

North Dakota State Board of Dental Examiners

PO Box 7246
Bismarck, ND 58507-7246

SITE INSPECTION AND EVALUATION FORM MODERATE SEDATION, DEEP SEDATION & GENERAL ANESTHESIA

PRACTITIONER - Complete page 1 and pages 10-15.

SITE EVALUATOR - Complete pages 2– 9 on the day of the site evaluation.

NAME OF EVALUATOR		
SITE ADDRESS		Best phone number: (work) (cell)
NAME OF EACH LICENSEE/PRACTITIONER/CRNA WHO WILL BE PROVIDING SEDATION AT THIS SITE:		
	DEA NUMBER	Email Address:
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 of satellite office		
IS THE PRACTITIONER REGISTERED WITH THE PRESCRIPTION DRUG MONITORING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TODAYS DATE:		DATE OF LAST SITE EVALUATION:
INITIAL SITE EVALUATION <input type="checkbox"/> RENEWAL OF EVALUATION <input type="checkbox"/> RE-EVALUATION []		
<p>ATTESTATION: I have met the requirements of the North Dakota Administrative Rules and laws for the administration of anesthesia and sedation, and I am authorized for the following level of sedation (check one):</p> <p><input checked="" type="checkbox"/> General Anesthesia and Deep Sedation</p> <p><input type="checkbox"/> Moderate Sedation</p> <p>I hereby certify and understand that following review of the inspection consultant's documentation of the site evaluation: The NDBDE shall determine if the site evaluation is in compliance with requirements of N.D.A.C. § 20-02-01-05 and that a permit holder who fails the inspection shall be notified by the NDBDE and shall be given a written statement which specifies the deficiencies. The site evaluation and comments provided are specific to this site only and the practitioners present for the site evaluation. I further understand that the NDBDE shall give the permit holder 30 days from the date of inspection to correct any documented deficiencies. Upon notification by the permit holder to the NDBDE that the deficiencies have been corrected, the inspector shall reinspect to ensure that the deficiencies have been corrected. If the deficiencies have been corrected, the NDBDE will be notified, and anesthesia privileges authorized upon the Board's approval. I agree to provide documentation that verifies I have met the requirements of § 20-02-01-05, and I hereby agree to waive my right to an administrative hearing and appeal pursuant to N.D.C.C. § 28-32 and agree that the Board may suspend my anesthesia privileges. During a site evaluation, regardless of whether a CRNA is providing services, all practitioners who will be utilizing the services of the CRNA or utilizing sedation must be present during the site evaluation.</p> <p>Signatures of DDS applicants present:</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">DATE: _____</p>		

ON-SITE EVALUATION - North Dakota licensees who provide moderate sedation, deep sedation or general anesthesia procedures are required to have an evaluation **INITIALLY AND EVERY THREE YEARS THEREAFTER** 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 \$1000 plus the GSA per diem mileage rate should be paid directly to the site evaluator at the time of the evaluation.

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 three years of the anniversary of the last 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 \$225 is incurred when the permit renewal is postmarked after the December 31st 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 initially and three years thereafter.**

QUALIFIED DENTAL STAFF MEMBERS

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. For moderate sedation the team consists of the anesthesia permit holder and at least one other individual experienced with patient monitoring and documentation.

Provide with this application photocopy of the following to the site evaluator:

- 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 select 5 to 10 dental records of patients for whom sedation or anesthesia services were provided. The evaluator will review preoperative, intraoperative, and postoperative anesthesia assessment, drug logs 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 **quarterly.**

COMMENT:

OFFICE FACILITY AND EQUIPMENT

Checked box indicates item is available:

- BP | Non invasive BP monitor
- ECG
- Defibrillator/Automated External Defibrillator
- Pulse Oximeter
- Capnography

(list brands on page 13)

Comments:

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
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
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
Suction Equipment		
Does suction equipment permit aspiration of the oral and pharyngeal cavities?	Yes	No
Is there a backup suction device available?	Yes	No
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
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
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 electrocardio monitor?	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
Is there a capnography monitor?	Yes	No
How are respiratory gases monitored? Capnography? or list other:		
ALL EQUIPMENT – FACILITY _____ ADEQUATE _____ INADEQUATE		

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
Does the site transport the sedation patient via a wheelchair to their car? Is a wheelchair available?	Yes	No
Can the site accommodate a wheeled stretcher/gurney?	Yes	No
Is there a transport protocol in place? Provide Evaluator copy of pt. transport protocol.	Yes	No
Does the site maintain a level of preparedness in the office setting practicing for emergencies by conducting a quarterly mock code? Submit copy of documentation of mock code drills to evaluator.	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.

