

# NEVADA STATE BOARD of DENTAL EXAMINERS



ANESTHESIA SUBCOMMITTEE  
MEETING

MAY 17, 2016

5:30 P.M.

**PUBLIC BOOK**

Assembly Bill 89  
Definitions of Minimal & Moderate Sedation

## **Definitions of Minimal and Moderate Sedation-AB89**

Sec. 20. Chapter 631 of NRS is hereby amended by adding thereto a new section to read as follows:

*“Minimal sedation” means a minimally depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command, and during which cognitive function and coordination may be modestly impaired, but ventilatory and cardiovascular functions are unaffected*

Sec. 21. NRS 631.005 is hereby amended to read as follows:

631.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 631.015 to 631.105, inclusive, *and section 20 of this act* have the meanings ascribed to them in those sections.

Sec. 22. NRS 631.025 is hereby amended to read as follows:

631.025 [~~“Conscious”~~] *“Moderate sedation”* means a [~~minimally~~] *drug-induced* depressed level of consciousness, produced by a pharmacologic or nonpharmacologic method or a combination thereof, [~~in~~] *during* which [~~the~~] :

1. *The patient retains the ability [independently and continuously to maintain an airway and] to respond [appropriately] purposefully to [physical stimulation and] verbal commands [.] , either alone or accompanied by light tactile stimulation;*

2. *Spontaneous ventilation is adequate and no interventions are required to maintain a patent airway; and*

3. *Cardiovascular function is usually maintained*

NAC 631.003 ~~“Conscious—Minimal and Moderate sedation—”~~ defined. (NRS 631.190) ~~“Conscious minimal or moderate sedation”~~ has the meaning ascribed to it in NRS 631.025.

NAC 631.004 ~~“Conscious Minimal and Moderate; Pediatric Minimal and Pediatric Moderate sedation permit”~~ defined. (NRS 631.190) ~~“Conscious—Minimal and Moderate sedation permit”~~ means a permit that:

1. Is issued by the Board pursuant to NAC 631.2213; and
2. Authorizes the holder to administer ~~conscious~~ *minimal or moderate* sedation to a patient *13 years of age or older*.
3. *Authorizes the holder to administer pediatric minimal sedation or pediatric moderate sedation to person 12 years of age or under.*

NAC 631.2211 Scope. (NRS 631.190, 631.265) NAC 631.2213 to 631.2256, inclusive, do not apply to the administration of:

1. Local anesthesia;
2. Nitrous oxide-oxygen analgesia, if the delivery system for the nitrous oxide-oxygen contains a mechanism which guarantees that an oxygen concentration of at least 25 percent will be administered to the patient at all times during the administration of the nitrous oxide; and
3. Oral medication that is administered to a patient to relieve anxiety in the patient *and shall not be combined with any other pharmacological or non pharmacological method*, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to the state produced pursuant to the administration of general anesthesia, deep sedation ~~or conscious sedation~~, *minimal or moderate sedation, pediatric minimal sedation or pediatric moderate sedation*.

NAC 631.2212 Board to determine degree of sedation. (NRS 631.190, 631.265) In a proceeding of the Board at which the Board must determine the degree of sedation or level of consciousness of a patient, the Board will base its findings on:

1. The type and dosage of medication that was administered or is proposed for administration to the patient; and
2. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.

NAC 631.2213 Permit required; qualifications of applicants. (NRS 631.190, 631.265)

1. Except as otherwise set forth in NAC 631.2211 to 631.2256, inclusive, no dentist may:
  - (a) Use general anesthesia or deep sedation for dental patients, except in a facility accredited by The Joint Commission, unless he or she first obtains a general anesthesia permit, *deep sedation permit*; or
  - (b) Use ~~conscious sedation~~ *minimal or moderate sedation* for dental patients, except in a facility accredited by The Joint Commission, unless he or she first obtains a general anesthesia permit ~~or conscious sedation~~, *deep sedation, minimal or moderate sedation, pediatric minimal sedation or pediatric moderate sedation* permit.



↪ A separate ~~general anesthesia certificate of site permit~~ ~~or conscious sedation permit~~, as appropriate, is required for each location at which a dentist administers general anesthesia, deep sedation ~~or conscious sedation~~, *minimal or moderate sedation, pediatric minimal sedation or pediatric moderate sedation to patients.*

2. To obtain a general anesthesia permit ~~or conscious sedation~~, *deep sedation, minimal, moderate sedation, pediatric minimal sedation or pediatric moderate sedation* permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to [NRS 631.345](#) and produce evidence showing that he or she is a dentist who is licensed in this State, and:

(a) For a ~~conscious sedation~~ permit to administer *minimal sedation to patients 13 years of age or older*, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than ~~60 hours~~ *24 hours* dedicated exclusively to the administration of ~~conscious sedation~~ *minimal sedation*, and the successful management of the administration of ~~conscious sedation~~ *minimal sedation* to not less than ~~20-10~~ patients and

