

# North Dakota Board of Dental Examiners

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## ANESTHESIA ON-SITE INSPECTION AND EVALUATION FORM Minimal Sedation - Enteral and/or Combination Inhalation-Enteral

Rev. 10/15/2018

**MINIMAL SEDATION** – a minimally depressed level of consciousness, produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond *normally* to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation. **If more than one enteral drug is administered to achieve the desired sedation effect, with or without the concomitant use of nitrous oxide, the guidelines for moderate sedation must apply.**

*The drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation. The use of the MRD to guide dosing for minimal sedation is intended to create a margin of safety.*

**The following definitions apply to administration of minimal sedation:**

**Maximum recommended dose (MRD)** – maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use.

**Incremental dosing** – administration of multiple doses of a single drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

**Supplemental dosing** - during minimal sedation, supplemental dosing is a single additional dose of the initial dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation.

**Site Evaluator must complete pages 1 – 7 on the day of the site evaluation.**

PRINT EVALUATOR(S) NAME		
SITE ADDRESS		
NAME OF PRACTITIONER EVALUATED	Email:	
IS THIS A SATELLITE LOCATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the practitioner utilize a satellite location?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Location:
ND DENTAL LICENSE NUMBER	DEA NUMBER	
DATE OF EVALUATION		
TIME FRAME OF EVALUATION	START:	COMPLETED BY:
INITIAL ON-SITE EVALUATION <input type="checkbox"/>	RE-EVALUATION <input type="checkbox"/>	RENEWAL <input type="checkbox"/>

**ON-SITE EVALUATION:** All providers of minimal sedation (D) are required to have an evaluation at the location(s) where sedation or anesthesia services are rendered. The purpose of the evaluations is to assess the patient’s anesthetic risk and assess a sites ability to provide emergency care; therefore, the site evaluation emphasizes recognition and management of emergencies and complications associated with office administration of sedation. **An initial inspection** must be completed within 60 days of the approval of the initial permit application. It is the applicant’s responsibility to schedule office evaluations with the Board’s designated anesthesia evaluator (page 8).

**PROVIDERS of the sedation** services must be present during the evaluation.

**CRNA's or other Anesthesia Providers** - Administration of minimal or moderate sedation by another qualified dentist or independently practicing anesthesia healthcare provider requires the operating dentist and his/her clinical staff maintain current certification in Basic Life Support for Healthcare Providers.

**RENEWAL** – Both the sedation certificate and the inspection are subject to expiration and renewal. The minimal sedation permit must be renewed biennially, concurrent with the dentist's license renewal.

**RE-EVALUATION:** The Anesthesia Committee requires site evaluations 5 years after the previous evaluation. *It is the Anesthesia Committee's prerogative to suspend privileges if the permit holder's site evaluation is overdue.*

**NON RENEWAL of PERMIT:** Late renewals (postmarked after December 31 of odd numbered years) result in the permit expiring, and require the dentist to suspend sedation services until a reinstatement is completed and formally approved by the Board's Anesthesia Committee.

**SATELLITE OFFICE:** All offices where sedation is performed must comply with the minimum standards established by the Board for a sedation practice. Anesthesia or sedation permit holders providing services at satellite clinics are responsible for ensuring that each office location has been evaluated and that auxiliary assisting with sedation are properly trained and authorized to monitor sedated patients.

**SITE EVALUATION FEE:** The fee of \$550 must be paid directly to the site evaluator at the time of the evaluation.

**The inspection consists of six parts:**

1. Review of the office equipment, records, and emergency medications
2. Simulated emergencies
3. Discussion period: Familiarity with agents, equipment, emergency situations i.e. laryngospasm
4. Surgical/anesthetic techniques review; two anesthesia procedures may be observed.
5. Coordinate procedures accordingly
6. Review of documentation

**A. QUALIFIED PERSONNEL**

1. Provide evidence of doctors' ACLS/PALS or BLS for Healthcare Providers certification.
2. Provide evaluator evidence and dates of:
  - Successfully completing a **moderate enteral sedation** course as outlined by the ADA's *Guidelines for Teaching pain Control and Sedation to Dentists and Dental Students*. Submit documentation of 20 managed clinically-oriented experiences 10 of which are live patient clinical experiences.  
Name of Course \_\_\_\_\_  
Date of Completion \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Or;**
  - Successfully completed training to the level of competency in **Enteral and/or Combination Inhalation-Enteral Minimal Sedation** consistent with that prescribed in the ADA's *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*. Initial applicants: Submit documentation of 20 managed clinically-oriented experiences 10 of which are live patient clinical experiences.  
Name of Course \_\_\_\_\_  
Date of completion \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Evidence of staff credentials:

- Provide photo copy of assisting staff’s Board certificate of registration, credentials, training, and current BLS. A qualified dentist inducing minimum sedation must have at least one additional individual trained in BLS present during the administration of minimal sedation.

