

# North Dakota State Board of Dental Examiners

PO Box 7246  
Bismarck, ND 58507-7246

## ANESTHESIA ON-SITE INSPECTION AND EVALUATION FORM MODERATE CONSCIOUS SEDATION - ENTERAL OR PARENTERAL

Evaluator completes pages 1 – 7 on the day of the site evaluation. Applicant returns entire form at least two evaluator 2 weeks prior to site evaluation.

NAME OF EVALUATOR		
SITE ADDRESS		
NAME OF PRACTITIONER EVALUATED	E-mail	
IS THE SITE BEING EVALUATED A SATELLITE OFFICE?	<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	DATE OF LAST EVALUATION	
TIME FRAME OF EVALUATION	START:	COMPLETED BY:
INITIAL ON-SITE EVALUATION <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	

**ON-SITE EVALUATION:** North Dakota licensees who provide sedation or general anesthesia procedures 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 site's ability to provide emergency care; therefore, the site evaluation emphasizes recognition and management of emergencies and complications associated with office administration of sedation. (Be prepared to discuss pages 5, 6, and 7). The fee of \$550 plus \$0.58 per mile must be paid directly to the board designated site evaluator at the time of the evaluation. The site evaluation fee is for one site and one dentist. If you list more than one facility, a separate evaluation form must be submitted. **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 (see page 8).

**INITIAL INSPECTION** 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 site evaluations with the Board's designated anesthesia evaluator. A temporary permit may be issued prior to the site evaluation in some circumstances.

**RE-EVALUATION:** Site evaluations are required prior to the 5<sup>th</sup> anniversary of the initial inspection. *It is the Anesthesia Committee's prerogative to suspend privileges if the permit holder's site evaluation is overdue.*

**RENEWAL:** Both the sedation certificate and the inspection are subject to expiration and renewal. The certificates must be renewed biennially, concurrent with the dentist's license renewal. Permit renewal requires Anesth/sedation related CE.

**LATE RENEWAL of PERMIT:** Late renewals result in the permit expiring and require the dentist to suspend anesthesia and/or sedation services until a reinstatement is completed and formally approved by the Board's Anesthesia Committee. A late fee of \$200 is incurred when the permit renewal is postmarked or received after the December 31<sup>st</sup> deadline of odd numbered years.

**OTHER QUALIFIED PROVIDERS:** If a CRNA or another sedation/anesthesia provider is being utilized by a licensed dentist, the sedation/anesthesia provider must provide copies of credentials, ACLS, and ND licensure. **Each dental licensee utilizing the sedation/anesthesia provider and the sedation provider must be present during**

**the site evaluation.** The ND licensed dentist and staff are required to maintain current certification in Basic Life Support for Healthcare Providers.

**SATELLITE OFFICE:** All offices where sedation services are provided 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.

#### **QUALIFIED PERSONNEL - Provide to evaluator:**

For Moderate Sedation: The anesthesia team consists of the surgeon, trained and currently competent in ACLS, and one additional person trained and currently competent in Basic Life Support (BLS) for Healthcare Providers. Auxiliary who have direct patient contact during and after sedation of the patient must have BLS or ACLS or PALS. **ATTACH A LIST OF AUXILIARY WHO HAVE DIRECT CONTACT WITH SEDATED PATIENTS AND PROVIDE COPIES OF AUXILIARY CREDENTIALS. (RDA, RN, CRNA etc., and ACLS, BLS)**

1. ☐ ACLS Certificate – Provide photocopy of doctors' ACLS certification and PALS certificate
2. Provide copy of:
  - ☐ Provide evidence of successful completion of a moderate sedation (parenteral or enteral) course as outlined by the ADA's  
***Guidelines for Teaching pain Control and Sedation to Dentists and Dental Students.** Applicant must supply documentation of 20 managed live patient clinically-oriented experiences.*  
Date of course completion \_\_\_\_\_
3. ☐ Provide photocopy of assisting staff's credentials/CV/training and BLS/CPR/ACLS.
4. ☐ Provide photocopy of patient consent agreement(s) and health history form.
5. ☐ Provide photocopy of sedation clinical record form and preanesthetic assessment for sedation form.