(2) *Hold current certification in ACLS, which the permit holder may not allow to expire, or successfully complete a course approved by the Board that provides instruction on medical emergencies and airway management;*

(b) For a permit to administer *moderate sedation*, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of ~~conscious sedation~~ *moderate sedation to patients 13 years of age or older*, and the successful management of the administration of ~~conscious sedation~~ *moderate sedation* to not less than 20 patients; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of ~~conscious sedation~~ *moderate sedation* that is equivalent to the education and training described in subparagraph (1) and completion of an Advanced Cardiac Life Support course given by the American Heart Association ~~or, if licensed as a specialist in pediatric dentistry, completion of a Pediatric Advanced Life Support course given by the American Heart Association; or~~

3. *For a permit to administer pediatric minimal sedation to patients 12 years of age or under, the applicant must show evidence of:*

(1) *The completion of a course of study, subject to the approval of the Board, of not less than 24 hours dedicated exclusively to the administration of pediatric minimal sedation, and the successful management of the administration of pediatric minimal sedation to not less than 10 pediatric patients 12 years of age or under and hold current certification in PALS, which the permit holder may not allow to expire, or successfully complete a course approved by the Board that provides instruction on medical emergencies and airway management; or*

4. *For a permit to administer pediatric moderate sedation to patients 12 years of age or under, the applicant must show evidence of:*

(1) *The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of pediatric moderate sedation that is equivalent to the education and training described in subparagraph (1) and completion of a Pediatric Advanced Life Support course given by the American Heart Association*



5. For a general anesthesia permit, the applicant must show evidence of the completion of an Advanced Cardiac Life Support course given by the American Heart Association and:

(1) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in a training program as described in the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, published by the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, and available, free of charge, at the Internet address [http://www.ada.org/prof/resources/positions/statements/anxiety\\_guidelines.pdf](http://www.ada.org/prof/resources/positions/statements/anxiety_guidelines.pdf); or

(2) The completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation of the American Dental Association.

**NAC 631.2217 Review of holder of permit; renewal of permit. (NRS 631.190, 631.265)**

1. The holder of a general anesthesia ~~permit or conscious sedation~~, *deep sedation, minimal sedation, moderate sedation, pediatric minimal sedation, or pediatric moderate sedation* permit is subject to review by the Board at any time.

2. Each general anesthesia ~~permit and conscious sedation~~ *deep sedation, minimal sedation, moderate sedation, pediatric minimal sedation, or pediatric moderate sedation* permit must be renewed annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the permit.

**NAC 631.2219 Inspection and evaluation; reevaluation. (NRS 631.190, 631.265)**

1. The Board will require an inspection and evaluation of the facility, equipment, personnel, records of patients and the procedures used by every dentist who seeks or holds a general anesthesia ~~permit or conscious sedation~~ *deep sedation, moderate sedation or pediatric moderate sedation* permit, and of the dentist himself or herself, before issuing such an original permit to the dentist, and at least once in every 5-year period thereafter.

2. The Board will renew general anesthesia permits ~~and conscious sedation~~ *deep sedation, minimal sedation, moderate sedation, pediatric minimal sedation, pediatric moderate sedation, or certificates of site* permits annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the permit, unless the holder is informed in writing, 60 days before the date for renewal, that a reevaluation of his or her credentials is required. In determining whether reevaluation is necessary, the Board will consider, among other factors, complaints by patients and reports of adverse occurrences. A reevaluation will, if appropriate, include an inspection of the facility, equipment, personnel, records of patients and the procedures used by the holder, and an examination of his or her qualifications.

**NAC 631.2221 Inspectors and evaluators; participation of members of Board. (NRS 631.190, 631.265)**

1. When an inspection or evaluation is required to issue or renew a general anesthesia ~~permit or conscious sedation permit~~, *deep sedation, moderate sedation, or pediatric moderate sedation permit*, the Board ~~will~~ *may* designate two or more persons, each of whom holds a general anesthesia, ~~permit, or conscious sedation~~ *deep sedation, moderate sedation, or pediatric moderate sedation* permit and has practiced general anesthesia, *deep sedation* ~~or conscious sedation, moderate sedation, or pediatric moderate sedation~~, as applicable, for a minimum of 3 years preceding his or her appointment, exclusive of his or her training in the administration of anesthesia or sedation. At least one of the inspectors or evaluators must have had experience in



the evaluation of dentists using general anesthesia, deep sedation ~~or conscious sedation~~ *moderate sedation, or pediatric moderate sedation*, as applicable. At least one member of the inspection or evaluation team must have had substantial experience in the administration of the type of anesthesia contemplated for use by the dentist being evaluated and must hold the type of permit for which the dentist is applying.

2. Any member of the Board who is a dentist may observe or consult in any inspection or evaluation. A member of the Board who is not a dentist may be present at an observation but may not participate in any grading or evaluation resulting from the inspection or evaluation.