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 muscle relaxant
- 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 or 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
Aspirin
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

Benzodiazepine overdose i.e., valium vs. narcotic i.e., midazolam
Local anesthesia toxicity

STROKE

Cerebrovascular Accident Satisfactory Unsatisfactory

Recognition of signs & symptoms
Activation of EMS

OTHER

Satisfactory Unsatisfactory

Venipuncture Complications
Malignant Hypothermia

EVALUATOR COMMENTS AND RECOMMENDATIONS:

DEFICIENCY:

EVALUATOR USE ONLY:

Evaluator

Signature: _____

Date ____/____/____

SITE EVALUATOR: Please submit signed and completed document to:

**NORTH DAKOTA BOARD OF DENTAL EXAMINERS
ATTN: EXECUTIVE DIRECTOR
PO BOX 7246
BISMARCK, ND 58507-7246**

EVALUATOR FEE: \$1000

TRAVEL EXPENSE: GSA RATE .65/MILE x _____ miles

Total: _____

APPLICANT: AT LEAST TWO WEEKS PRIOR TO THE SITE EVALUATION DATE, RETURN via USPS PAGES 1-13 TO THE SITE EVALUATOR WITH DOCUMENTED CASES (SEND DOCUMENTED CASES FOR INITIAL SITE EVALUATIONS ONLY) APPLICANT MUST COMPLETE PAGES 1 AND 10-15 ONLY.

INCLUDE A COPY OF THE FOLLOWING:

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

EMERGENCY SERVICE. Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to the patient’s regular dentist unless the patient expressly reveals a different preference.

<American Dental Association’s 2023 Principles of Ethics and Code of Conduct>

Provide the names of practitioners who agree to assist you in the event that you are unavailable to care for your post-surgical patients.

EMERGENCY MANAGEMENT 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.

QUARTERLY MOCK DRILLS MUST BE DOCUMENTED. PROVIDE A COPY TO THE SITE EVALUATOR.

**Lack of documentation verifying participants and mock code content may be considered lack of preparedness.*

**QUARTERLY MOCK DRILLS MUST BE DOCUMENTED.
PROVIDE A COPY TO THE SITE EVALUATOR.**

Practitioners providing Intramuscular Injections (IM):

1. Yes No Is **IM injection** your primary mechanism of delivery of sedative to pediatric cases? If this is not your primary mechanism of anesthesia delivery, explain the criteria you use for selecting this mode of anesthetics delivery.

2. Provide the explanation you share with the guardian(s) prior to **IM administration** of anesthetics, to include description risks of injury, risks of damage to vessels, the use of preventative measures including restraints, etc.

3. Into which muscle(s) do you choose to administer your **IM anesthetics** medication?

- a. If you choose the muscles of neck, how do you assure that patient will not move during the administration of the drug(s) so that no injury occurs to the great vessels of the neck?

4. Do you establish IV access once the **IM patient** is suitably sedated? Yes/No

5. How long is the patient recovered at your office after **IM anesthetic** has been administered?

6. What is your discharge criteria for patients that have been administered **IM anesthetic**?

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 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? Mock codes?
13. Identify signs and symptoms of local toxicity.

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.

- 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.

Emergency Medications

A. Emergency Medications or Equivalent – 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

LIST ALL SEDATION DRUGS YOUR PRACTICES USES

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. ECG
 - a. _____
 - b. _____
- 2. Defibrillator/Automated External Defibrillator
 - a. _____
 - b. _____
- 3. Pulse Oximeter
 - a. _____
 - b. _____
- 4. How are respiratory gases monitored? Capnography? or list other:
 - a. _____
 - b. _____
- 5. BP Noninvasive BP monitor
 - a. _____
 - b. _____

List the drug(s) you are using and indicate the expiration date of the following medications available in your practice.

Enter emergency medications or current equivalents

- ___ Analgesic _____
- ___ Anticonvulsant _____
- ___ Antihypoglycemic _____
- ___ Allergic Reaction, Anaphylaxis _____
- ___ Epinephrine _____
- ___ Corticosteroid _____
- ___ Bronchodilator _____
- ___ Respiratory Stimulant _____
- ___ Histamine Blocker _____

- _____ Narcotic Antagonist _____
- _____ Benzodiazepine Antagonist _____
- _____ Dantrolene - Mechanism of response? Does the office have succinylcholine? _____
- _____ Cardiac Medications _____
- _____ Anticholinergic, antiarrhythmic _____
- _____ Vasopressor _____
- _____ Vasodilator _____
- _____ Antianginal _____
- _____ Antihypertensive _____
- _____ Antiarrhythmic _____
- _____ Tachycardia _____
- _____ Ventricular fibrillation _____
- _____ Antihypertensive, antianginal, beta-adrenergic blocker _____
- _____ ASA) _____
- _____ Alkalinizing agent _____
- _____ Calcium Salt _____
- _____ Neuromuscular Blocker _____
- _____ Reversal agent _____

NOTICE

MODERATE SITE EVALUATIONS:

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 1, and 10-15, prior to evaluation. Evaluator will complete pages 2-9.

Moderate sedation permit holders, please notify Kellie Pierce, CRNA: piercecRNA@aol.com to schedule your site evaluation. Site evaluations must be completed every three years for all sedation and anesthesia providers.

General dentists requiring moderate sedation evaluations:

Mail via USPS, the entire form & documentation to:

Kellie Pierce, CRNA
4012 Edgewater Place SE
Mandan, ND 58554

DEEP SEDATION / GENERAL ANESTHESIA SITE EVALUATIONS:

Practitioners authorized for general anesthesia or deep sedation must locate an OMFS not affiliated with the same site/setting to provide the onsite evaluation. Likewise, please provide supporting documents to site evaluator as directed for moderate sedation evaluations. Evaluator: Email gen-anesthesia/deep sedation form to david@nddentalboard.org

REVISED 10/01/2024