American Academy of Pediatrics, *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures*. 41(4) *Pediatr Dent*, E26-E52, (2019).

<sup>3</sup> *Id.*

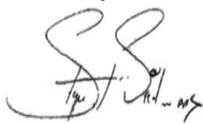
We cannot assume a parent will know how to respond to an adverse reaction in a child who is given a benzodiazepine at home. This is why it is important for anyone who administers sedation to a child to have “the skills to rescue [a] patient from a deeper level than that intended for the procedure. For example, if the intended level of sedation is ‘minimal,’ practitioners must be able to rescue from ‘moderate sedation’; if the intended level of sedation is ‘moderate,’ practitioners must have the skills to rescue from ‘deep sedation’; if the intended level of sedation is ‘deep,’ practitioners must have the skills to rescue from a state of ‘general anesthesia.’” Someone who administers a benzodiazepine, or any type of sedation, should “have the skills and age- and size-appropriate equipment necessary to provide appropriate cardiopulmonary support if needed.”<sup>4</sup> It is dangerous to burden parents or guardians with the responsibility of administering a benzodiazepine at home to a child without formal training.

It is important for pediatric practitioners to weigh the patient on the day of the procedure in order to administer a dose according to the child’s weight that day. It is also imperative to know the time of drug administration in order to know the peak response time. If a parent administers a drug too early, the child could become sedated outside of the office setting without professional monitoring of the child’s reaction. A child could have an allergic reaction to the drug, or experience worse complications or even death.

TAPD is also concerned a parent or guardian could unintentionally give a child an incorrect dose of a benzodiazepine. There have been cases where a pharmacy has dispensed an incorrect dosage or incorrect drug, which is especially problematic when the drug is in liquid form. Administering the wrong dosage by an untrained parent jeopardizes the safety of the child.

The risks of administering benzodiazepines to children outside of an office setting are too great for our youngest Texans. We respectfully ask the Texas State Board of Dental Examiners to prohibit dentists from prescribing benzodiazepines to children for out-of-office administration.

Sincerely,



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<sup>4</sup> Coté CJ, Wilson S. American Academy of Pediatric Dentistry, American Academy of Pediatrics, *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures*. 41(4) *Pediatr Dent*, E26-E52, (2019).00000000000000000000000000000000