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**6010 S. Rainbow Boulevard, Suite A-1
Las Vegas, Nevada 89118
Wednesday, July 18, 2012 at 6:16 pm**

Agenda
Anesthesia Committee Meeting
(Chair: Dr. Miller; Dr. Champagne; Dr. Kinard; Dr. Pinther)

Videoconferencing was available at the Board office, 6010 S Rainbow Boulevard, Suite A-1, in Las Vegas and at the Nevada State Board of Medical Examiners, 1105 Terminal Way, Suite 301, Reno, Nevada 89502.

Please Note: The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. *See* NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. *See* NRS 233B.126.

Public comment is welcomed by the Board, but at the discretion of the Chair, may be limited to five minutes per person. A public comment time will be available before any action items are heard by the public body and then once again prior to adjournment of the meeting. The Chair may allow additional time to be given a speaker as time allows and in his/her sole discretion. Once all items on the agenda are completed the meeting will adjourn. Prior to the commencement and conclusions of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment.

Call to Order

1. Roll call and Establish a Quorum:

Dr. Miller called the meeting to order.

Committee Member and public attendees present: Dr. Jade Miller; Dr. J Gordon Kinard; Dr. Thomas Myatt; Dr. Timothy Pinther; Dr. Michael Almaraz; Dr. Jason Champagne; Dr. Tony Guillen; Ms. Kathleen Kelly.

Ms. Kelly confirmed that there was a quorum of the committee.

2. Public Comment: No public comment.

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

***3. Discussion and Comments Regarding Changes to Nevada Administrative Code 631.2211-**

52 **631.2256 Authorizing the Administration of Conscious Sedation, Deep Sedation, and General**
53 **Anesthesia for Patients of All Ages. The General Topics Include: Airway Management,**
54 **Teaching Sedation at the Pre-Doctoral and Post-Doctoral Levels and Amount of Supervision in**
55 **an Accredited Educational Facility, IV and Oral Sedation Methods, ADA Guidelines from**
56 **2007 Regarding Teaching Pain, Anxiety Control and Administering, Itinerant Surgery (For**
57 **Possible Action)**
58

59 Dr. Miller indicated that Lee Drizin had some proposed language changes. The committee is to go through the
60 proposed changes and discuss them. The committee was also to discuss the permit application process and
61 required information. Furthermore, they are to discuss programs at the universities. Dr. Miller discussed advanced
62 simulated courses and how he felt they compared to ACLS and PALS courses. He commented that, perhaps, the
63 committee can determine if the simulated courses could potentially be taken in lieu of the ACLS and PALS courses.
64 Discussion indicated that applicants should complete courses through a school affiliated programs. Should a
65 program not be affiliated with a university, the Board must review the course material to ensure the course meets the
66 criteria. Dr. Myatt recommended that those with a conscious sedation permit can sometimes accidentally slip the
67 patient into a deep sedation which patients will not respond to reversible sedation medication. He commented further
68 that at the minimum potential permit holders should have ACLS, and PALS. He concurred with Dr. Guillen that
69 courses should be completed through a university setting, and that there should be a minimum number of intubations
70 and simulated training for intubations. Dr. Guillen suggested making a permit to administer oral sedatives or to
71 include it under the conscious sedation permit. By doing so it will allow for the Board to be able to monitor who is
72 administering oral sedatives. Dr. Miller commented there is conscious sedation teaching guidelines developed by the
73 ADA, and therefore, the Board should review all non-university affiliated courses individually based on their criteria
74 and whether or not they meet the guidelines as developed by the ADA. Dr. Miller indicated that the committee needs
75 to look at the documents submitted by other states and see if the Board would like to have a different permit for
76 minimal sedation or if they should add it under the conscious sedation permit.
77

78 ***4. Discussion of Issues Involving Itinerant Surgery (For Possible Action)**

79 **a. Patient - Quality of Care and Post-Operative Care**
80

81 Dr. Myatt indicated that a few oral surgeons and he feel that there are few issues with oral surgeons being hired as
82 independent contractors. He gave reasons for the issues, such as access to care for patients after they have seen the
83 oral surgeon who is contracted for only a-day-at-a-time. Emergencies may arise after treatment and a patient is not
84 able to contact the oral surgeon. He commented that the standard of care requires that they be made available for
85 emergencies to recently treated patients, or to assign another oral surgeon in the event of an emergency. He
86 expressed concern that patients are potentially at risk and refuses to conduct any evaluations at several dental
87 companies. Dr. Miller indicated that there are anesthetic complications, procedural complications, and therefore,
88 these concerns go beyond the scope of the committee and are concerns that derive action from the Board. There was
89 agreement that if a specialist comes in from another town to treat patients, a specialist with the same qualifications
90 and credentials should be made available to the patient for further treatment, especially, emergency treatment. There
91 is discussion of making sure that a site permit location is properly equipped for any administrator regardless if there
92 is an administrator permit holder on staff. Mr. Hunt concurred that a site permit facility should have the required
93 equipment on site at all times.
94

95 ***5. Possible recommendations to the Board based on Committee's review (For Possible Action)**
96

97 Dr. Waggoner suggested having a standardized training process for the inspectors. Mr. Drizin went over his
98 recommendations for proposed language changes for NAC 631 in relation to anesthesia briefly. (Revised regulations
99 attached for the record). Perhaps to discuss the proposed changes at a future meeting.
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104 **6. Public Comment:** No public comments made.

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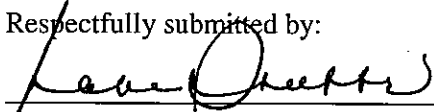
Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

7. **Announcements:** No announcements.

*8. **Adjournment** (For Possible Action) Dr. Pinther made the motion to adjourn the meeting. Second by Dr. Champagne. All in favor.

Meeting Adjourned at 7:04 pm.

Respectfully submitted by:



Debra Shaffer, Interim Executive Director