



**STATE OF RHODE ISLAND
 CENTER FOR PROFESSIONAL BOARD AND COMMISSIONS
 BOARD OF EXAMINERS IN DENTISTRY**

DENTAL FACILITY ANESTHESIA PERMIT
ALL LEVEL SEDATION AND GENERAL ANESTHESIA OFFICE
EVALUATION FORM

****This form must be completed by site inspector(s) only. Inspector(s) must indicate "NA" if not applicable****

NAME OF PRACTITIONER	
INDIVIDUAL ANESTHESIA PERMIT #	
PRACTITIONER CONTACT PHONE #	
PRACTITIONER CONTACT FAX #	
PRACTITIONER CONTACT EMAIL	
NAME OF FACILITY INSPECTED	

FACILITY ADDRESS	
FACILITY PERMIT # (IF RENEWAL)	

DATE OF EVALUATION	
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PRACTITIONER INFORMATION	YES	NO	DATE
BCLS Certificate – Expiration Date			
ACLS Certificate – Expiration Date			
PALS Certificate – Expiration Date			
Yearly OSHA Training – Course Date			
Insurance coverage for office sedation			
On call 24 hour coverage			
Hospital affiliations			

DOCUMENTATION OF ADVANCED TRAINING IN SEDATION OR ANESTHESIA, IF APPLICABLE	YES	NO	N/A
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ASSISTANTS INFORMATION (additional forms available as needed) *Minimum of one clinical staff and one office staff member present during sedation.	YES	NO	DATE
NAME:			
DAANCE Certified – Expiration Date			
BCLS Certificate – Expiration Date			
ACLS Certificate – Expiration Date			
PALS Certificate – Expiration Date			
Yearly OSHA Training – Course Date			

ASSISTANTS INFORMATION	YES	NO	DATE
NAME:			
DAANCE Certified – Expiration Date			
BCLS Certificate – Expiration Date			
ACLS Certificate – Expiration Date			
PALS Certificate – Expiration Date			
Yearly OSHA Training – Course Date			

ASSISTANTS INFORMATION	YES	NO	DATE
NAME:			
DAANCE Certified – Expiration Date			
BCLS Certificate – Expiration Date			
ACLS Certificate – Expiration Date			
PALS Certificate – Expiration Date			
Yearly OSHA Training – Course Date			

ADDITIONAL STAFF PRESENT IN OFFICE WITH BLS TRAINING	YES	NO
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Three charts should be available of patients treated in the office with the type of sedation or anesthesia that is usually employed. More charts may be requested at the discretion of the evaluators at the time of inspection.	YES	NO
Documented adequate medical and surgical history for the patient.		
Documented adequate physical evaluation of the patient, ASA classification, BMI and Mallampati		
Anesthesia record showing required monitoring of heart rate, blood pressure, and respiration.		
Evidence of required recovery monitoring required for the level of sedation or anesthesia employed.		
Evidence of doctor evaluation and approval for discharge. Aldrete or equivalent.		
Copy, of written post operative and discharge instructions. If oral, a record notation entered.		
Anesthesia record indicating medication given, time of administration, and start and stop times for the anesthesia.		
Records reflecting complications of sedation or anesthesia.		
Adequate physical safeguards for controlled substances.		
Adequate drug logs, waste logs, and biennial inventory for controlled substances.		

REQUIRED EQUIPMENT * If the practice is a multiple doctor facility, redundant equipment to handle simultaneous procedures/emergencies is REQUIRED.	YES	NO
Noninvasive blood pressure monitor		
Electrocardiograph with the ability to print tracing		
Defibrillator/Automated External Defibrillator/pacer with battery back-up		
Pulse oximeter		
End-tidal carbon dioxide monitor (mandatory for deep sedation/GA)		
Equipment maintained and inspected		

OPERATING THEATER	YES	NO
Is the operating theater easily accessible to emergency personnel and their equipment?		
Is the operating theater large enough to adequately accommodate the patient on a table or in an operating chair?		
Does the operating theater permit an operating team consisting of at least three (3) individuals to move freely about the patient?		

OPERATING CHAIR OR TABLE	YES	NO
Does the operating chair or table permit the patient to be positioned so the operating team can adequately maintain the airway?		
Does the operating chair or table permit the team to alter the patient's position quickly in an emergency?		
Does the operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?		

LIGHTING SYSTEM	YES	NO
Does the lighting system permit evaluation of the patient's skin and mucosal color?		
Is there a battery powered backup lighting system?		
Is the backup lighting system sufficient intensity to permit completion of any operation underway at the time of general power failure?		

SUCTION EQUIPMENT	YES	NO
Does the suction equipment permit aspiration of the oral and pharyngeal cavities?		
Is there a backup suction device available?		
Is there suction equipment for use during a power failure?		
Is there capability to suction in all operatories and recovery rooms?		