For moderate sedation the anesthesia team consists of the surgeon, trained and currently competent in ACLS, and PALS if children are being treated, and one additional person trained and currently competent in Basic Life Support (BLS) for Healthcare Providers.

**RECORDS - Initial site evaluation,** if you have been authorized with a temporary sedation permit, provide documentation of sedation cases from the previous 60 days to the evaluator during the evaluation.

**Site Re-evaluation;** the evaluator will review random records of patients for whom moderate sedation services were provided within the last 6 months.

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. An adequate medical history of the patient.
2. An adequate physical evaluation of the patient.
3. Anesthesia records showing: continuous monitoring of the heart rate, blood pressure and respiration utilizing electrocardiographic monitoring and pulse oximetry.
4. Registration of monitoring every (five) 5 minutes.
5. Evidence of continuous recovery monitoring, with notation of patient's condition upon discharge and to whom patient was discharged.
6. Accurate recording of medications administered, including amounts and time administered.
7. Records demonstrating length of procedure.
8. Records reflecting any complications of anesthesia.

#### **OFFICE FACILITY AND EQUIPMENT - List manufacturer of major equipment**

1. BP    Non invasive BP monitor ☐

2. ECG ☐
3. Defibrillator/Automated External Defibrillator ☐
4. Pulse Oximeter ☐
5. Respiratory gases monitored? ☐ Capnography ☐

<b>6. Operating Theater</b>		
Is operating theater large enough to adequately accommodate the patient on a table or in an operating chair?	Yes	No
Does the operating theater permit an operating team consisting of at least three individuals to freely move about the patient?	Yes	No
<b>7. Operating Chair or Table</b>		
Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	Yes	No
Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	Yes	No
Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	Yes	No
<b>8. Lighting System</b>		
Does lighting system permit evaluation of the patient's skin and mucosal color?	Yes	No
Is there a battery powered backup lighting system?	Yes	No
Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	Yes	No
<b>9. Suction Equipment</b>		
Does suction equipment permit aspiration of the oral and pharyngeal cavities?	Yes	No
Is there a backup suction device available?	Yes	No
<b>10. Oxygen Delivery System</b>		
Does oxygen delivery system have adequate full-face masks and appropriate connectors, and is it capable of delivering oxygen to the patient under positive pressure?	Yes	No
<b>11. Recovery Area</b> (recovery area can be the operating theater)		
Does recovery area have available oxygen?	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 qualified member of the staff at all times during the recovery period?	Yes	No
Patient transportation protocol in place?	Yes	No
<b>11. Ancillary Equipment</b>		
Is there a working laryngoscope complete with an adequate selection of blades, spare batteries, and bulbs?	Yes	No
Are there endotracheal tubes and appropriate connectors?	Yes	No
Are there oral airways?	Yes	No
Are there any laryngeal mask airways?	Yes	No
Is there a tonsillar or pharyngeal type suction tip adaptable to all office outlets?	Yes	No
Are there endotracheal tube forceps?	Yes	No
Is there a sphygmomanometer and stethoscope?	Yes	No
Is there an electrocardioscope and defibrillator?	Yes	No
Is there a pulse oximeter?	Yes	No
Is there adequate equipment for the establishment of an intravenous infusion?	Yes	No