**NAC 631.2223 Inspections and evaluations: General requirements.** ([NRS 631.190, 631.265](#)) An inspection or evaluation ordered by the Board must be conducted in all offices where general anesthesia, deep sedation ~~or conscious sedation~~, *moderate sedation or pediatric moderate sedation* is to be administered and, except as otherwise required in [NAC 631.2236](#), must consist of:

1. An evaluation of the office's facilities and equipment, records and emergency medications; and

2. A demonstration of:

(a) The administration to a patient who is receiving dental treatment of the type of anesthesia or sedation for which the dentist is applying for a permit;

(b) Simulated emergencies in the surgical area of the dental office with participation by the members of the staff who are trained to handle emergencies;

(c) A dental procedure utilizing the type of anesthesia or sedation for which the dentist is applying for a permit;

(d) Any anesthesia or sedation technique that is routinely employed during the administration of anesthesia or sedation;

(e) The appropriate monitoring of a patient during anesthesia or sedation; and

(f) The observation of a patient during recovery and the time allowed for recovery.

**NAC 631.2225 Inspections and evaluations: Simulated emergencies.** ([NRS 631.190, 631.265](#)) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit ~~or conscious sedation~~ *deep sedation, moderate sedation or pediatric moderate permit*, must meet the following minimum standards with regard to simulated emergencies. The dentist and his or her staff must demonstrate a knowledge of and a method of treatment for the following types of emergencies:

1. Airway obstruction laryngospasm;
2. Bronchospasm;
3. Emesis and aspiration of foreign material under anesthesia;
4. Angina pectoris;
5. Myocardial infarction;
6. Hypotension;
7. Hypertension;
8. Cardiac arrest;
9. Allergic reaction;
10. Convulsions;
11. Hypoglycemia;
12. Asthma;

13. Respiratory depression;
14. Allergy to or overdose from local anesthesia;
15. Hyperventilation syndrome; and
16. Syncope.

**NAC 631.2227 Inspections and evaluations: Physical facilities and equipment.** ([NRS 631.190](#), [631.265](#)) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *deep sedation, moderate sedation permit, or pediatric moderate sedation* or certificate of site for the administration of general anesthesia permit, *deep sedation, moderate sedation, or pediatric moderate sedation* approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.

2. The operating table or dental chair must:

(a) Allow the patient to be placed in a position such that the operating team can maintain the airway;

(b) Allow the operating team to alter the patient's position quickly in an emergency; and

(c) Provide a firm platform for the management of cardiopulmonary resuscitation.

3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.

4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.

5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.

6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.

7. Except as otherwise provided in this subsection, ancillary equipment must include:

(a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;

(b) Endotracheal tubes and appropriate connectors;

(c) Oral airways;

(d) A tonsillar or pharyngeal suction tip adaptable to all office suction outlets;

(e) An endotracheal tube type forcep;

(f) A sphygmomanometer and stethoscope;

(g) An electrocardioscope and defibrillator;

(h) Adequate equipment for the establishment of an intravenous infusion; and

(i) A pulse oximeter.

(j) *capnography monitor*



8. *When administering anesthesia or sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the following minimum standards with regard to physical facilities and equipment:*

- (a) Pediatric Size Ambu Bag and Masks*
- (b) Pediatric BP Cuffs*
- (c) Laryngoscope with appropriate size blades*
- (d) Intubation tubes multiple sizes*
- (e) Aed with Peds paddles*
- (f) Braselow Tape*
- (g) Small Oral Air Ways*
- (h) Pediatric Bite Block*

→ A dentist's office inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ *moderate sedation, or pediatric moderate sedation* permit is not required to have the ancillary equipment described in paragraphs 7 (a), (b), (e) and (g), *or (j)*

**NAC 631.2229 Inspections and evaluations: Records of patients.** ([NRS 631.190](#), [631.265](#))

A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *deep sedation, moderate sedation or pediatric moderate sedation* or certificate of site approval for *deep sedation, moderate sedation or pediatric moderate sedation* must meet the following minimum standards with regard to the records of patients:

1. Adequate medical history and records of physical evaluation.
2. Records of the administration of anesthesia must include:
  - (a) The patient's blood pressure and pulse;
  - (b) The names of the drugs and the amounts administered;
  - (c) The length of the procedure; and
  - (d) Any complications of anesthesia.