**B. RECORDS** The site evaluator will review random records of patients for whom anesthesia or sedation services were provided. The evaluator will review preoperative, intraoperative, and postoperative anesthesia assessment and monitoring records. Health history of random patients who have been treated in your facility will also be reviewed. Treatment of medically compromised patients will be a point of discussion. The evaluator will check for:

**1. RECORDS PRE OPERATIVE**

**Discuss the following:**

- Health history form adequate
- Informed consent adequate
- Pre-operative evaluation procedures, including health standards for sedation cases & documentation of pre-operative evaluation (i.e., baseline vital signs, ASA classifications).
- Pre-anesthesia instructions given to patients are adequate.
- Health and physical focused evaluation adequate?

**2. RECORDS INTRA OPERATIVE**

- Describe your sedation procedures, discuss and make available all drugs and describe dosages used, average or typical duration, monitoring techniques (i.e., BP, pulse oximeter), maintenance techniques (i.e. supplemental oxygen), personnel utilized, equipment utilized, and types of procedures performed.

**3. POST-OPERATIVE and RECOVERY**

**A dentist, or at the dentist’s direction, an appropriately trained individual, must remain in the operatory during active dental treatment to monitor the patient continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include oxygenation, ventilation, and circulation.**

- Post anesthetic recovery care and monitoring including an explanation of standards for discharge and what follow-up if any, is made satisfactory?
- Provided post-operative instructions given to patient (or a person caring for the patient)?

C. RECOVERY AREA (recovery area can be the operatory)		
Does recovery area have available oxygen? And ambu bag?	YES	NO
Does recovery area have available adequate suction?	YES	NO
Does recovery area have adequate lighting?	YES	NO
Does recovery area have available adequate electrical outlets?	YES	NO
Can the patient be observed by a member of the staff at all times during the recovery period?	YES	NO

#### D. OFFICE FACILITY AND REQUIRED EQUIPMENT

- Source of oxygen and equipment to deliver positive pressure ventilation
- Respiratory Support Equipment
  - Oral airway/nasal airway
  - Laryngoscope (McGill forceps or other suitable instruments)
  - Endotracheal tubes (adult and children)
  - Full face mask
  - LMA
- Stethoscope
- Blood pressure cuff (manual or automatic) and stethoscope
- Defibrillator (manual or automatic) AED
- Equipment to establish intravenous infusion
- Pulse oximeter
- Back-up suction and lighting equipment (non-AC powered)
- Body temperature measuring device

#### OVERALL SEDATION EQUIPMENT & FACILITY

- ADEQUATE     INADEQUATE    COMMENT:

#### E. EMERGENCY MANAGEMENT & EMERGENCY SCENARIOS

**Respiratory** anesthetic emergencies are the most common complications encountered during the administration of anesthesia in both the adult and pediatric patient. Regardless of the depth of anesthesia, a comprehensive review of the patients past and present medical history, NPO status, anesthesia history and physical examination, is critical and represents a degree of prudence therefore sedation providers must be able to:

- Discuss contraindications for enteral and/or combination inhalation-enteral minimal sedation.
- Discuss prevention, recognition, and management of complications.
- Describe your emergency protocol and explain what responsibilities your staff members have.
- Briefly describe your training that relates to the handling of anesthesia related emergencies.
  - Do you regularly schedule "mock" code or emergency drills?     Yes     No    If yes, how often?
- Describe your emergency kit. What does it contain? What criterion do you have for its use?
- Describe your method of keeping contents of emergency drugs and contents current.

**Emergency Scenarios — Complete protocols for all scenarios.** The DDS/DMD and his/her clinical team must indicate competency (by demonstration or discussion) in treating the following emergencies. If any areas of the mock emergency scenarios need immediate correction, then the CRNA must keep a record of the systems' failures and write a plan to amend the staff protocol. A second mock drill should be conducted and subsequently evaluated.

**\* Reminder: Clinical staff involved in the delivery of sedation dental services must be BLS certified \***

### RESPIRATORY

**Bronchospasm:**  Satisfactory  Unsatisfactory

- problem recognition
- bronchial dilators
- positive pressure oxygen & airway maintenance

**Respiratory Complications:**  Satisfactory  Unsatisfactory

- hyperventilation
- problem recognition & monitoring
- proper patient position
- oxygen with respiratory support
- narcotic antagonist when appropriate
- apnea
- foreign body obstruction

**Laryngospasm:**  Satisfactory  Unsatisfactory

- problem recognition
- stop procedure & pack off bleeding
- evaluation of head position & upper airway
- suction
- positive pressure oxygen with a full face mask
- use of Anectine & appropriate dosage of Anectine
- airway maintenance