OVERALL EQUIPMENT ☐ ADEQUATE ☐ INADEQUATE

<b>DRUGS</b>					
Vasopressor	Yes	No	Corticosteroid	Yes	No

Bronchodilator	Yes	No	Muscle relaxant	Yes	No
Narcotic antagonist	Yes	No	Antihistamine	Yes	No
Antiarrhythmic	Yes	No	Anticholinergic	Yes	No
Antihypertensive	Yes	No	Coronary artery vasodilator	Yes	No
Intravenous medication for treatment of cardiopulmonary arrest?				Yes	No
Benzodiazepine antagonist drug available?				Yes	No
<b>INFECTION CONTROL</b> – In the past 15 years, numerous publications have described iatrogenic hepatitis C virus (HCV) transmission unrelated to transfused blood products or transplantation procedures. Nearly all were due to unsafe therapeutic injection practices related to multiple dose vials and infusion bags contaminated by reinsertion of used needles/syringes, use of a single needle/syringe for IV medication administration to multiple patients or use of a contaminated finger-stick glucose measurement device on multiple patients. In some situations, syringes or needles used on HCV-infected persons were directly reused on other persons. In others, syringes or needles used on HCV-infected persons were reused to draw medication from a vial or infusion bag; the vial or bag contents were subsequently drawn up and administered to multiple persons. Review <a href="http://www.asahq.org">http://www.asahq.org</a>					
Evaluator: Confirm credentials of individual(s) responsible for monitoring expiration dates, inventory, log and security of Schedule II and III or Schedule IV drugs. Comment:					
EVALUATOR WILL REVIEW drug log and location of Schedule II and III and Schedule IV drugs. Is the drug cabinet secured to wall or floor?				Yes	No
DO YOU ADMINISTER drugs from single dose vials or ampules to multiple patients or combine leftover contents for later use?				Yes	No
IF A DRUG (or other solution) is not available in the single-dose form and a multiple dose vial must be used (e.g., neostigmine, succinylcholine) are residual contents discarded after single patient use				Yes	No
Are there proper procedure for multi-dose or single dose vials?				Yes	No
Are there proper procedures for tabs/pills?				Yes	No
Is more than one person present to witness disposal of left-over anesthesia drug vials?				Yes	No
Is the name of drug and the amount wasted documented and initialed by 2 witnesses?				Yes	No
EVALUATOR WILL ASSESS STERILIZATION AREA and review spore test results log.				Yes	No
Is spore testing completed and logged weekly? Are sterilized bags intact and properly stored?				Yes	No
Instruments are individually bagged and dated?				Yes	No
Do the anesthesia providers or auxiliary personnel reuse needles or syringes either from one patient to another or to withdraw medication from a vial?				Yes	No

The CDC defines the "immediate patient treatment area" to include, at minimum, surgery/procedure rooms where anesthesia is administered and any anesthesia medication carts used in or for those rooms. The CDC indicates that anesthesia drug carts —represent mobile surfaces that can come into contact with body fluids or other soiled materials.

Do you keep multiple dose vials in the immediate patient treatment area?	Yes	No
Is an OSHA compliant eye wash station readily available and in working order?	Yes	No

## 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 that all sedation providers must observe.

**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.

- Does the site transport the sedation patient via a wheelchair to their car? Yes ☐ No ☐
- Is a wheel chair available? Yes ☐ No ☐
- Does the site maintain the level of emergency preparedness in the office setting by conducting a "mock code?" Yes ☐ No ☐ If yes, are the meetings documented? Yes ☐ No ☐
- Can the site accommodate a wheeled stretcher/gurney? Yes ☐ No ☐
- Describe recovery and discharge procedures? What are the credentials of the auxiliary who monitor the patient during recovery.
- Are verbal AND written instructions provided to patient or guardian at discharge? Prior to discharge?
- 

