

# North Dakota Board of Dental Examiners

PO Box 7246

Bismarck, ND 58507-7246

## ANESTHESIA ON-SITE INSPECTION AND EVALUATION FORM GENERAL ANESTHESIA

**Site Evaluator completes pages 1 – 8 on the day of the site evaluation.**

NAME OF EVALUATOR		
SITE ADDRESS		
NAME OF PRACTITIONER EVALUATED		Email:
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	
TIME FRAME OF EVALUATION	START:	COMPLETED BY:
INITIAL ON-SITE EVALUATION <input type="checkbox"/>	RE-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 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/APPLICANT** 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.

**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 31<sup>st</sup> deadline of odd numbered years.

**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.

- 1. 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 \_\_\_\_\_
  - ACLS Certificate – Provide photocopy of doctors’ ACLS certification and PALS Certificate.
  - Provide photocopy of credentials for all qualified auxiliary who provide direct patient care, i.e., current RDA registration card and BLS or ACLS certification, DAANCE certification.
  - Provide photocopy of patient consent agreement(s) and health history form.

**RECORDS - The site evaluator will randomly choose or request types of 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.
9. Evidence of mock codes being provided 2x/yearly.

**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. **How are respiratory gases monitored? Capnography? or list other:**  
\_\_\_\_\_

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

<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
Does the operating theater allow easy access for emergency personnel and transportation equipment?	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
Is there an adequate backup oxygen deliver system?	Yes	No
<b>11. Recovery Area <span style="float: right;">(recovery area can be the operating theater)</span></b>		
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>		
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**

<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: 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
<b>Assessment of sterilization area; evaluator will review spore test results log.</b>	Yes	No
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
<b>EMERGENCY MANAGEMENT &amp; EMERGENCY SCENARIOS</b>		
<p><b>Respiratory</b> 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><b>Emergency Scenarios — Complete protocols for all scenarios.</b> 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. Mock drills must be documented.</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

**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 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

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DEFICIENCY

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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: Submit signed and completed form to: Rita Sommers, NDBDE Executive Director  
1418 Cook Drive, Minot ND 58507-7246**



**RETURN PAGES 1-13 TO THE SITE EVALUATOR WITH DOCUMENTED CASES (INITIAL SITE EVALUATIONS) AT LEAST TWO WEEKS PRIOR TO SITE EVALUATION DATE.**  
**APPLICANT MUST COMPLETE PAGES 9-13 ONLY.**

APPLICANT 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:**

- Qualified personnel –see page 2
- A medical history
- Informed consent
- A blank sedation monitoring form
- Pre anesthesia/sedation instructions
- Post care instructions

Site evaluator's 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 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 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? 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 (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.  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 PERSCRIBES 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:


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 \_\_\_\_\_
- \_\_\_\_\_ 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; zemuron) \_\_\_\_\_
- \_\_\_\_\_ Reversal agent (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.