**Vomiting/Aspiration:**  Satisfactory  Unsatisfactory

- problem recognition & proper patient positioning
- removal of foreign bodies & adequate suction
- secure & evaluate adequacy of airway
- positive pressure oxygen
- tracheal intubation when necessary
- recognition of complication of associated
- bronchospasm
- activate EMS

**NEUROLOGICAL**

**Convulsion/Seizures**  Satisfactory  Unsatisfactory

- problem recognition & etiology
- patient position & supportive measures
- anticonvulsant drug therapy

**ALLERGY**

**Allergic Reaction:**  Satisfactory  Unsatisfactory

- Minor & Anaphylactic
- Immediate & Delayed
- Epinephrine
- vasopressors
- bronchodilators
- antihistamines
- corticosteroids

**CARDIOVASCULAR**

**Syncope:**  Satisfactory  Unsatisfactory

- problem recognition
- patient position
- oxygen
- drug therapy

**Hypotension/Hypertension:**  Satisfactory  Unsatisfactory

- problem recognition; preoperative pulse & blood pressure

- patient position
- oxygen
- continuous monitoring & recording
- drug therapy

**Angina Pectoris (chest pain):**  Satisfactory  Unsatisfactory

- problem recognition & differential diagnosis
- patient position & supportive measures
- oxygen
- monitoring
- drug therapy, Nitroglycerine & Amyl Nitrate
- transfer when indicated

**Bradycardia:**  Satisfactory  Unsatisfactory

- problem recognition & differentiation of hemo- dynamically significant bradycardia
- monitor & record keeping
- oxygen
- drug therapy, Atropine

**Cardiac Arrest:**  Satisfactory  Unsatisfactory

- Problem recognition & differential diagnosis
- BLS and/or -ACLS/PALS to the extent the facility is capable
- activation of EMS

**Myocardial Infarction:**  Satisfactory  Unsatisfactory

- problem recognition of differential diagnosis
- oxygen -patient positioning
- pain relief
- monitoring & record keeping
- activation of EMS

**ENDOCRINE**

**Hypoglycemia:**  Satisfactory  Unsatisfactory

- problem recognition & diagnosis
- office testing available
- oral and/or IV drug therapy

**DRUG OVERDOSE**

**Local Anesthetic Overdose**  Satisfactory  Unsatisfactory

**Sedative Drug Overdose**  Satisfactory  Unsatisfactory

- Benzodiazapine overdose i.e., valium vs. narcotic i.e., medazolam

**STROKE**

**Cerebrovascular Accident:**  Satisfactory  Unsatisfactory

**F. Sedation Medications**

- Securely Stored – Is drug cabinet secured to wall or floor?**
- Loss prevention of medications is practiced**

**Provide evaluator with the drug log. Name(s) of individual responsible for drug log? Describe and demonstrate how/where sedation medications are securely stored, list office staff that has access, and documentation for release of drugs. What steps are taken toward loss prevention of medications? Method of wasting expired drugs?**

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**G. SUGGESTED DRUGS [and expiration dates]**

- Intravenous fluids
  - Water for injections and/or mixing or dilution of drugs
  - Intravenous fluids
- Cardiotonic drugs
- Vasopressors
- Anti-arrhythmic agents
- Antihypertensive agents (immediate)
- Antagonist (reversal drugs)
- Accessory drugs (e.g., Isuprel, Phenergan, Atropine, Benadryl)

**H. WRITTEN DOCUMENTATION**

- Acceptable written protocols and/or standards of care for managing complications/emergencies  
[Review the AAOMS 8<sup>th</sup> Edition Office Anesthesia Evaluation Manual]
- Time-oriented anesthetic record

**I. INFECTION CONTROL - Evaluator will assess sterilization area**

Is an OSHA compliant eye wash station readily available?  YES  NO

Assessment of sterilization area; review spore test results log. Is spore testing completed and logged weekly? (CDC 1993)  YES  NO

Instruments are individually bagged and dated?  YES  NO

<b>Evaluator recommendations/comments</b>
<b>Deficiencies</b>

Evaluation was satisfactory with no deficiencies \_\_\_\_\_  
Evaluator Initial

OR

I recommend a re-evaluation in 6 months; the site evaluation was incomplete. \_\_\_\_\_  
Evaluator Initial

EVALUATOR USE ONLY: Evaluator Reimbursed \$ \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

Site evaluator must submit signed and completed form to:  
ATTN: Anesthesia Committee, NDBDE, PO BOX 7246, Bismarck, ND 58507-7246

The contact information for NDBDE moderate and minimal sedation site evaluator:

**Kellie Pierce, CRNA**  
**4012 Edgewater Place**  
**Mandan, ND 58554**  
[piercecrna@aol.com](mailto:piercecrna@aol.com)