**\* Reminder: All 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

<b>Vomiting/Aspiration</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<ul style="list-style-type: none"> <li>-problem recognition &amp; proper patient positioning</li> <li>-removal of foreign bodies &amp; adequate suction</li> <li>-secure &amp; evaluate adequacy of airway</li> <li>-positive pressure oxygen</li> <li>-tracheal intubation when necessary</li> <li>-recognition of complication of associated</li> <li>-bronchospasm</li> <li>-activate EMS</li> </ul>		
<b>NEUROLOGICAL</b>		
<b>Convulsion/Seizures</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<ul style="list-style-type: none"> <li>-problem recognition &amp; etiology</li> <li>-patient position &amp; supportive measures</li> <li>-anticonvulsant drug therapy</li> </ul>		
<b>ALLERGY</b>		
<b>Allergic Reaction</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Minor & Anaphylactic Immediate & Delayed <ul style="list-style-type: none"> <li>-Epinephrine</li> <li>-vasopressors</li> <li>-bronchodilators</li> <li>-antihistamines</li> <li>-corticosteroids</li> </ul>		
<b>CARDIOVASCULAR</b>		
<b>Syncope</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<ul style="list-style-type: none"> <li>-problem recognition</li> <li>-patient position</li> <li>-oxygen</li> <li>-drug therapy</li> </ul>		
<b>Hypotension/Hypertension</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<ul style="list-style-type: none"> <li>-problem recognition; preoperative pulse &amp; blood pressure</li> <li>-patient position</li> <li>-oxygen</li> <li>-continuous monitoring &amp; recording</li> <li>-drug therapy</li> </ul>		
<b>Angina Pectoris (chest pain)</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<ul style="list-style-type: none"> <li>-problem recognition &amp; differential diagnosis</li> <li>-patient position &amp; supportive measures</li> <li>-oxygen</li> <li>-monitoring</li> <li>-drug therapy, Nitroglycerine &amp; Amyl Nitrate</li> <li>-transfer when indicated</li> </ul>		
<b>Bradycardia</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
<ul style="list-style-type: none"> <li>-problem recognition &amp; differentiation of hemo-dynamically significant bradycardia</li> <li>-monitor &amp; record keeping</li> <li>-oxygen</li> <li>-drug therapy, Atropine</li> </ul>		

☐ Satisfactory      ☐ Unsatisfactory

- ☐ Satisfactory      ☐ Unsatisfactory

- ☐ Satisfactory      ☐ Unsatisfactory

- ☐ Satisfactory      ☐ Unsatisfactory

☐ Satisfactory      ☐ Unsatisfactory

☐ Satisfactory      ☐ Unsatisfactory

☐ Satisfactory      ☐ Unsatisfactory

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**APPLICANT: REVIEW AND FILL OUT PAGES 8- 12. RETURN PAGES 1-12 TO THE SITE EVALUATOR TWO WEEKS PRIOR TO SITE EVALUATION DATE. MAIL TO:**

**KELLIE PIERCE, CRNA  
4012 EDGEWATER PLACE  
MANDAN, ND 58554  
[piercecrna@aol.com](mailto:piercecrna@aol.com)**

**APPLICANT NAME:** \_\_\_\_\_ **ND DENTAL LICENSE NUMBER** \_\_\_\_\_  
**ADDRESS OF FACILITY WHERE SEDATION SERVICES ARE PROVIDED:**

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

**MAIL copy of the following office forms:**

- ☐ Medical history
- ☐ Informed consent
- ☐ A blank sedation monitoring forms
- ☐ Pre anesth/sedation instructions
- ☐ Post care instructions
- ☐ Credentials, staff credentials

Possible questions which may be asked for DDS:

1. What is the criteria for DDS dismissing himself from recovering patient?
2. What are qualifications of **your staff** that attends recovering patient?
3. Pre-op assessment and form
4. What is the max rec. dose of.....? How soon can you re-dose i.e., what is clinical affective ½ life of .....?  
What is the ½ life of .....?
5. If patient cardiac arrests your 1<sup>st</sup> steps would be.....?
6. If patient respiratory arrests your first response would be.....?
7. Patient is in chair and complains of chest pain. You.....?
8. Health and physical/ what is patient assessment?
9. How do you classify airway?
10. What are your discharge criteria?
11. Mod sedation/ Pulse ox? Auto BP? 3 lead EKG? Continuous O2 thru nasal cannula?
12. Staff meetings: IF control, CPR, Emergency protocols???
13. Identify signs and symptoms of emergency events; local toxicity, MI
14. Which team member must remain in the room with the patient until recovery?

**I. Enteral & Parenteral Sedation Facility, and Equipment – Recommendations**

The following equipment is recommended for the emergency kit/cart for Sedation/anesthesia emergency management. The equipment should be readily accessible and should be used in a manner that is consistent with the practitioner's level of training and skill. The equipment must be age and weight appropriate for pediatric and adult patients. There must be a routine equipment maintenance record kept by the dentist to ensure that the equipment is kept in working order. Please attach a separate sheet (if needed) with rationale for absent or substituted medications.