OXYGEN DELIVERY SYSTEM	YES	NO
Does the oxygen delivery system have adequate, clear face masks with appropriate connectors and sizes for adults and children, and is it capable of delivering oxygen to the patient under positive pressure?		
Is there an adequate backup oxygen deliver system in the event of a power failure? *Minimum of four (4) E size oxygen tanks on site		

RECOVERY AREA/DISCHARGE ROOM *Recovery area can be the operating theater	YES	NO
Does the recovery area have available oxygen?		
Does the recovery area have available adequate suction?		
Does the recovery area have adequate lighting?		
Does the recovery area have adequate electrical outlets?		
Can the patient be observed by a member of the staff, at all times, during the recovery period?		
Does the recovery area/discharge room provide adequate room to address a medical emergency if necessary?		

REQUIRED AIRWAY EQUIPMENT	YES	NO
Is there a working laryngoscope complete with an adequate selection of blades, spare batteries, and bulbs?		
Are there endotracheal tubes and appropriate connectors?		
Are there oral airways?		
Are there any laryngeal mask airways?		
Is there a tonsillar or pharyngeal type suction tip adaptable to all the office outlets?		
Is there an AED or defibrillator/Pacer with 6 second tape?		
Are there endotracheal tube forceps?		
Is there a sphygmomanometer and stethoscope		
Are there electrocardiograph and defibrillator/automated external defibrillator?		
Is there a pulse oximeter?		
Is there adequate equipment for the establishment of an intravenous infusion?		
Is there a scavenger system if inhalation agents are used?		
Is there a means to monitor temperature?		
Are there IV fluids and tubing, catheters, and arm boards?		
Is there quicktrach or other method for surgical airway?		

What is the emergency plan, including the role of staff members, should there be a significant anesthesia emergency at the facility?

REQUIRED DRUGS – Not all drugs are required for all levels of sedation	YES	NO
Oxygen-continuous use during general anesthesia and/or parenteral sedation		
Epinephrine: 1:10,000 and 1:1,000		
Atropine		
Lidocaine for arrhythmias		
Adenosine or Verapamil		
Antihistamine Diphenhydramine		
Anticonvulsant (e.g. Valium, Pentobarbital) Versed		
Coronary vasodilator (Nitroglycerine)		
IV Antihypoglycemic agent (Glucose) Dextrose 50% or Glucagon		
Steroid (Solucortef)		
Aerosol Nebulizer (Albuterol B2 agonist) with connector to airway circuitry		
Vasopressor (e.g. Phenylephrine, Dopamine, Norepinephrine, Ephedrine)		
Narcotic (e.g. Demerol, Morphine, Sublimaze)		
Narcotic antagonist, if narcotics are used (Narcan)		
Antagonist, if Benzodiazepines are used (Romazicon)		
Succinylcholine		
Anti-hypertensive medications (e.g. Ca channel blocker, beta blocker, sodium nitroprusside)		
Dantrolene Sodium – required if a halogenated, anesthetic agent (e.g. Halothane, Enflurane, Isoflurane) is used. It is also required if depolarizing skeletal muscle relaxants (e.g. Succinylcholine) are routinely administered, as an intubation		
Antiemetic or Zofran		
Aspirin (ASA)		
Lasix		
Magnesium Sulfate		

DRUG MANAGEMENT	YES	NO
Sterile techniques		
Labelings		
Inventory Control		
Medication refrigerator with thermometer and alarm		
Daily Temperature Log on refrigerator		

POST-OPERATIVE MONITORING	YES	NO
Transport		
Instructions		
Discharge criteria and documentation		

EMERGENCY SCENARIOS – Not all emergency scenarios are required. More or fewer scenarios may be required depending on the type of sedation or anesthesia being used. A correct response to a scenario is grade 1(one), an inadequate response is graded 0(zero). Eighty (80) percent of the response must be correct to pass this section.	Correct (1)	Inadequate (0)
Apnea		
Syncope		
Emesis		
Aspiration of vomitus		
Laryngospasm		
Foreign body obstruction of airway		
Bronchospasm		
Angina pectoris		
Myocardial infarction		
Hypotension		
Hypertensive crisis		
CPR/ resuscitation		
Allergic reaction/Anaphylaxis		
Hyperventilation syndrome		
Seizures		
Malignant Hyperthermia		
TOTAL SCORE		

OVERALL EQUIPMENT/FACILITY	ADEQUATE	INADEQUATE
COMMENTS/RECOMMENDATIONS:		

SIGNATURE OF EVALUATORS	PRINTED NAME OF EVALUATORS



I, _____, acknowledge that I have received a
(Print Name)
completed copy of this All Level Sedation and General Anesthesia Office Evaluation Form.

PRACTITIONER SIGNATURE

DATE