**NAC 631.2231 Inspections and evaluations: Emergency drugs.** ([NRS 631.190](#), [631.265](#))

Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *deep sedation, moderate sedation or pediatric moderate sedation permit* or certificate of site approval for *deep sedation, moderate sedation or pediatric moderate sedation permit* must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

1. Vasopressor;
2. Corticosteroid;
3. Bronchodilator;
4. Muscle relaxant;
5. Intravenous medication for the treatment of cardiopulmonary arrest;
6. Appropriate drug antagonist;
7. Antihistaminic;
8. Anticholinergic;
9. Antiarrhythmic;
10. Coronary artery vasodilator;



11. Anti-hypertensive; and
12. Anti-convulsive.

2. *When administering anesthesia or sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the following minimum standards with regard to pediatric emergency drugs:*

- (a) *Epi Pen Jr*
- (b) *Adenosine*
- (c) *Aminodarone*
- (d) *Magnesium Sulfate*
- (e) *Procainamide*

→ A dentist's office that is inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ *moderate sedation, or pediatric moderate sedation* permit is not required to maintain the emergency drugs described in subsections 4, 5, 9 and 11.

**NAC 631.2233 Inspections ~~and—evaluations~~: Recommendations of inspectors ~~or evaluators~~; ~~decision of Board~~.** (NRS 631.190, 631.265)

1. The persons performing an inspection ~~or evaluation~~ of a dentist's office for the issuance or renewal of a ~~general anesthesia site~~ permit *for the administration of general anesthesia or conscious sedation deep sedation, moderate sedation, pediatric moderate sedation* permit shall grade the office as passing or failing. *No later than 72 hours* ~~Within 10 days~~ after completing the inspection ~~or evaluation~~, each inspector ~~or evaluator~~ shall report his or her recommendation for passing or failing to the ~~Board~~ *Executive Director*, setting forth the details supporting his or her conclusion. ~~The Board is not bound by these recommendations.~~

2. *If the site is in compliance with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist.*

~~The Board will make the final determination whether the office has passed or failed the inspection or evaluation and will notify the dentist whose office is the subject of the inspection or evaluation, in writing, of its findings within 30 days after the Board receives a recommendation from each inspector or evaluator who inspected or evaluated the office.~~

3. *If the site is not in compliance with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall, without any further action by the Board, issue a written notice which identifies the deficiencies and/ failure to the licensed dentist.*

4. *A dentist who has received a notice of failure from the Executive Director may, within 15 days after receiving the notice and rectifying the deficiencies, request in writing for a reinspection.*

5. *If the reinspection is granted by the Executive Director, it may be conducted by different persons in the manner set forth by NAC 631.2219 to 631.2233, inclusive, for an original inspection.*

6. *Pursuant to subsection 3 of NRS 233B.127, if a site inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist pending proceedings for revocation or other action. An order for summary suspension*



*issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.*

**NAC 631.2235 ~~Inspections and~~ Evaluations: Failure to pass; requests for reevaluations.** (NRS 631.190, 631.265)

1. The persons performing an evaluation of a dentist for the issuance or renewal of a permit *for the administration of general anesthesia, deep sedation, moderate sedation or pediatric moderate sedation* shall grade the dentist as passing or failing. *No later than 72 hours* after completing the evaluation, each evaluator shall report his or her recommendation for passing or failing to the *Executive Director*, setting forth the details supporting his or her conclusion.
- ~~1. A dentist whose office the Board determines has failed the inspection or evaluation is not entitled to have a general anesthesia permit or conscious sedation permit issued or renewed~~
2. *If the dentist is in compliance with the requirements set forth in NAC 631.2219 to 631.2233, the Board shall issue the permit for the administration of general anesthesia, deep sedation, moderate sedation or pediatric moderate sedation.*
3. *If the dentist is not in compliance with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall, without any further action by the Board, issue a written notice which identifies the deficiencies and/ failure to the licensed dentist.*
- ~~2.~~ 4. A dentist who has received a notice of failure from the ~~Board~~ *Executive Director* may, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.
- ~~3.~~ 5. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by NAC 631.2219 to 631.2233, inclusive, for an original evaluation.
- ~~4.~~ 6. No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.
7. *Pursuant to subsection 3 of NRS 233B.127, if an evaluation of a dentist for the administration of general anesthesia, deep sedation, moderate sedation or pediatric moderate sedation is conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.*

**NAC 631.2236 Certificate of site approval: General requirements.** (NRS 631.190, 631.265)

1. A dentist who is licensed in this State may employ:
  - ~~—(a) An anesthesiologist who is licensed as such by the State of Nevada; or~~
  - (b) A dentist who is licensed in this State and who holds a general anesthesia permit, ~~or conscious sedation~~ *deep sedation, moderate sedation or pediatric moderate sedation* permit,



➡ to administer general anesthesia, deep sedation or ~~conscious sedation~~ *moderate sedation or pediatric moderate sedation*, as appropriate, to his or her patients at his or her office if he or she holds a certificate of site approval issued pursuant to this section.

