

North Dakota State Board of Dental Examiners

PO Box 7246
Bismarck, ND 58507-7246

ANESTHESIA ON-SITE INSPECTION AND EVALUATION FORM FACILITY WITH OTHER ANESTHESIA PROVIDER DEEP SEDATION AND/OR GENERAL ANESTHESIA

Site Evaluator completes pages 1 – 7 on the day of the site evaluation.

NAME OF EVALUATOR [PLEASE PRINT]	
EVALUATOR'S EMAIL ADDRESS	
SITE ADDRESS	
NAME OF PRACTITIONER EVALUATED	
PRACITITIONER'S EMAIL ADDRESS	PHONE:
NAME OF PRACTICE	
DOES THE PRACTITIONER UTILZE A SATELLITE LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO Location:	
IS THE SITE BEING EVALUATED A SATELLITE OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ND DENTAL LICENSE NUMBER	DEA NUMBER
DATE	DATE OF LAST EVALUATION
TIME FRAME OF EVALUATION: START	COMPLETED BY
THIS EVALUATION IS (check one): <input type="checkbox"/> INITIAL SITE EVALUATION <input type="checkbox"/> RE- EVALUATION	

ON-SITE EVALUATION: ND 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 evaluation is required for the initial application process and periodically after that; generally every five years unless otherwise noted. It is the applicant's responsibility to schedule site evaluations with a designated anesthesia evaluator. **The applicant or permit holder or any dentist utilizing the services of an authorized anesthesia provider and the authorized anesthesia provider must be present during the site evaluation. Dentists utilizing other qualified sedation/anesthesia providers must hold ACLS or PALS certification.**

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 anesthesia. An initial inspection must be completed within 60 days of the approval of the initial permit application. During that time, a temporary permit may be issued. It is the applicant's responsibility to schedule site evaluations with the Board's designated anesthesia evaluator. *It is the Anesthesia Committee's prerogative to suspend privileges if the permit holder's site evaluation is overdue.* A temporary permit may be issued prior to the site evaluation in some circumstances.

RENEWAL: Both the sedation permit and the inspection are subject to expiration and renewal. The sedation/anesthesia permit must be renewed biennially, concurrent with the dentist's license renewal. The site evaluation is conducted within 5 years of the previous site evaluation. The NDSBDE accepts the evaluation conducted for the purpose of certification by the American Association of Oral and Maxillofacial Surgeons.

NON 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 after the December 31st deadline of odd numbered years.

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.

SITE EVALUATION FEE: A fee of \$550 shall be paid directly to the evaluator at the time of the evaluation.

QUALIFIED PERSONNEL - Provide to evaluator:

For Deep Sedation/ General Anesthesia: The anesthesia team consists of the surgeon, trained and currently competent in ACLS, and two additional persons trained and currently competent in BLS for Healthcare Providers. The individual designated to monitor the patient's level of sedation should have no other responsibilities.

1. ACLS Certificate – Provide photocopy of doctors' ACLS certification and PALS Certificate.
2. Provide copy of:
 - Completion of an OMFS residency program or advanced dental education program, accredited by the ADA Commission on Dental Accreditation
Date of completion _____
OR
 - Successfully completing 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*. Submit documentation of 20 managed live patient clinically-oriented experiences.
Date of 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. Evaluator: Case history review

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. 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**
 - a. _____
 - b. _____
2. **ECG**
 - a. _____
 - b. _____
3. **Defibrillator/Automated External Defibrillator**
 - a. _____
 - b. _____
4. **Pulse Oximeter**
 - a. _____
 - b. _____
5. **Capnography:**
 - a. _____
 - b. _____

6. Operating Theater		
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
7. Operating Chair or Table		
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
8. Lighting System		
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
9. Suction Equipment		
Does suction equipment permit aspiration of the oral and pharyngeal cavities?	Yes	No
Is there a backup suction device available?	Yes	No
10. Oxygen Delivery System		
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
11. Recovery Area (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
11. Ancillary Equipment		
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 / FACILITY ADEQUATE INADEQUATE
RECORD KEEPING ADEQUATE INADEQUATE

