

CAPNOGRAPHY UPDATE



American Association of Oral
and Maxillofacial Surgeons



Message from President Arthur C. Jee, DMD

Capnography is coming to the OMS office in 2014

In recent years, capnography monitoring equipment, long a standard of care in the hospital OR, has been improved and now offers real benefits in such outpatient surgery sites as the OMS office. Following the lead of the American Society of Anesthesiologists (ASA), the American Heart Association and other organizations that develop parameters of care and practice guidelines for their dental and medical surgical specialists, the AAOMS Board of Trustees approved the following revised guidelines requiring capnography equipment in the OMS office beginning in 2014:

During moderate or deep sedation and general anesthesia the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide unless precluded or invalidated by the nature of the patient, procedure or equipment; and

Improvements in monitoring exhaled CO₂ during anesthesia continue to evolve. Beginning in 2014, AAOMS Office Anesthesia Evaluations will require capnography for moderate sedation, deep sedation and general anesthesia unless precluded or invalidated by the nature of the patient, procedure or equipment.

The statements appear in the *2012 Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare 12), version 5.0*, which is also a component of the revised *Office Anesthesia Evaluation Manual, 8th edition*. Additional information about the new capnography guidelines will be provided in the July/August issue of *AAOMS Today*.