

**Wyoming State Board of Dental Examiners**  
**Guidelines for Office Evaluations**  
**Level 3 Parenteral Conscious Sedation, Level 4 Deep Sedation**  
**and Level 5 General Anesthesia**

**PART I-Case Review**

Three cases should be discussed and the records reviewed. It is suggested that two short cases, including a child, and a longer one be discussed. The evaluators may request more records for review. No evaluation can be considered complete unless this part is included.

**PART II-Check Advanced Cardiac Life Support Certification for Operator and BLS Certification for Assistants.**

**PART III-Simulated Emergencies**

The evaluators and the anesthesia/sedation team should not just talk about the emergency situations and how they should be managed. The individual performing the anesthesia/sedation and his/her team must discuss their method of treatment for the following situations:

1. Laryngospasm
2. Bronchospasm
3. Emesis and aspiration of vomitus
4. Management of foreign bodies in the airway
5. Angina Pectoris
6. Myocardial Infarction
7. Cardiopulmonary resuscitation
  - a. Ventricular Fibrillation
  - b. Asystole
  - c. Electro Mechanical Dissociation (EMD)
8. Hypotension
9. Hypertensive crisis
10. Acute allergic reaction
11. Hyperventilation syndrome
12. Convulsion of unknown etiology

The simulated emergency procedures are to be demonstrated in the operating area with full participation of the office staff. All emergency equipment should be present, including syringes, medications, etc.

**PART IV-Office equipment, Records and Emergency Medications**

All office equipment and records related to patient care should be available for inspection by the visiting doctors. Specific attention should be directed to the following areas:

1. The oxygen and supplemental gas-delivery system-backup system
2. Provision for suction and backup system
3. Auxiliary lighting systems
4. The gas storage facilities (city code)
5. Suitability of the operating suite
6. Patient transportation equipment (if used)
7. Recovery areas
8. Completeness of emergency anesthesia equipment and medications
9. Complete office patient-care records
10. Monitoring equipment

#### **PART V-Discussion Period**

This final part of the evaluation should be conducted in private away from staff and patients. The evaluators at this time may note deficiencies and make positive suggestions for improving the office facility and patient management. At the completion of the evaluation visit, one member of the evaluating team should complete, detach and mail pages labeled ANESTHESIA EVALUATION CHECKLIST.

## **EMERGENCY EQUIPMENT AND DRUGS**

### **I. Surgical-Anesthetic Team**

- A. Local anesthesia and conscious sedation--doctor and one assistant
- B. Deep sedation general anesthesia--Doctor and two assistants
- C. All assistants must be BLS certified and capable of performing CPR

### **II. Required Equipment**

- A. Source of oxygen and equipment to deliver positive-pressure ventilation
- B. Respiratory support equipment
  - 1. Oral airways/Nasal airways
  - 2. Endotracheal tubes with stilets
  - 3. Laryngoscope and suitable blades (extra bulbs and batteries)
  - 4. McGill forceps or other suitable instruments
  - 5. Coniotomy set with connector
- C. Stethoscope
- D. Blood-pressure cuff
- E. Defibrillator
- F. ECG or electrocardioscope, with leads and electropaste
- G. Equipment to establish intravenous infusion
- H. Pulse Oximeters

### **III. SUGGESTED DRUGS**

It is required that each office providing these anesthetic services be prepared to treat emergencies outlined in Part III. Commonly accepted or ACLS approved pharmacological agents must be present in the office to treat these emergencies.

- A. Intravenous fluids
  - 1. Water for injections and/or mixing or dilution of drugs
  - 2. Intravenous fluids
- B. Cardiotonic drugs
- C. Vasopressors
- D. Anti-arrhythmic agents
- E. Antihypertensive agents (immediate)
- F. Antagonist (reversal drugs)
- G. Phenothiazine and Tranquilizer (anticholinergic antagonist)
- H. Accessory Drugs
  - 1. Diuretics-Furosemide (Lasix) 10 mg/ml
  - 2. Antiemetics (Compazine or Phenergan)
  - 3. Dextrose 50% (Rx acute hypoglycemia)
  - 4. Hydrocortisone sodium succinate (Solu-Cortef) 50 mg/ml either/or

5. Dexamethasone (Decadron) 50 mg/ml  
Aminophylline 250 mg/10 ml
  
6. Atropine sulfate 0.4 mg/ml
7. Diazepam (Valium) 5 mg/ml or Versed
8. Benadryl (Diphenhydramine) 10 mg/ml
9. Isuprel (medihaler) or Albuterol

# ANESTHESIA EVALUATION CHECKLIST

APPLICANT: \_\_\_\_\_

FACILITY: \_\_\_\_\_

Street Address

City

State

Zip

## PART I - ANESTHETIC TECHNIQUE

	<u>Comments</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
CASE 1.	_____	_____	_____
CASE 2.	_____	_____	_____
CASE 3.	_____	_____	_____

## PART II – REVIEW CPR

## PART III - SIMULATED EMERGENCIES

1.	Laryngospasm	_____	_____
2.	Bronchospasm	_____	_____
3.	Emesis and aspirator of vomitus	_____	_____
4.	Management of foreign bodies in the airway	_____	_____
5.	Angina Pectoris	_____	_____
6.	Myocardial Infarction	_____	_____
7.	Cardiopulmonary Resuscitation	_____	_____
8.	Hypotension	_____	_____
9.	Hypertensive crisis	_____	_____
10.	Acute allergic reaction	_____	_____
11.	Convulsions	_____	_____
12.	Hyperventilation syndrome	_____	_____

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART IV - OFFICE EQUIPMENT, RECORDS AND EMERGENCY MEDICATIONS**

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
1. Oxygen and gas delivery system and backup	_____	_____
2. Gas storage facility	_____	_____
3. Safety indexed gas system	_____	_____
4. Suction and backup	_____	_____
5. Auxiliary lighting system	_____	_____
6. Suitability of operating suite	_____	_____
7. Recovery Areas	_____	_____
8. Accuracy of anesthetic machines	_____	_____
9. Available emergency drugs	_____	_____
10. Drugs dated	_____	_____
11. Emergency Equipment	_____	_____
12. Anesthesia record	_____	_____
13. Other patient care records	_____	_____
14. Monitoring equipment	_____	_____
15. Sterilization areas	_____	_____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART V - DISCUSSION PERIOD**

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
1. Drug interactions	_____	_____
2. Management of high risk patients	_____	_____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVERALL EVALUATION**

Evaluation Consultant: \_\_\_\_\_  
(please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date