DRUGS					
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

<p>INFECTION CONTROL – 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 http://www.asahq.org</p>		
<p>Evaluator: Check credentials of individual(s) responsible for monitoring expiration dates, inventory, log and security of Schedule II and III or Schedule IV drugs.</p>		
<p>Comment:</p>		
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
ARE DRUGS ADMINISTERED 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
Is there proper procedure for multi-dose or single dose vials?	Yes	No
Is there proper procedure 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
Assessment of sterilization area: Evaluator will review spore test results log. Is spore testing completed and logged weekly?	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
Do you keep multiple dose vials in the immediate patient treatment area ?	Yes	No
<p><i>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.</i></p>		
<p>EMERGENCY MANAGEMENT & EMERGENCY SCENARIOS</p>		
<p>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.</p>		
<p>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 Evaluator 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.</p>		
Does the site transport the sedation patient via a wheelchair to their car?	Yes	No
Is a wheel chair available	Yes	No
Can the site accommodate a wheeled stretcher/gurney?	Yes	No
Does the site to maintain a level of preparedness in the office setting practicing for emergencies by conducting a “mock code”?	Yes	No
If “mock code” meetings are conducted, are the meetings documented?	Yes	No
Is an OSHA compliant eye wash station readily available?	Yes	No

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

RESPIRATORY

Bronchospasm

Satisfactory Unsatisfactory

- Problem recognition
- Bronchial dilators
- Positive pressure oxygen & airway maintenance

Respiratory Complications

Satisfactory Unsatisfactory

- Airway obstruction
- Hyperventilation syndrome
- 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
- Bronchodilators
- Corticosteroids

- Vasopressors
- Antihistamines

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
- CPR 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
- Local anesthesia toxicity

STROKE

Cerebrovascular Accident

Satisfactory

Unsatisfactory

OTHER

Satisfactory

Unsatisfactory

-Venipuncture Complications

-Malignant Hypothermia

COMMENTS AND RECOMMENDATIONS

DEFICIENCY

EVALUATOR USE ONLY: Evaluator Reimbursed \$ _____ Date ____/____/____

Evaluator Signature: _____ Date ____/____/____

Site evaluator: At completion of evaluation submit all signed and completed forms to:

ATTN: Anesthesia Committee

NDBDE

PO BOX 7246

Bismarck, ND 58507-7246

APPLICANT and QUALIFIED ANESTHESIA PROVIDER: COMPLETE SECTIONS BELOW

THE ENTIRE FORM MUST BE SENT VIA USPS TO THE SITE EVALUATOR TWO WEEKS PRIOR TO DATE OF SITE EVALUATION. INCLUDE CREDENTIALS OF APPLICANT (TRAINING/ANESTHESIA EDUCATION, BLS, ACLS OR PALS), OTHER ANESTHESIA PROVIDER (LICENSES & ACLS, BLS) AND CREDENTIALS OF STAFF WHO WILL BE IN DIRECT CONTACT OF PATIENT DURING SEDATION / ANESTHESIA PROCEDURES. EMAIL A COPY OF SUPPORTING DOCUMENTS AND PPLICATION TO RITA@NDDENTALBOARD.ORG.

APPLICANT NAME _____

ND DENTAL LICENSE NUMBER _____

APPLICANT EMAIL _____

ADDRESS OF FACILITY WHERE SEDATION SERVICES ARE PROVIDED:

_____ PHONE _____

MAIL EVALUATOR A COPY OF:

- A medical history
- Informed consent
- A blank sedation monitoring form
- Pre anesthesia/sedation instructions
- Post Op care instructions to patient
- Copy of sedation/anesthesia education of the dentist and dental staff having direct contact with patient during sedation or anesthesia procedures or recovery.
- Copy of BLS/PALS/ACLS certifications
- Copy of sedation/anesthesia provider's ND license

POSSIBLE SAMPLE QUESTIONS

1. What is the criterion for a dentist dismissing himself from recovering patient?
2. What are qualifications for staff that attends recovering patient?
3. Discussion of pre-op assessment and forms
4. What is the max recommended dose of.....?
How soon can you re-dose i.e., what is clinical affective ½ life of
5. If patient cardiac arrests your 1st 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 is your discharge criterion?
11. Mod sedation/ Pulse ox? Auto BP? 3 lead EKG? Continuous O2 thru nasal cannula?
12. Staff meetings: Infection control; review protocols, eye wash station, CPR, Emergency discuss protocols, mock codes.
13. Identify signs and symptoms of local toxicity.

I. Enteral & Parenteral Sedation Facility, and Equipment –Requirements

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 with rationale for absent or substituted medications.

APPLICANT REVIEW: 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
- Capnography
- 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
 - 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
- Patient transportation protocol in place
- 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. Confirm 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.