**Applicant must initial each of the following to indicate compliance.**

Recommendations for **Enteral** Sedation

- \_\_\_ Blood pressure sphygmomanometer/cuffs of appropriate sizes with stethoscope or automatic blood pressure monitor
- \_\_\_ ECG monitoring device
- \_\_\_ Pulse oximetry device
- \_\_\_ IM equipment:



- \_\_\_ Gauze sponges
- \_\_\_ Needles of various sizes
- \_\_\_ Syringes
- \_\_\_ Several types/sizes of resuscitation masks

**Required for Parenteral Moderate Sedation**

- \_\_\_ Blood pressure sphygmomanometer/cuffs of appropriate sizes with stethoscope or automatic blood pressure monitor
- \_\_\_ ECG monitoring device
- \_\_\_ Pulse oximetry device
- \_\_\_ IV and IM equipment:
- \_\_\_ IV fluids, tubing and infusion sets
- \_\_\_ Tape
- \_\_\_ Sterile water
- \_\_\_ Gauze sponges
- \_\_\_ Needles of various sizes
- \_\_\_ Syringes
- \_\_\_ Tourniquet
- \_\_\_ Several types/sizes of resuscitation masks
- \_\_\_ Magill forceps
- \_\_\_ Laryngoscope – readily available
- \_\_\_ Advanced airway management equipment
  - \_\_\_ LMA various sizes
  - \_\_\_ ET tubes various sizes
  - \_\_\_ Combi Tube, King Airway
  - \_\_\_ Oral airway various sizes
  - \_\_\_ Nasal airway, various sizes

**Additional Items to be evaluated:**

- \_\_\_ Supplemental gas delivery system & back-up system
- \_\_\_ Suction w or w/o power, demonstrate back up protocol
- \_\_\_ Patient transportation protocol in place > wheelchair
- \_\_\_ Sterilization area
- \_\_\_ Designated sterile area
- \_\_\_ Sterilization manual and protocol
- \_\_\_ Designated non-sterile area
- \_\_\_ Preparation of sedation medication
- \_\_\_ Appropriate storage for medication
- \_\_\_ Appropriate mode/method of administration
- \_\_\_ Equipment readily accessible - consistent with licensee's level of training and skill
- \_\_\_ Equipment age and weight appropriate for pediatric and/or adult patients
- \_\_\_ Treatment room/s
- \_\_\_ Treatment room permits the team (consisting of at least two individuals) to move freely about the patient
- \_\_\_ Chair utilized for treatment permits patient to be positioned so the team can maintain the airway
- \_\_\_ Treatment chair permits the team to alter patient's position quickly in an emergency
- \_\_\_ Treatment chair provides a firm platform for the management of CPR
- \_\_\_ Adequate equipment for establishment of an intravenous infusion
- \_\_\_ Licensee has emergency protocol

**II. Emergency Medications**

A. Enteral and Parenteral Emergency Medications or Equivalents – Recommendations: These drugs may be included in the emergency cart/kit in forms/doses that the dentist can knowledgeably administer, and in typical routes of administration for enteral/parenteral sedation. These drugs are listed by category, not by order of importance. These

medications must be used appropriately for both pediatric and adult emergency situations. Please attach a separate sheet (if needed) with rationale for absent or substituted medications.

B. \_\_\_\_ Documentation that all emergency medications are checked and maintained on a prudent and regularly scheduled basis.