2. A dentist who is licensed in this State and who desires to receive or renew a certificate of site approval must submit to the Board:

(a) An application for a certificate or for the renewal of a certificate, in a form approved by the Board;

(b) The fee for the inspection of a facility which is established by the Board pursuant to NRS 631.345; and

(c) Written documentation which demonstrates that the ~~anesthesiologist or~~ dentist who is to be employed to administer the general anesthesia, deep sedation or ~~conscious sedation~~ *moderate sedation or pediatric moderate sedation* holds an appropriate ~~license or~~ permit issued by the ~~appropriate~~ board in this State to administer such anesthesia or sedation ~~and, if the person to be employed is an anesthesiologist, that the anesthesiologist maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center approved by The Joint Commission.~~

3. Upon receipt of an application pursuant to this section, the Board will appoint one of its members or a representative of the Board to inspect the office of the applicant to determine whether the office complies with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231. The person conducting the inspection shall report his or her determination to the Board.

4. If the person conducting the inspection determines that the office of the applicant complies with the requirements of NAC 631.2227, 631.2229 and 631.2231 and the applicant has otherwise met the requirements of this section, the Executive Director shall issue a certificate of site approval to the applicant.

*5. If the person conducting the inspection determines that the office of the applicant fails to comply with the requirements of NAC 631.2227, 631.2229 and 631.2231, the person conducting the inspection shall report his or her recommendations of failing to the Executive Director of the Board as set forth in NAC 631.2233 to NAC 631.2235*

5. A holder of a certificate of site approval shall maintain the information described in paragraph (c) of subsection 2 at his or her office at all times.

6. Each certificate of site approval issued by the Board must be renewed annually or biennially, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the holder of the certificate.

7. The Board may reinspect the office of the holder of a certificate of site approval at any time.

*8. A dentist shall for the issuance or renewal of a certificate of site for the administration of minimal sedation or pediatric minimal sedation include with his or her application for the issuance or renewal of his or her certificate of site permit must submit a certified statement:*

*(a) Attest that each dental office issued a certificate of site for the administration of minimal sedation or pediatric minimal sedation must meet the following minimal standards with regards to physical facilities and equipment:*

*1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.*



2. *The operating table or dental chair must:*
  - (a) *Allow the patient to be placed in a position such that the operating team can maintain the airway;*
  - (b) *Allow the operating team to alter the patient's position quickly in an emergency; and*
  - (c) *Provide a firm platform for the management of cardiopulmonary resuscitation.*
3. *The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.*
4. *Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.*
5. *A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.*
6. *A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.*
7. *Except as otherwise provided in this subsection, ancillary equipment must include:*
  - (a) *A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;*
  - (b) *Endotracheal tubes and appropriate connectors;*
  - (c) *Oral airways;*
  - (d) *A tonsillar or pharyngeal suction tip adaptable to all office suction outlets;*
  - (e) *An endotracheal tube type forcep;*
  - (f) *A sphygmomanometer and stethoscope;*
  - (g) *An electrocardioscope and defibrillator;*
  - (h) *Adequate equipment for the establishment of an intravenous infusion; and*
  - (i) *A pulse oximeter.*
8. *When administering pediatric minimal sedation to pediatric patients as set forth in NAC 631.004, the dentist's office must meet the following minimum standards with regard to pediatric emergency drugs:*
  - (a) *Epi Pen Jr*
  - (b) *Adenosine*
  - (c) *Aminodarone*
  - (d) *Magnesium Sulfate*
  - (e) *Procainamide*

↪ *A dentist's office for the issuance or renewal of a certificate of site for the administration of minimal sedation or pediatric minimal sedation is not required to have the ancillary equipment described in paragraphs (a), (b), (e) and (g).*

( b) *Attest that each dental office issued a certificate of site for the administration of minimal sedation or pediatric minimal sedation must meet the following minimal standards with regards to records of patients:*

  1. *Adequate medical history and records of physical evaluation.*
  2. *Records of the administration of anesthesia must include:*
    - (a) *The patient's blood pressure and pulse;*



*(b) The names of the drugs and the amounts administered;*

*(c) The length of the procedure; and*

*(d) Any complications of anesthesia.*

*(c) Attest that each dental office issued a certificate of site for the administration of minimal sedation or pediatric minimal sedation must maintain emergency drugs of the following categories which must be immediately available for use on the patient:*

- 1. Vasopressor;*
- 2. Corticosteroid;*
- 3. Bronchodilator;*
- 4. Muscle relaxant;*
- 5. Intravenous medication for the treatment of cardiopulmonary arrest;*
- 6. Appropriate drug antagonist;*
- 7. Antihistaminic;*
- 8. Anticholinergic;*
- 9. Antiarrhythmic;*
- 10. Coronary artery vasodilator;*
- 11. Anti-hypertensive; and*
- 12. Anti-convulsive.*

*↪ A dentist's office for the issuance or renewal of a certificate of site for the administration of minimal sedation or pediatric minimal sedation is not required to maintain the emergency drugs described in subsections 4, 5, 9 and 11.*

**NAC 631.2237 Procedures required before administration of anesthetic or sedation. ([NRS 631.190](#), [631.265](#))**

1. Written consent of the patient must be obtained before the administration of a general anesthetic, deep sedation or ~~conscious-sedation~~ *minimal sedation, moderate sedation, pediatric minimal sedation pediatric moderate sedation*, unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient. If the patient is a minor, the consent must be obtained from his or her parent or legal guardian.

