



# Reducing Pediatric Oral Sedation Appointment Failures

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## Introduction

Oral conscious sedation (OCS) appointments in pediatric dentistry frequently fail due to no-shows, same-day cancellations, and non-start sedations related to preventable readiness issues such as noncompliance with fasting instructions, acute illness, or lack of appropriate guardian presence<sup>1,2,4</sup>.

These failures negatively impact clinic efficiency, delay necessary dental care, and increase the burden on patients, families, staff, and training programs<sup>2,4</sup>.

This study aims to characterize baseline OCS appointment failures and identify modifiable factors contributing to these outcomes. Findings will inform the implementation of a standardized Sedation Readiness Bundle designed to improve patient preparedness and reduce preventable failures<sup>1,3</sup>.

## Methods

This study represents the baseline phase of a prospective pre–post quality improvement initiative conducted in a university-based pediatric dental clinic.

A total of 150 charts of pediatric patients scheduled for oral conscious sedation (OCS) between January 2024 and March 2026 were reviewed. Data were obtained from existing scheduling systems and electronic health record documentation.

The primary outcome measure was the OCS appointment failure rate, defined as no-show, same-day cancellation, or non-start sedation. Secondary outcomes included failure categories and contributing factors.

## Results

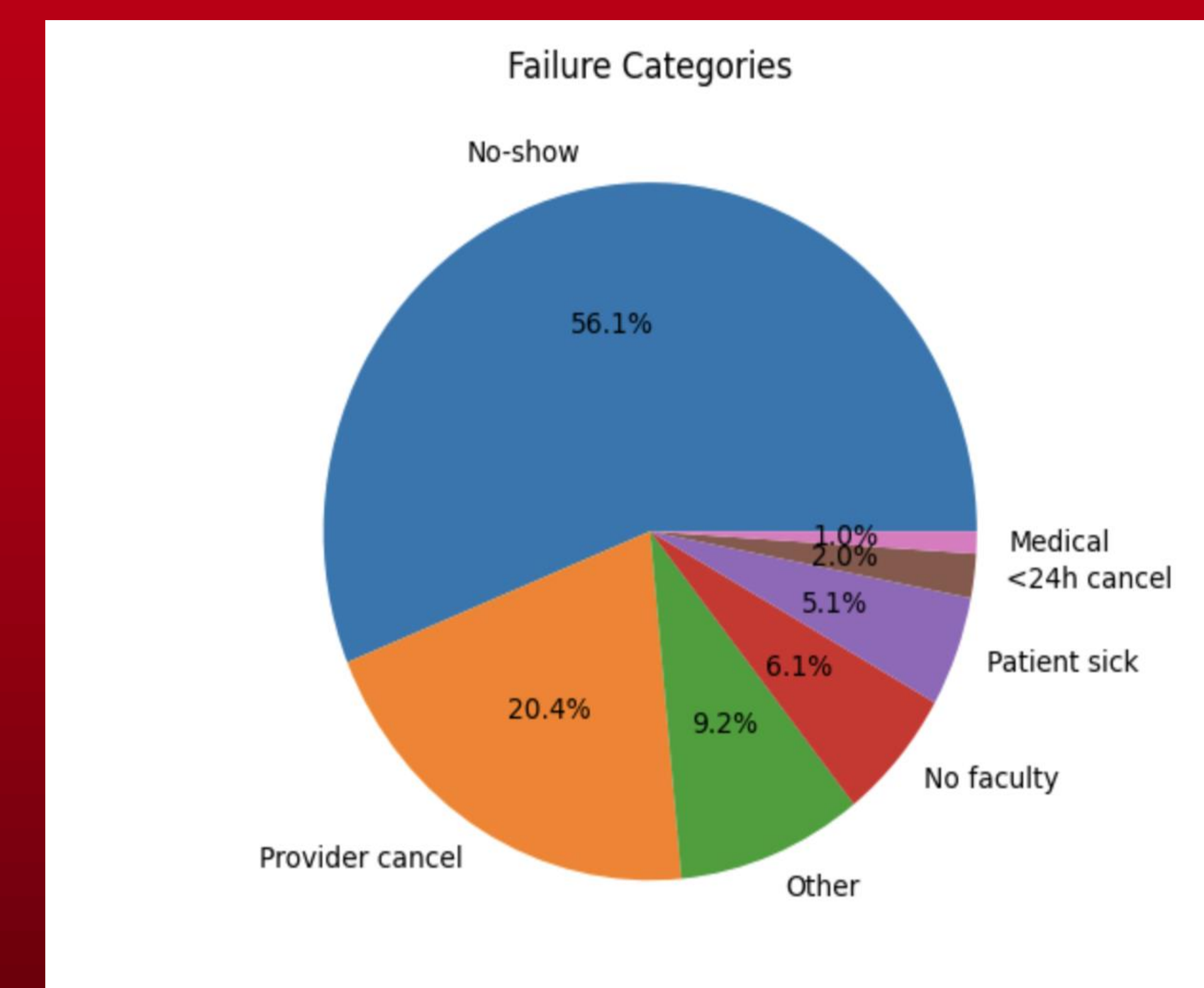
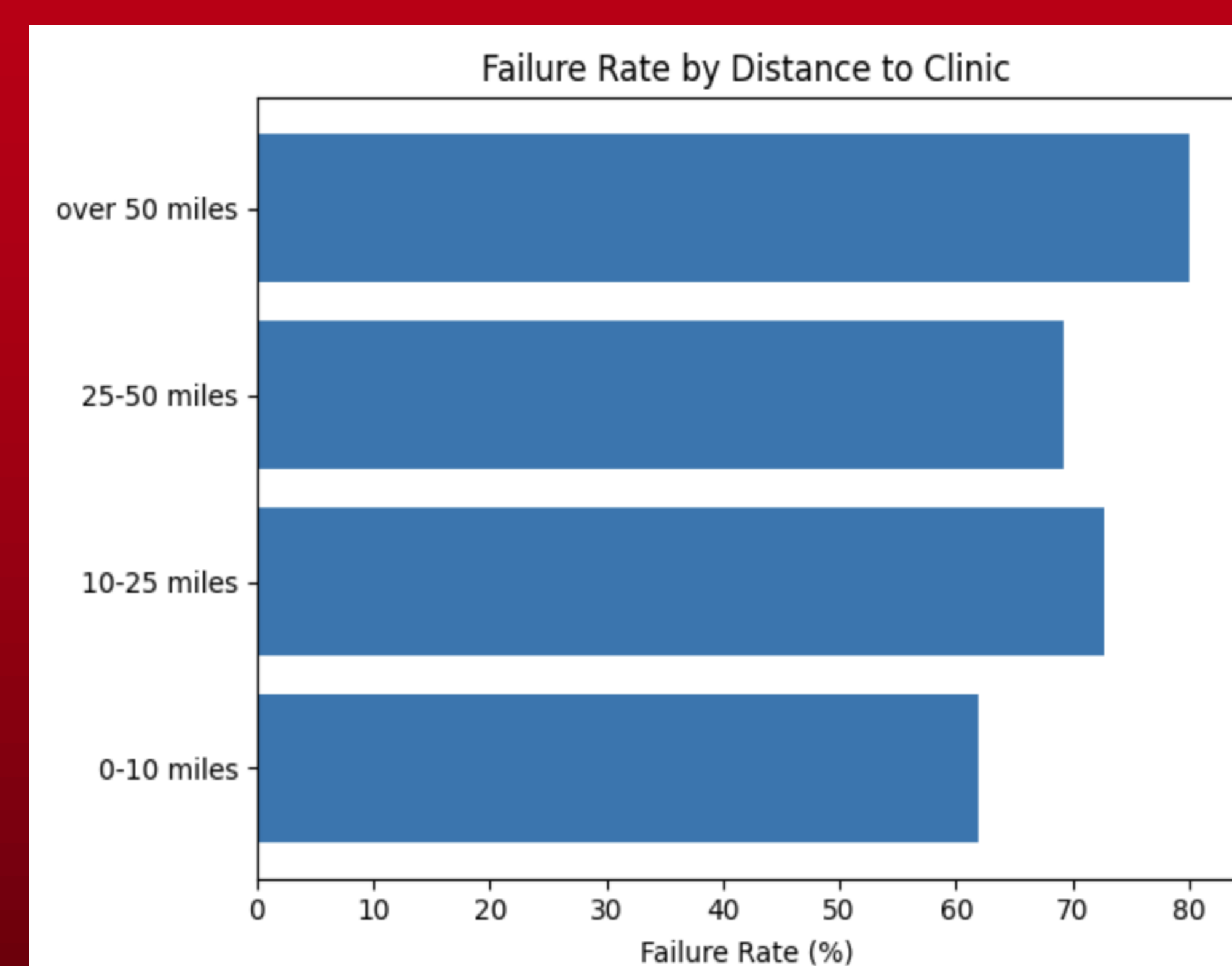
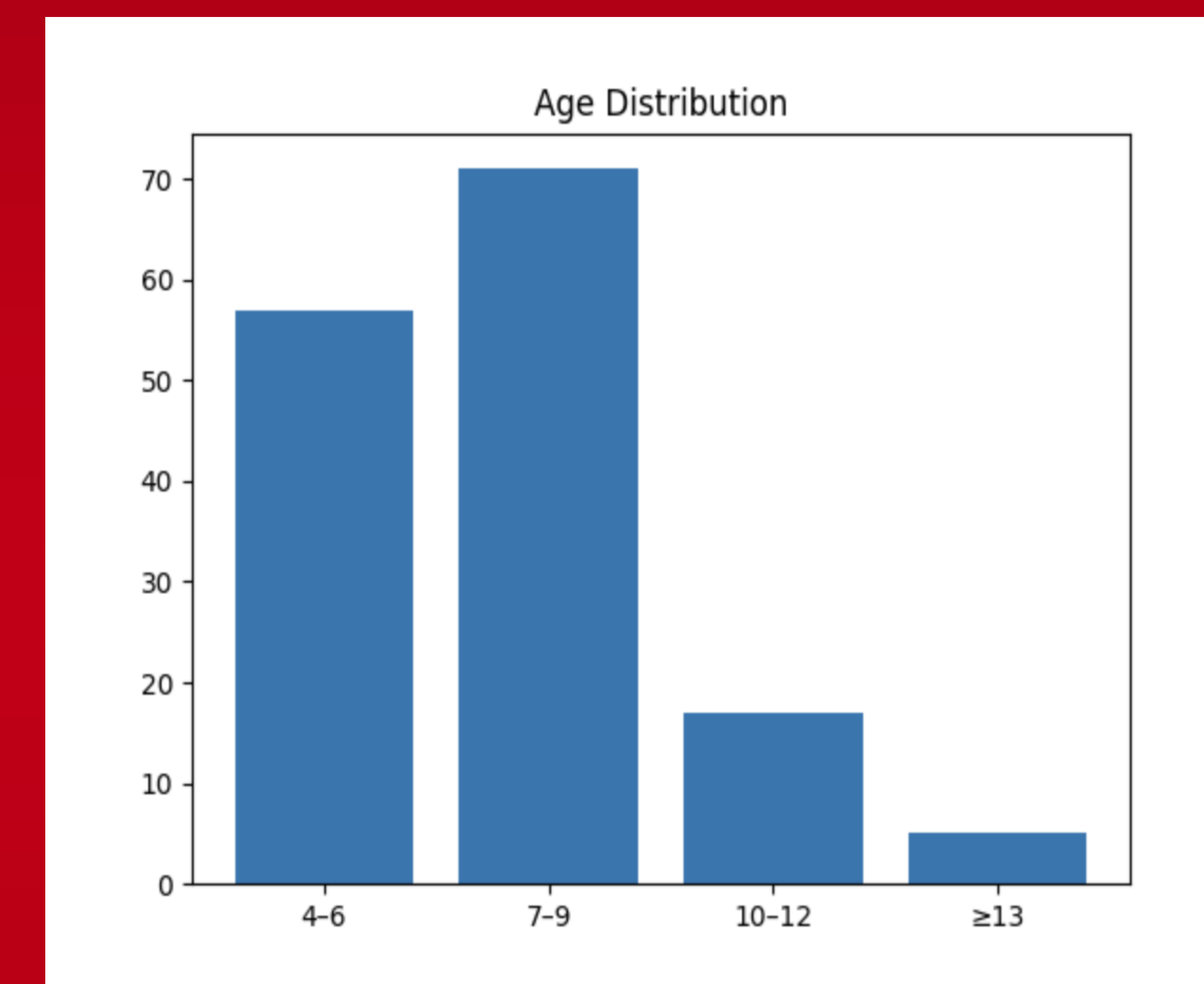
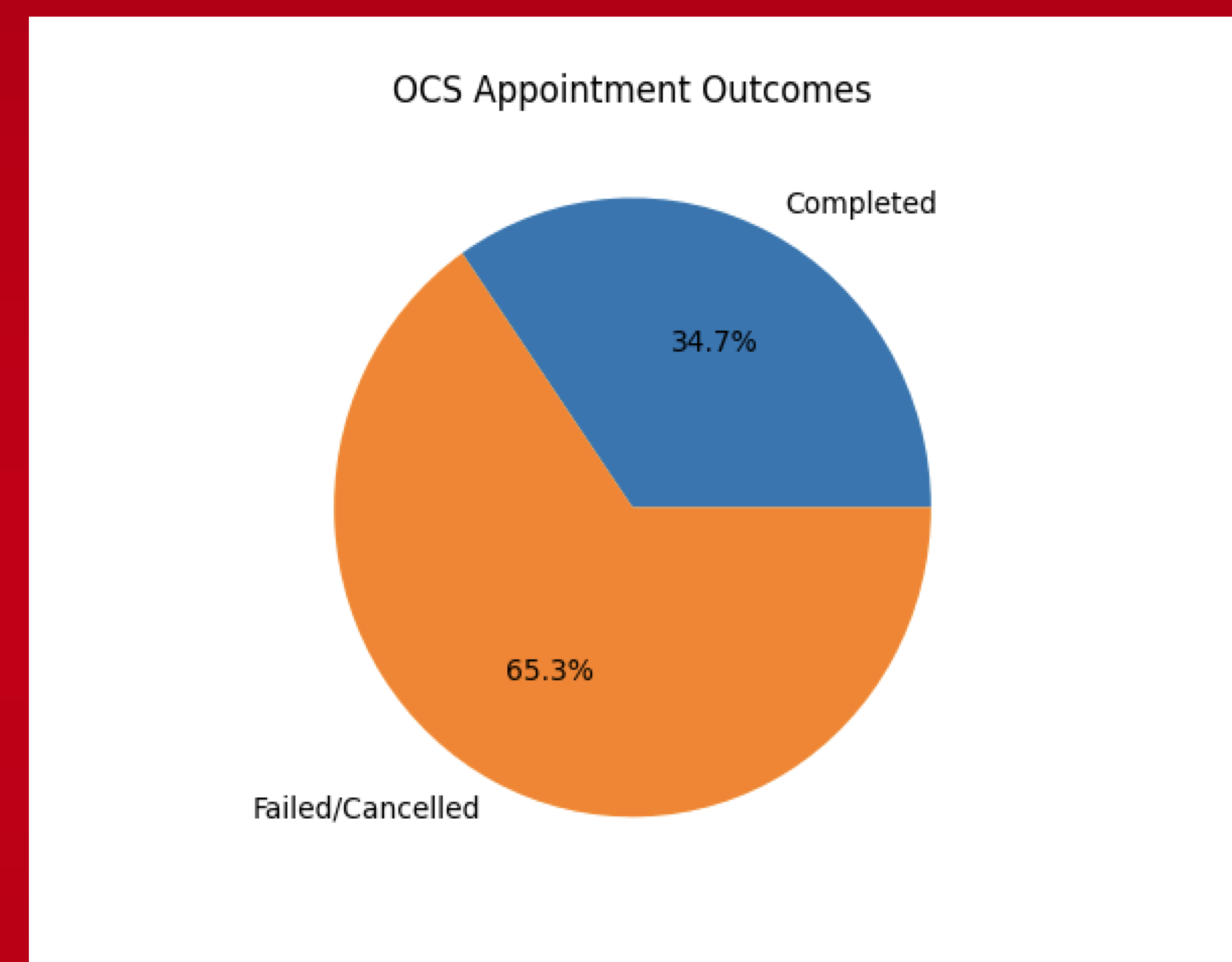
A total of 150 oral conscious sedation (OCS) appointments were reviewed. Of these, 52 (34.7%) were completed, and 98 (65.3%) resulted in failure or cancellation.

