

North Dakota Board of Dental Examiners

PO Box 7246

Bismarck, ND 58507-7246

ANESTHESIA ON-SITE INSPECTION AND EVALUATION FORM

FACILITY WITH OTHER ANESTHESIA PROVIDER

LEVEL: DEEP SEDATION AND GENERAL ANESTHESIA

| | |
|--|----------------------------|
| Site Evaluator must complete pages 1 – 8 on the day of the site evaluation. | |
| PRINT NAME OF EVALUATOR | |
| SITE ADDRESS | |
| LIST NAMES OF ALL PRACTITIONERS EVALUATED | |
| 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: | |
| IS THE PRACTITIONER REGISTERED WITH THE PRESCRIPTION DRUG MONITORING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ND DENTAL LICENSE NUMBER | DEA NUMBER |
| DATE | DATE OF LAST EVALUATION |
| EVALUATION START TIME : | EVALUATION COMPLETED TIME: |
| THIS EVALUATION IS (check one): INITIAL ON-SITE EVALUATION <input type="checkbox"/> RE- EVALUATION <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 sites ability to provide emergency care; therefore, the site evaluation emphasizes recognition and management of emergencies and complications associated with office administration of sedation and anesthesia. Therefore, each practitioner is subject to the site evaluation. The fee of \$550 plus 65.5 cents per mile should be paid directly to the site evaluator at the time of the evaluation.

INITIAL INSPECTION must be completed within 60 days of the approval of the initial permit application. Oral and maxillofacial surgeons needing to obtain a site evaluation may contact any ND oral and maxillofacial surgeon not affiliated with the site to be evaluated. It is the applicant's responsibility to schedule office evaluations three years after the initial site evaluation and every three years thereafter.

PERMIT HOLDER or APPLICANT or any dentist utilizing services of a qualified anesthesia/sedation provider and the anesthesia provider must be present during the evaluation. Phone interviews are not accepted. The NDBDE accepts the evaluation conducted for the purpose of certification by the American Association of Oral and Maxillofacial Surgeons. Dentists utilizing other qualified sedation/anesthesia providers must hold ACLS or PALS certification (treating children ages 12 or over)

RENEWAL - Both the sedation permit and the inspection are subject to expiration and renewal. The deep sedation/anesthesia permit must be renewed biennially, concurrent with the dentist's license renewal. The evaluation is conducted within three years of the anniversary of the last site evaluation.

LATE RENEWAL of PERMIT results in the permit expiring and requires the dentist to suspend anesthesia/sedation services until a reinstatement is completed and formally approved by the NDBDE Anesthesia Committee. A late fee of \$200 is incurred when the permit renewal is postmarked after the December 31st deadline of odd numbered years. It is the Anesthesia Committee's prerogative to suspend privileges if the permit holder's site evaluation is overdue.

SATELLITE OFFICE - All offices where sedation and anesthesia 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 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. The same individuals must be present for mock codes.

1. ☐ ACLS Certificate – Provide photocopy of doctors' ACLS and PALS Certifications. (PALS if treating children age 12 or younger)
2. Provide photocopy of the following:
 - ☐ 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 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. Submit course curriculum which demonstrates length of course.
Date of completion _____
3. ☐ Provide photocopy of qualified auxiliary who provide direct patient care, i.e., current RDA registration, BLS/CPR/ACLS certificate, DAANCE certification, Board of nursing credentials etc.
4. ☐ Provide photocopy of patient consent agreement(s) and health history form.
5. ☐ Evaluator: Case history review

RECORDS - The site evaluator will request types of records of patients for whom anesthesia or sedation services were provided during a random period of time during a reevaluation of the site. 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.
9. Records demonstrating proficiency in mock codes held 2x/year.

Provide name(s) of practitioner who has mutually agreed to provide care to your post surgical patient in the event you are not available. For example, you are out of town.

| | | | | | |
|--|--|--|--|-----|----|
| 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 |
| Does the operating theater allow easy access for emergency personnel and transportation equipment? | | | | 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 |
| Is there an adequate backup oxygen deliver system? | | | | 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 |
| 12. Ancillary Equipment | | | | | |
| Laryngoscope complete with an adequate selection of blades, spare batteries, and bulbs? | | | | Yes | No |
| Endotracheal tubes and appropriate connectors? | | | | Yes | No |
| Oral airways? | | | | Yes | No |
| Supraglottic devices including laryngeal mask airways? | | | | Yes | No |
| Tonsillar or pharyngeal type suction tip adaptable to all office outlets? | | | | Yes | No |
| 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 |
| Cardiac defibrillator or automated external defibrillator? | | | | 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 |
| 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 | | | | | |
| Name and credentials of individual(s) responsible for monitoring drug expiration dates, scheduled drug inventory, drug log and security of Schedule II, III and Schedule IV drugs: | | | | | |
| Comment: | | | | | |
| OBSERVE drug log and location of Schedule II and III and Schedule IV drugs. Is drug cabinet <u>secured</u> to wall or floor? Evaluator must note if otherwise. | | | | 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 |
| Is there proper procedure for multi-dose or single dose vials? Discuss. | | | | Yes | No |
| 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 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 |