2. A medical history must be taken before the administration of a general anesthetic, deep sedation or ~~conscious-sedation~~ *minimal sedation, moderate sedation, pediatric minimal sedation or pediatric moderate sedation*. A patient should be asked to describe any current medical conditions or treatments, including, without limitation, medications, drug allergies, impending or past operations and pregnancy, and to give other information that may be helpful to the person administering the anesthetic or sedation. The dentist is not required to make a complete medical examination of the patient and draw medical diagnostic conclusions. If a dentist suspects a medical problem and calls in a physician for an examination and evaluation, he or she may then rely upon that conclusion and diagnosis. Questions asked of and answers received from the patient must be permanently recorded and signed by the patient before the administration of any general anesthetic, deep sedation or ~~conscious-sedation~~ *minimal sedation, moderate sedation, pediatric minimal sedation or pediatric moderate sedation*, and this record must be a permanent part of the patient's record of treatment.

**NAC 631.2239 Properly equipped facility required; qualifications of auxiliary personnel. ([NRS 631.190](#), [631.265](#))**



1. A dentist using general anesthesia, deep sedation, ~~or conscious sedation~~ *minimal sedation, moderate sedation, pediatric minimal sedation or pediatric moderate sedation* shall maintain a properly equipped facility for the administration of the anesthesia or sedation which is staffed with supervised auxiliary personnel who are capable of reasonably handling procedures, problems and emergencies incident thereto.

2. A dentist using general anesthesia, deep sedation, ~~or conscious sedation~~ *minimal sedation, moderate sedation, pediatric minimal sedation or pediatric moderate sedation* shall ensure that his or her auxiliary personnel are certified in basic cardiopulmonary resuscitation by the American Heart Association.

**NAC 631.224 Employment of certified registered nurse anesthetist.** ([NRS 631.190](#), [631.265](#))

1. Any dentist who holds a general anesthesia permit pursuant to the provisions of [NAC 631.2211](#) to [631.2256](#), inclusive, may employ a certified registered nurse anesthetist to administer the general anesthesia, ~~deep sedation, or conscious sedation~~ to a patient if the dentist is physically present and directly supervises the administration of the general anesthesia, ~~deep sedation~~, the patient. The holder of the permit must maintain at his or her office evidence in writing that the certified registered nurse anesthetist is licensed to practice in the State of Nevada and maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center which is certified by The Joint Commission.

2. Except as otherwise provided in [NAC 631.2236](#), a dentist who does not hold a general anesthesia permit may not allow any person to administer general anesthesia, ~~deep sedation, or conscious sedation~~ to his or her patients unless the treatment is rendered within a facility approved by The Joint Commission.

**NAC 631.2241 Report of injuries to patients.** ([NRS 631.190](#), [631.265](#)) Each holder of a general anesthesia permit, deep sedation, ~~conscious sedation~~, *minimal sedation, moderate sedation, pediatric minimal sedation or pediatric moderate sedation* permit or certificate of site approval shall submit to the Board a complete report regarding any mortality or unusual incident which occurs outside a facility accredited by The Joint Commission and produces permanent injury to a patient or requires the hospitalization of a patient, as a direct result of the administration of general anesthesia, deep sedation ~~or conscious sedation~~, *minimal sedation, moderate sedation, pediatric minimal sedation or pediatric moderate sedation*. The report must be submitted within 30 days after the date of the incident. If a dentist fails to report any incident as required by this section, his or her permit may be revoked.

**NAC 631.2254 Temporary permits.** ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer ~~conscious sedation~~ *moderate sedation or pediatric moderate sedation* to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

**Proposed Regulations - May 17, 2016**

**NAC 631.2256 Continuing education required.** ([NRS 631.190](#), [631.265](#), [631.342](#)) Every 2 years, the holder of a general anesthesia permit, ~~or conscious sedation~~ *minimal sedation, moderate sedation, pediatric minimal sedation or pediatric moderate sedation* permit must complete at least 3 hours in courses of study that specifically relate to anesthesia or sedation, as applicable, before the permit may be renewed. This training will be credited toward any continuing education required by [NAC 631.173](#).



Recommendations / Comments  
regarding the Proposed  
Regulation Changes

**Anesthesia Subcommittee  
Meeting**

May 17, 2016

Recommendations of  
Joshua Saxe, DDS



**From:** [REDACTED]  
**To:** [Angelica L. Bejar](#)  
**Subject:** Sedation teleconference meeting  
**Date:** Monday, May 09, 2016 4:43:21 PM  
**Attachments:** [Moderate sedation permit.docx](#)

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Angelica,

I have attached the some of the changes in reference to the pediatric moderate sedation and minimal sedation updates that are outlined in orange. Please forward to the committee, also if they have any questions or comments please let me know. Some of the changes I think that will help are based on education and the completion of a particular course of study to be able to sedate at a particular level.