No-show was the most common reason for failure, accounting for 56.1% of failed appointments, followed by provider cancellation (20.4%).

System-related factors, including provider cancellations and faculty coverage gaps, contributed to 26.5% of failures.

Medical factors, including illness and contraindications, accounted for 6.1% of failures.

The majority of patients were between 4 and 9 years of age (85.3%), with the largest group aged 7–9 years (47.3%).



## References

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## Discussion

This baseline analysis demonstrates a high rate of oral conscious sedation appointment failure (65.3%), with the majority attributable to preventable factors.

Consistent with prior studies in the pediatric population, no-shows alone accounted for over half of all failures<sup>2</sup>, suggesting that caregiver-related barriers, including communication, distance to school, understanding of instructions, and competing obligations, play a significant role.

System-level factors, including provider cancellations and limited faculty coverage, also contributed substantially, highlighting opportunities for operational improvements.

In contrast, true medical contraindications and illness accounted for a relatively small proportion of failures, indicating that most missed or non-start appointments may be preventable.

These findings support the implementation of a structured Sedation Readiness Bundle targeting communication, caregiver education, and day-of readiness to reduce preventable failures.

## Conclusions

Oral conscious sedation appointments at this pediatric dental clinic have a high failure rate, with most failures driven by preventable, modifiable factors. These findings highlight a significant opportunity to improve clinic efficiency and patient care through targeted interventions.

A Sedation Readiness Bundle, consisting of a standardized 48–72-hour pre-sedation confirmation call, caregiver teach-back of fasting and arrival instructions, and a day-of go/no-go checklist, is planned for future implementation<sup>1</sup>.

Implementation of a Sedation Readiness Bundle is expected to reduce no-shows and non-start sedations and improve overall appointment success. Outcomes following implementation will be compared to baseline data.

## Future Directions

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Implementation of a Sedation Readiness Bundle is expected to reduce no-shows and non-start sedations and improve overall appointment success. Outcomes following implementation will be compared to baseline data.

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