

SEDATION TECHNIQUE	PERMIT LEVEL	COMMENT	DESIRED AFFECT OF SEDATION
Nitrous Oxide Inhalation only	No permit required	The NDBDE acknowledges the training received in CODA accredited dental programs	Anxiolysis
Oral sedation when the desired affect is anxiolysis only		Oral sedation which provides an anxiolytic affect. The administration may not exceed the maximum recommended dose during a single appointment.	
Oral sedation when the desired affect is <i>beyond</i> anxiolysis with a single agent	Minimal	Permit requirement: Submit evidence of 20 managed adult clinically oriented experiences by enteral and/or enteral-nitrous route. Must include 10 live patient clinical dental experiences which may be obtained by observation in a one-on-one clinical setting with another sedation or anesthesia provider who has a minimum of 3 years experience. <i>Exceeding the maximum recommended dose during a single appointment is considered moderate sedation.</i>	A minimally depressed level of consciousness; 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.
Oral sedation in combination with nitrous oxide and one enteral drug			
More than one enteral drug with or without nitrous oxide; <i>exceeding the maximum recommended dose during a single appointment is considered moderate sedation</i>	Moderate	Level of sedation is entirely INDEPENDENT of the route of administration. Moderate and deep sedation or general anesthesia may be achieved via any route of administration.  Sedation and anesthesia are a continuum, it is not always possible to predict how an individual will respond. Practitioners should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than intended. For moderate sedation, a minimum of 60 hours of instruction plus administration of sedation for at least 20 individual managed patients.	Patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.  Drugs and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.
Parenteral route			
Deep Sedation/General Anesthesia	Deep Sedation General Anesthesia	Advanced accredited education required.	Patients are not arousable, even by painful stimulation. Independent ventilatory function is often impaired.

**PERMIT RENEWAL**

Four hours of the total (32) required CE hours must be anesthesia/sedation related, to maintain a sedation or anesthesia permit.

Both the sedation permit and the site inspection are subject to expiration. Sedation and anesthesia permits must be renewed at the time of license renewal. Site evaluations must be within 5 years of the previous evaluation.

Current BLS and ACLS must be maintained at all times for any level of sedation or anesthesia.

The Board no longer requires practitioners to submit evidence of CE; the licensee must maintain evidence of CE for the purpose of a CE audit.

**SITE EVALUATIONS - BE PREPARED**

Practice and document office mock codes; have a plan, be prepared. **The evaluator will review and assess all items as shown in the site evaluation form.** Failure to demonstrate proper ancillary equipment, appropriate record keeping, drugs (not all agents necessary in each office) knowledge of dosage and half life etc., as described on the site evaluation forms may result in permit delays and/or additional costs related to a site re-evaluation. During a site evaluation the permit applicant will be asked to respond to simulated emergencies and discuss scenarios *such as* angina pectoris, cardiac arrest, laryngospasm or anaphylaxis. The site evaluator must determine that the facility, staff, and permit applicant are capable of addressing unforeseen emergencies consistent with sound therapeutic principles. Failure to respond to mock adverse reactions, emergency scenarios, or any requirements of the site evaluation form may result in a site evaluation delays or failure.