#### Key Points

1. NAC 631.2211 allows for minimal sedation without a permit so basic emergency equipment should be present in office along with some minimal training and ce courses, The state allows Minimal **Sedation (Anxiolysis)** already so permitting this is not needed but for a dentist to attest on a written statement from the board that they have at least the minimum emergency equipment including a pulse ox should be acceptable along with the minimal training outlined in the ADA guidelines for teaching pain control and sedation to dentists and dental students.  
(A) 631.2212 Board to determine degree of sedation, This administrative code allows us to follow the recommendations of the American Academy of Pediatric Dentistry which states that "studies have shown that it is common for children to pass from the intended level of sedation to a deeper, unintended level of sedation". Due to this possibility, minimal sedation should follow the moderate sedation guidelines for 12 and under.
2. Pediatric designation is a modified moderate sedation permit that we currently have. Those individuals either with the appropriate training hours as outlined, pediatric dentists, or a deep sedation permit holder. Please see 631.2213(b) (3) highlighted in orange. We have to have a grandfather clause for those who have already received a permit and limit their practice to children but for those future permits they will have to have the appropriate training and pediatric patient interactions.

Thanks,  
Dr Saxe

NAC 631.003 Minimal and Moderate sedation defined NRS 631.1909 “minimal or moderate sedation” has the meaning ascribed to it in NRS 631.025.

NAC 631.004 Moderate Pediatric designation means a holder of a moderate sedation permit or deep sedation permit that :

1. Is issued by the Board pursuant to NAC 631.2213 and
2. Authorizes the moderate or deep sedation permit holder to administer pediatric moderate sedation to persons 12 years age or under with evidence of completion of course of study outlined in section 631.2213 (b)
3. A moderate sedation permit holder who was issued a permit prior to June 1<sup>st</sup> 2016 to sedate children and has demonstrated to the board for a period of a minimum of five years without incident (Grandfather Clause for those individuals who were issued a permit and limit their practice to children)

NAC 631.2211 Scope. **Minimal Sedation Single Medication** ([NRS 631.190](#), [631.265](#)) [NAC 631.2213](#) to [631.2256](#), inclusive, do not apply to the administration of:

1. Local anesthesia;
2. Nitrous oxide-oxygen analgesia, if the delivery system for the nitrous oxide-oxygen contains a mechanism which guarantees that an oxygen concentration of at least 25 percent will be administered to the patient at all times during the administration of the nitrous oxide; **OR**
3. Oral medication that is administered to a patient to relieve anxiety in the patient **and shall not be combined with any other pharmacological or non pharmacological method**, if the medication is not given in a dosage that is sufficient to induce in a patient a controlled state of depressed consciousness or unconsciousness similar to the state produced pursuant to the administration of general anesthesia, deep sedation ~~or conscious sedation~~, or moderate sedation.
4. Children 12 years age and under can become moderately sedated despite the intended level of minimal sedation; should this occur, the guidelines for moderate sedation pediatric designation apply.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

NAC 631.2212 Board to determine degree of sedation. ([NRS 631.190](#), [631.265](#)) In a proceeding of the Board at which the Board must determine the degree of sedation or level of consciousness of a patient, the Board will base its findings on:

1. The type and dosage of medication that was administered or is proposed for administration to the patient; and
2. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.

(Added to NAC by Bd. of Dental Exam'rs by R005-99, eff. 9-7-2000)

NAC 631.2213 Permit required; qualifications of applicants. ([NRS 631.190](#), [631.265](#))

1. Except as otherwise set forth in [NAC 631.2211](#) to [631.2256](#), inclusive, no dentist may:
  - (a) Use general anesthesia or deep sedation for dental patients, except in a facility accredited by The Joint Commission, unless he or she first obtains a general anesthesia permit, *deep sedation permit*; or
  - (b) Use ~~conscious sedation~~ *moderate sedation* for dental patients, except in a facility accredited by The Joint Commission, unless he or she first obtains a general anesthesia permit ~~or conscious sedation~~, or *moderate sedation* permit.



↪ A separate general anesthesia permit ~~or conscious sedation,~~ *deep sedation, or moderate sedation* permit, as appropriate, is required for each location at which a dentist administers general anesthesia, deep sedation ~~or conscious sedation,~~ *moderate sedation*.