LIST ANY SEDATION DRUGS THE PRACTITIONER BEING EVALUATED WILL BE USING.

OFFICES MAY EMPLOY THE SERVICES OF AN ANESTHESIA PROVIDER WHO IS QUALIFIED AND LICENSED TO PROVIDE DEEP SEDATION AND GENERAL ANESTHESIA. LIST ALL ADDITIONAL SEDATION DRUGS AN ANESTHESIA PROVIDER WILL BE USING AT THIS SITE.

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

LIST ALL RESCUE DRUGS THAT YOUR PRACTICE HAS ON SITE

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

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. **Capnography**
 - a. _____
 - b. _____

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 enter current equivalents*)

- _____ Analgesic (nitrous oxide/oxygen, morphine sulfate IM) _____
- _____ Anticonvulsant (diazepam IM) _____
- _____ Antihypoglycemic (oral glucose/sucrose, glucagon HCl IM or SC) _____
- _____ Anti-inflammatory Corticosteroid (sodium succinate in IM form) _____
- _____ Endogenous Catecholamine _____
- _____ Epinephrine IM or SC for cardiac resuscitation _____
- _____ Epinephrine IM for allergic reaction (Ana-guard, epi-pen auto-injector) _____
- _____ Epinephrine SC for asthmatic pediatric patients _____
- _____ Vasodilator, Antianginal, Antihypertensive (nitroglycerin SL, SC, IM, PO) _____
- _____ Bronchodilator (albuterol inhalant) _____
- _____ Respiratory Stimulant (ammonia inhalant) _____
- _____ Histamine Blocker (Benadryl PO or IM) _____
- _____ Vasopressor (methoxamine IM) _____

- _____ Anticholinergic Antiarrhythmic (atropine IM or SC) _____
- _____ ASA (acetylsalicylic acid, aspirin) _____
- _____ Narcotic Antagonist (naloxone IM or SC) _____
- _____ Benzodiazepine Antagonist (flumazenil SL) _____

Recommended Parenteral Sedation Emergency Medications (or enter current equivalents*)

- _____ Analgesic (morphine sulfate) _____
- _____ Anticonvulsant (diazepam) _____
- _____ Antihypoglycemic (glucagon HCl, 50% dextrose) _____
- _____ Allergic Reaction, Anaphylaxis _____
- _____ Epinephrine IM or SC _____
- _____ Epinephrine (Ana-guard, epi-pen auto injector) _____
- _____ Corticosteroid (anti-inflammatory hydrocortisone, sodium succinate) _____
- _____ Bronchodilator (albuterol) _____
- _____ Respiratory Stimulant (ammonia inhalant) _____
- _____ Histamine Blocker (diphenhydramine-Benadryl, chlorpheniramine) _____
- _____ Narcotic Antagonist (naloxone) _____
- _____ Benzodiazepine Antagonist (flumazenil) _____
- _____ Dantrolene - Mechanism of response _____
- _____ Cardiac Medications _____
- _____ Endogenous catecholamine (epinephrine) _____
- _____ Anticholinergic, antiarrhythmic (atropine) _____
- _____ Vasopressor (methoxamine) _____
- _____ Vasodilator _____
- _____ Antianginal _____
- _____ Antihypertensive (nitroglycerin) _____
- _____ Antiarrhythmic (lidocaine, verapamil) _____
- _____ Tachycardia (adenosine) _____
- _____ Ventricular fibrillation (aminodarone) _____
- _____ Antihypertensive, antianginal, beta-adrenergic blocker (esmolol) _____
- _____ ASA (acetylsalicylic acid, aspirin) _____
- _____ Alkalinizing agent (sodium bicarbonate) _____
- _____ Calcium Salt (calcium chloride) _____
- _____ Neuromuscular Blocker (succinylcholine) _____

***Specific medications are provided as examples and are subject to change based on currently published ACLS or Board approved standards.**

Reminder: Mail via USPS entire form and supporting documents to the Board’s designated site evaluator at least two weeks before your scheduled site evaluation. Applicant please review & fill out information on pages 8-12, prior to evaluation. Do not complete pages 1-7.

Mail to: Kellie Pierce, CRNA
 4012 Edgewater Pl SE
 Mandan, ND 58554

Email piercecrna@aol.com for site evaluation scheduling.

Email entire form and supporting documents to Rita@nddentalboard.org.