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? | Yes | No |
| <p align="center">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> <p>➤ Does the site transport the sedation patient via a wheelchair to their car? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>➤ Is a wheel chair available? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>➤ Can the site accommodate a wheeled stretcher/gurney? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | |

THE EVALUATOR AND PRACTITIONER'S ANESTHESIA TEAM SHOULD TALK ABOUT EMERGENCY SITUATIONS AND HOW THEY SHOULD BE MANAGED. THE TEAM SHOULD DEMONSTRATE THEIR METHODS FOR MANAGING THE FOLLOWING SPECIFIC EMERGENCIES:

- LARYNGOSPASM
- BRONCHOSPASM
- EMESIS AND ASPIRATION
- AIRWAY OBSTRUCTION
- ANGINA/MYOCARDIAL INFARCTIONS
- HYPOTENSION
- HYPERTENSION
- VENIPUNCTURE COMPLICAITONS
- NEUROCARDIOGENIC (VASOVAGAL) SYNCOPE
- HYPERVENTILATION SYNDROME
- SEIZURES
- ALLERGIC REACTION
- LOCAL ANESTHETIC TOXICITY
- MALIGNANT HYPERTHERMIA.

Does the site maintain a level of preparedness in the office setting practicing for emergencies by conducting a “mock code?” Yes ☐ No ☐ **Submit documentation of mock code drills to site evaluator.** *Lack of documentation verifying participants and mock code content may be considered lack of preparedness.

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

PART OF THE SITE EVALUATION CONSISTS OF DISCUSSION BETWEEN THE EVALUATOR AND THE PERMIT APPLICANT OR PERMITHOLDER WHICH INVOLVES A CRITIQUE OF THE EMERGENCY DEMONSTRATIONS AND/OR FACILITY. THIS DISCUSSION IS NOT AN EXAMINATION, RATHER A MEANS OF COMMUNICATING SUGGESTIONS TO IMPROVE ANESTHESIA SAFETY.

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
 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
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

Please write legibly

COMMENTS AND RECOMMENDATIONS

DEFICIENCY

I recommend a re-evaluation in _____ months; the site evaluation was incomplete.

I recommend a re-evaluation three years. The site meets all criteria.

EVALUATOR USE ONLY: Evaluator Reimbursed \$ _____

Check no. _____

Evaluator

Signature: _____

Date ____/____/____

EVALUATOR: At the completion of evaluation, submit signed and completed form to:

ATTN: Marcus Tanabe, DDS

Anesthesia Committee Chair

NDBDE

PO Box 7246

Bismarck, ND 58507-7246

APPLICANT AND/OR QUALIFIED ANESTHESIA PROVIDER: COMPLETE SECTIONS BELOW
 THE ENTIRE FORM MUST BE RECEIVED BY THE SITE EVALUATOR AT LEAST TWO WEEKS PRIOR TO DATE OF SITE EVALUATION. RETURN PAGES 1-13 TO THE SITE EVALUATOR. IF YOUR SITE IS EXPERIENCING AN INITIAL SITE EVALUATION, THE PERMIT APPLICANT MUST ALSO SUBMIT DOCUMENTED CASES AT **LEAST TWO WEEKS PRIOR TO SITE EVALUATION DATE**. IF THE SITE EVALUATION IS A RE-EVALUATION, DO NOT RESUBMIT CLINICAL CASES. THE SITE EVALUATOR WILL INDICATE A SPECIFIC TIME PERIOD during the evaluation TO REVIEW RANDOM CASES. APPLICANT MUST COMPLETE PAGES 1 and 9-13 ONLY.

APPLICANT/DDS NAME: _____
 ND DENTAL LICENSE NUMBER _____ APPLICANT'S EMAIL ADDRESS _____
 NAME AND ADDRESS OF FACILITY: _____

 _____ PHONE: _____

MAIL a copy of the following to the site evaluator:

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

Possible sample questions for PERMITHOLDER or INITIAL APPLICANT:

1. What is the criterion for DDS dismissing himself from recovering patient?
2. What are qualifications for staff attending recovering patient?
3. Pre-op assessment and form
4. What is the max recommended 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 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: IF control, CPR, Emergency protocols???
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 (if needed) with rationale for absent or substituted medications.

Applicant review - 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
- ☐ Stethoscope
- ☐ 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
- ☐ Storage for medication

- ___ 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
- ___ 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 and document 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 ALL SEDATION DRUGS YOUR PRACTICES USES

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 UTILIZING 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 Noninvasive 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. _____

6. AED _____

List the drug(s) 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 _____
 _____ 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 (zemuron) _____
 _____ Reversal to blocker (sugammadex) _____

Specific medications are provided as examples and are subject to change based on currently published ACLS or Board approved standards. Some medications may apply strictly to the OMFS.

Mail via USPS entire form and supporting documents to the site evaluator at least two weeks before your scheduled site evaluation. Applicant must review & complete information on pages 9-13, prior to evaluation. Do not complete pages 1-8. Moderate parenteral/enteral sedation permit holders, notify Kellie Pierce, CRNA: piercecrna@aol.com to schedule evaluation. Mail the form & documentation to Kellie Pierce, CRNA, 4012 Edgewater Place SE, Mandan, ND 58554.