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

DEEP SEDATION AND GENERAL ANESTHESIA

Site Evaluator completes pages 1 – 7 on the day of the site evaluation.			
NAME OF EVALUATOR			
SITE ADDRESS			
NAME OF PRACTIONER EVALUATED		Email:	
IS THE SITE BEING EVALUATED A SATELLITE OFFICE? Does the Practitioner utilize a satellite location?	☐ YES ☐ NO ☐ YES ☐ NO	Location:	
IS THE PRACTITIONER REGISTERED WITH THE PRESCRIPTION DRUG MONITORING PROGRAM?		☐ YES	☐ NO
ND DENTAL LICENSE NUMBER		DEA NUMBER	
DATE		DATE OF LAST EVALUATION	
EVALUATION START TIME : AM PM		EVALUATION COMPLETED TIME:	AM PM
THIS EVALUATION IS (check one):	INITIAL ON-SITE EVALUATION ☐		RE- EVALUATION ☐

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 $0.56 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.

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. 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 five years of the anniversary of the last evaluation unless otherwise indicated by the NDBDE Anesthesia Committee.

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.

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

Evaluator: Check credentials of individual(s) responsible for monitoring expiration dates, inventory, log and security of Schedule II and III or Schedule IV drugs

Comment:

OBSERVE drug log and location of Schedule II and III and Schedule IV drugs. 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
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 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

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

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 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.

- 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 ☐

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 MANAGEING 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 to 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 FACILITYIES. 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 in 60 months. The site meets the criteria.

EVALUATOR USE ONLY: Evaluator Reimbursed $_____ Check no._____

Evaluator
Signature: _____ Date _____/_____/_____

EVALUATOR: At the completion of evaluation, submit signed and completed form to:
Rita Sommers, NDBDE Executive Director
1418 Cook Drive
Minot ND 58507-7246

APPLICANT AND/OR QUALIFIED ANESTHESIA PROVIDER: COMPLETE SECTIONS BELOW

THE ENTIRE FORM MUST BE ENT VIA US POSTAL SERVICE TO 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 SUBMIT CASES. THE SITE EVALUATOR WILL INDICATE A SPECIFIC TIME PERIOD TO REVIEW RANDOM CASES. APPLICANT MUST COMPLETE PAGES 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 QUALIFED 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. Minimal sedation and moderate parenteral, moderate enteral sedation permit holders, notify Kellie Pierce, CRNA: piercecrna@aol.com to schedule evaluation. Mail via USPS the form & documentation to Kellie Pierce, CRNA, 4012 Edgewater Place SE, Mandan, ND 58554.