**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 PRESCRIBES 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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**PROVIDE** name of individual(s) responsible for monitoring expiration dates, inventory, log and security of Schedule II and III or Schedule IV drugs:

<p><b>DESCRIBE</b> the office policy and procedure for “wasting” multi-dose or single dose vial contents if sterility of unused vial is compromised or not completely used during a procedure:</p> <p><b>Recommendations:</b></p>

## EQUIPMENT AND BRAND

### 1. BP - Noninvasive BP monitor

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

### 2. ECG

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

### 3. Defibrillator/Automated External Defibrillator

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

### 4. Pulse Oximeter

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

### 5. Capnography

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

**Please list the drug you are using and indicate the expiration date of the following medications available in your practice.\***

#### **Recommended Enteral Sedation**

#### **Emergency Medications or Current Equivalents\***

- \_\_\_\_\_ Analgesic \_\_\_\_\_
- \_\_\_\_\_ Anticonvulsant \_\_\_\_\_
- \_\_\_\_\_ Antihypoglycemic \_\_\_\_\_
- \_\_\_\_\_ Anti-inflammatory Corticosteroid \_\_\_\_\_
- \_\_\_\_\_ Endogenous Catecholamine \_\_\_\_\_
- \_\_\_\_\_ Epinephrine IM or SC for cardiac resuscitation \_\_\_\_\_
- \_\_\_\_\_ Epinephrine IM for allergic reaction \_\_\_\_\_
- \_\_\_\_\_ Epinephrine SC for asthmatic pediatric patient \_\_\_\_\_
- \_\_\_\_\_ Vasodilator, Antianginal, Antihypertensive (nitroglycerin SL, SC, IM PO) \_\_\_\_\_
- \_\_\_\_\_ Bronchodilator \_\_\_\_\_
- \_\_\_\_\_ Respiratory Stimulant \_\_\_\_\_
- \_\_\_\_\_ Histamine Blocker \_\_\_\_\_
- \_\_\_\_\_ Vasopressor \_\_\_\_\_
- \_\_\_\_\_ Anticholinergic Antiarrhythmic \_\_\_\_\_
- \_\_\_\_\_ ASA \_\_\_\_\_
- \_\_\_\_\_ Narcotic Antagonist \_\_\_\_\_
- \_\_\_\_\_ Benzodiazepine Antagonist \_\_\_\_\_

**Recommended Parenteral Sedation  
Emergency Medications or Current Equivalents\***

\_\_\_\_ Analgesic \_\_\_\_\_

\_\_\_\_ Anticonvulsant \_\_\_\_\_

\_\_\_\_ Antihypoglycemic \_\_\_\_\_

\_\_\_\_ Allergic Reaction, Anaphylaxis \_\_\_\_\_

\_\_\_\_ Epinephrine IM or SC \_\_\_\_\_

\_\_\_\_ Epinephrine \_\_\_\_\_

\_\_\_\_ Corticosteroid \_\_\_\_\_

\_\_\_\_ Bronchodilator \_\_\_\_\_

\_\_\_\_ Respiratory Stimulant \_\_\_\_\_

\_\_\_\_ Histamine Blocker \_\_\_\_\_

\_\_\_\_ Narcotic Antagonist \_\_\_\_\_

\_\_\_\_ Benzodiazepine Antagonist \_\_\_\_\_

\_\_\_\_ Dantrolene – Mechanism of response \_\_\_\_\_

\_\_\_\_ Cardiac Medications \_\_\_\_\_

\_\_\_\_ endogenous catecholamine \_\_\_\_\_

\_\_\_\_ anticholinergic, antiarrhythmic \_\_\_\_\_

\_\_\_\_ Vasopressor \_\_\_\_\_

\_\_\_\_ Vasodilator \_\_\_\_\_

\_\_\_\_ Antianginal \_\_\_\_\_

\_\_\_\_ Antihypertensive \_\_\_\_\_

\_\_\_\_ Antiarrhythmics \_\_\_\_\_

\_\_\_\_ Tachycardia \_\_\_\_\_

\_\_\_\_ Ventricular fibrillation \_\_\_\_\_

\_\_\_\_ Antihypertensive, antianginal, beta-adrenergic blocker \_\_\_\_\_

\_\_\_\_ ASA \_\_\_\_\_

\_\_\_\_ Neuromuscular Blocker \_\_\_\_\_

**REMINDER: Mail ENTIRE FORM to the Board's designated site evaluator at least two weeks before your scheduled site evaluation. Applicant review & fill out information on pages 8-12, PRIOR to evaluation. Do not complete pages 1-7.**

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