



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DENTAL GENERAL ANESTHESIA/CONSCIOUS SEDATION EVALUATION FORM

Permit: General Anesthesia/Sedation Conscious Sedation Date of Site Evaluation _____

Name of Applicant: _____
Last First Middle Maiden

Office Address: _____
No. & Street City State Zip Code

Day time telephone number: _____ Connecticut dental license number: _____

Examiners (Please Print Name)

1 _____ Day Time Telephone _____

2 _____ Day Time Telephone _____

OFFICE EQUIPMENT

Except as specifically noted, all practitioners issued a permit shall demonstrate and maintain the following equipment. **PLEASE CHECK IF EQUIPMENT PASSES INSPECTION AND LEAVE BLANK IF NOT.**

- Portable gas delivery system capable of positive pressure ventilation;
- Equipment capable of administering 100% oxygen in all rooms (operator, recovery, examination, and reception);
- Portable bag-mask ventilator (ambu-bag);
- Full face mask:
 - adult; and
 - pediatric;
- Nasal hood or cannula;
- Oral airways (oropharyngeal airways):
 - adult; and
 - pediatric;
- Nasopharyngeal airways:
 - adult; and
 - pediatric;

- Endotracheal tubes with appropriate connectors and syringe for inflation, as follows: **(not required for conscious sedation permit)**
 - adult endotracheal tubes;
 - child endotracheal tubes;
 - connectors;
 - syringe; and
 - stylet (pediatric and adult);

- Laryngoscope (straight or curved blade), as follows: **(not required for conscious sedation permit)**
 - adult blade;
 - pediatric blade;
 - extra batteries; and
 - extra bulb (or blade if fiberoptic blade);

- Combi tube (not required for general anesthesia permit);
- Portable suctioning equipment capable of use during electrical power failure;
- Equipment capable of suctioning the throat in all rooms;
- Nasopharyngeal suction catheter, for pulmonary lavage via endotracheal tube **(not required for conscious sedation permit)**;
- Yankauer or similar suction;
- McGill forceps;
- Tongue grasping forceps;
- Equipment for emergency crico-thyrotomy or tracheotomy and the appropriate connectors for administering 100% oxygen;
- Blood pressure cuffs:
 - adult; and
 - pediatric;
- ECG;
- Defibrillator;
- Board or rigid surface for cardiopulmonary resuscitation (CPR);
- Light source capable of use during electrical power failure;

- Intravenous solutions and equipment for administration:
 - 250 cc bags & 1000 cc bags of sterile saline;
 - Sterile water for mixing or dilution of drugs;
- Appropriate intravenous needles, tubing and drips.

EQUIPMENT AND PERSONNEL FOR MONITORING DURING ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA

- means of monitoring heart rate:
 - ECG; or
 - pulsemeter; or
 - pretracheal or precordial stethoscope; or
 - direct palpation of pulse;
- means of following respirations and level of oxygenation:
 - pretracheal or precordial stethoscope, or capnography; and
 - pulse oximeter;
- means of monitoring blood pressure for child and adult.

EQUIPMENT AND PERSONNEL FOR CONTINUOUS MONITORING DURING THE ADMINISTRATION OF CONSCIOUS SEDATION:

- means of monitoring heart rate:
 - ECG; or
 - pulsemeter; or
 - pretracheal or precordial stethoscope; or
 - direct palpation of pulse;
- means of following respirations and level of oxygenation:
 - pretracheal or precordial stethoscope, capnography or direct observation of chest; and
 - pulse oximeter;
- means of monitoring blood pressure for child and adult.

EMERGENCY DRUGS

- Anticonvulsant drugs:
 - midazolam; or
 - diazepam;

- Antiemetic:
 - droperidol; or
 - odansetron; or
 - prochlorperazine; or
 - promethazine; or
 - metoclopramide;

- Beta agonist: albuterol inhaler;

- Cardiovascular medications:
 - Antiarrhythmics:
 - lidocaine or amiodarone; and
 - procainamide; and
 - diltiazem;

 - Atropine (either 0.4 mg/ml or 1.0 mg/ml);

 - Aspirin 160 or 325 mg dose;

 - Beta blocker:
 - esmolol; or
 - propranolol; or
 - atenolol; or
 - metoprolol;

 - Epinephrine 1 mg:
 - 1:1,000 solution; and
 - 1:10,000 solution;

 - Diuretic: furosemide 10mg/ml;

 - Dinitroglycerin (tablet or spray);

- Vasodilators:
 - labetalol; and
 - hydrazaline or diazoxide;
- Vasopressors:
 - ephedrine; and
 - phenylephrine;
- Corticosteroids:
 - dexamethasone; or
 - hydrocortisone sodium succinate; or
 - methylprednisolone sodium succinate;
- Dantrolene (must be in facility for offices in which agents causing malignant hypothermia are used);
- Dextrose 50%;
- Diphenhydramine;
- Reversal agents:
 - naloxone; and
 - flumazenil;
- Opioid: morphine;
- Procaine 10 mg/ml;
- Succinylcholine.

RECORDS

All practitioners who are being evaluated shall maintain anesthesia or conscious sedation records which include the date of procedure, nothing by mouth (NPO) status, availability of responsible adult escort, allergies, vital signs, drugs, and doses administered.

- DATE NPO ESCORT V/S ALLERGIES DRUGS DOSES

CASE OBSERVATIONS

CASE #1

General Anesthesia or Deep Sedation

Conscious Sedation

Anesthetics: _____

Procedure: _____

Time: _____

Pass **Fail**

Basis for failure, if applicable: _____

Other remarks: _____

CASE #2

General Anesthesia or Deep Sedation

Conscious Sedation

Anesthetics: _____

Procedure: _____

Time: _____

Pass **Fail**

Basis for failure, if applicable: _____

Other remarks: _____

MEDICAL EMERGENCIES

	<i>PASS</i>	<i>FAIL</i>		<i>PASS</i>	<i>FAIL</i>
Laryngospasm	<input type="checkbox"/>	<input type="checkbox"/>	Acute M.I.	<input type="checkbox"/>	<input type="checkbox"/>
Bronchospasm	<input type="checkbox"/>	<input type="checkbox"/>	Acute Hypotension	<input type="checkbox"/>	<input type="checkbox"/>
Emesis	<input type="checkbox"/>	<input type="checkbox"/>	Hypertensive Crisis	<input type="checkbox"/>	<input type="checkbox"/>
Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
FB in Airway	<input type="checkbox"/>	<input type="checkbox"/>	CPR	<input type="checkbox"/>	<input type="checkbox"/>
Angina	<input type="checkbox"/>	<input type="checkbox"/>	Allergic	<input type="checkbox"/>	<input type="checkbox"/>
Syncope	<input type="checkbox"/>	<input type="checkbox"/>	Hyperventilation	<input type="checkbox"/>	<input type="checkbox"/>

EXIT INTERVIEW

Name of Applicant: _____ Date of Site Evaluation: _____

Practitioner: BCLS ACLS
Staff: BCLS ACLS

OUTCOME OF EVALUATION **PASS** **FAIL**

EXAMINERS

INITIALS

1. _____ License number _____
2. _____ License number _____

PLEASE RETURN THIS EVALUATION FORM TO:

Connecticut Society of Oral and Maxillofacial
Surgeons
PO Box 30
Bloomfield, CT 06002

This form may be downloaded directly from the internet at: www.dph.state.ct.us