**Applicant: Review/fill out information below, PRIOR to evaluation and mail entire form to the site evaluator at least two weeks prior to scheduled site evaluation. Do not complete pages 1-7.**

APPLICANT NAME: \_\_\_\_\_ ND DENTAL LICENSE NUMBER \_\_\_\_\_

ADDRESS OF FACILITY WHERE SEDATION SERVICES ARE PROVIDED:

\_\_\_\_\_  
PHONE: \_\_\_\_\_

**MAIL a copy of your:**

- Medical history
- Informed consent
- A blank sedation monitoring form
- Pre anesth/sedation instructions
- Post care instructions

**Possible Sample Questions and Discussion Points**

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
4. List and discuss the indications and contraindications for the use of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
5. List the complications associated with enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
6. Discuss the prevention, recognition and management of these complications.



14. Define the criteria for DDS dismissing himself from recovering patient.
15. Discuss qualifications for staff that attends recovering patient.
16. Review and discuss pre-op assessment and form, discuss w/ evaluator
17. What is the max rec dose of \_\_\_\_\_? How soon can you re-dose?
18. What is clinical affective ½ life of \_\_\_\_\_? What is the ½ life of \_\_\_\_\_?
19. Discuss the scenario:
  - Patient cardiac arrests your 1<sup>st</sup> steps would be \_\_\_\_\_
  - Patient respiratory arrests your first response would be \_\_\_\_\_
  - Patient is in chair and complains of chest pain. You \_\_\_\_\_
20. Discuss the health and physical/ what is patient assessment?
21. Describe how you would classify airway.
22. Describe your discharge criterion.
23. Address your staff meetings: Do you discuss IF control, CPR, emergency protocols.
24. Identify signs and symptoms of local toxicity.
25. Who provides your pre anesthetic instructions?

**PROVIDE A LIST OF ALL LOCAL ANESTHETICS USED IN THIS FACILITY**

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**LIST ALL SEDATION DRUGS YOUR PRACTICES USES**

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**LIST ANY SEDATION DRUGS YOUR PRACTICE PERSCRIBES TO PATIENTS PRIOR TO THE PROCEDURE AND PRIOR TO THE DAY OF THE PROCEDURE**

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**LIST ALL RESCUE DRUGS THAT YOUR PRACTICE HAS ON SITE**

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**EQUIPMENT AND BRAND**

1. BP Non invasive BP monitor

- a. \_\_\_\_\_
- b. \_\_\_\_\_

2. ECG
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
3. Defibrillator/Automated External Defibrillator
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
4. Pulse Oximeter
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
5. How are respiratory gases monitored? Capnography? or list other:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_

## ADA CLINICAL GUIDELINES

### 1. Patient Evaluation

Patients considered for minimal sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

### 2. Pre-Operative Preparation

- The patient, parent, guardian or care giver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained.
- Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.
- Baseline vital signs must be obtained unless the patient's behavior prohibits such determination.
- A focused physical evaluation must be performed as deemed appropriate.
- Preoperative dietary restrictions must be considered based on the sedative technique prescribed.
- Pre-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver

### 3. Personnel and Equipment Requirements

Personnel:

- At least one additional person trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist.

Equipment:

- A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.
- When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either
  - (1) a functioning device that prohibits the delivery of less than 30% oxygen or
  - (2) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.
- An appropriate scavenging system must be available if gases other than oxygen or air are used.

### 4. Monitoring and Documentation

Monitoring: a dentist, or at the dentist's direction, an **appropriately trained individual**, must **remain in the operatory during active dental treatment to monitor the patient continuously** until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment.

Monitoring must include:

#### Oxygenation:

- Color of mucosa, skin or blood must be evaluated continually.
- Oxygen saturation by pulse oximetry may be clinically useful and should be considered/evaluated.

#### Ventilation:

- The dentist and/or appropriately trained individual must observe chest excursions continually.
- The dentist and/or appropriately trained individual must verify respirations continually.

#### Circulation:

- Blood pressure and heart rate should be evaluated pre-operatively, post-operatively and intraoperatively as necessary (unless the patient is unable to tolerate such monitoring).

**Documentation:**

- An appropriate sedative record must be maintained, including the names of all drugs administered, including local anesthetics, dosages, and monitored physiological parameters.

**5. Recovery and Discharge**

- Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.
- The qualified dentist or **appropriately trained clinical staff must monitor the patient during recovery** until the patient is ready for discharge by the dentist.
- The qualified dentist must determine and document that level of consciousness, oxygenation, ventilation and circulation are satisfactory prior to discharge.
- Post-operative **verbal and written instructions** must be given to the patient, parent, escort, guardian or care giver.

**6. Emergency Management** - If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation. The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of minimal sedation and providing the equipment and protocols for patient rescue.

**7. Management of Children** - For children 12 years of age and under; American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.