2. To obtain a general anesthesia permit ~~or conscious sedation,~~ *deep sedation, or moderate sedation* permit, a dentist must apply to the Board for such a permit on a form prescribed by the Board, submit any fees that are set by the Board pursuant to [NRS 631.345](#) and produce evidence showing that he or she is a dentist who is licensed in this State, and:

(a) A dentist who seeks to use a single medication for minimal sedation as is defined in NAC 631.2211 shall include for an issuance or renewal of his or her dental license a certified statement:

(1) Must attest on a form provided by the Board that for the administration of minimal sedation must meet the following minimal standards for enteral single drug or nitrous oxide inhalation: Document current certification in Basic Life Support for Healthcare providers and have completed a nitrous competency course. A minimum of 24 hours plus a minimum of not less than 10 patients of clinically oriented experience where during these experiences enteral (single drug) or nitrous administration displaying minimal sedation techniques is demonstrated. These guidelines are not intended for the management of enteral single drug minimal sedation in children 12 and under due to the potential of the child who can become moderately sedated despite the intended level of minimal sedation; being that this could occur the guidelines for pediatric moderate sedation designation will apply (see pediatric moderate sedation(3) below)

(2) Pulse Oximeter

(3) Minimal standards of records must include: Adequate medical history, Pts Blood Pressure and Pulse, name of the single drug used and amounts administered, length of procedure, any complications.

(4) Continuing education requirement of at least 6 hours in courses of study that specifically relate to anesthesia or sedation

(b) For a ~~conscious sedation~~ permit to administer *moderate sedation*, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the Board, of not less than 60 hours dedicated exclusively to the administration of ~~conscious sedation~~ *moderate sedation*, and the successful management of the administration of ~~conscious sedation~~ *moderate sedation* to not less than 20 patients; or

(2) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training in the administration of ~~conscious sedation~~ *minimal or moderate sedation* that is equivalent to the education and training described in subparagraph (1) and completion of an Advanced Cardiac Life Support course given by the American Heart Association or, if licensed as a specialist in pediatric dentistry, completion of a Pediatric Advanced Life Support course given by the American Heart Association.

(3) For a pediatric designation of a moderate sedation permit for patients 12 years age or under, the applicant must show evidence of:

(1) The completion of a course of study, subject to the approval of the board of not less than 60 hours dedicated exclusively to the administration of pediatric moderate sedation and the

successful management of the administration of pediatric moderate sedation to not less than 25 sedation cases as operator and hold current certification in PALS, which the permit holder may not allow to expire, or successfully complete a course approved by the Board that provides instruction on medical emergencies and airway management or

(2) The completion of a program for specialty training in Pediatric Dentistry which is approved by the commission on Dental Accreditation of the ADA and which includes education and training in the administration of pediatric moderate sedation that is equivalent to the education and training described in subparagraph (1) and completion of a Pediatric Advanced Life support course given by the American Heart Association.

(3) Holder of a general anesthesia or deep sedation permit

(c) For a general anesthesia permit, the applicant must show evidence of the completion of an Advanced Cardiac Life Support course given by the American Heart Association and:

(1) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in a training program as described in the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, published by the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, and available, free of charge, at the Internet address [http://www.ada.org/prof/resources/positions/statements/anxiety\\_guidelines.pdf](http://www.ada.org/prof/resources/positions/statements/anxiety_guidelines.pdf); or

(2) The completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation of the American Dental Association.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009)

**NAC 631.2217 Review of holder of permit; renewal of permit.**([NRS 631.190](#), [631.265](#))

1. The holder of a general anesthesia ~~permit or conscious sedation~~, *deep sedation, or moderate sedation* permit is subject to review by the Board at any time.

2. Each general anesthesia ~~permit and conscious sedation~~ *deep sedation, or moderate sedation* permit must be renewed annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the permit.

**NAC 631.2219 Inspection and evaluation; reevaluation.**([NRS 631.190](#), [631.265](#))

1. The Board will require an inspection and evaluation of the facility, equipment, personnel, records of patients and the procedures used by every dentist who seeks or holds a general anesthesia ~~permit or conscious sedation~~ *deep sedation, moderate sedation* permit, and of the dentist himself or herself, before issuing such an original permit to the dentist, and at least once in every 5-year period thereafter.

2. The Board will renew general anesthesia permits ~~and conscious sedation~~ *deep sedation, or moderate sedation* permits annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the permit, unless the holder is informed in writing, 60 days before the date for renewal, that a reevaluation of his or her credentials is required. In determining whether reevaluation is necessary, the Board will consider, among other factors, complaints by patients and reports of adverse occurrences. A reevaluation will, if appropriate, include an inspection of the facility, equipment, personnel, records of patients and the procedures used by the holder, and an examination of his or her qualifications.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 7-30-84; R005-99, 9-7-2000; R158-08, 12-17-2008)



**NAC 631.2221 Inspectors and evaluators; participation of members of Board.**([NRS 631.190](#), [631.265](#))

1. When an inspection or evaluation is required to issue or renew a general anesthesia ~~permit or conscious sedation permit~~, *deep sedation, or moderate sedation permit*, the Board will designate two or more persons, each of whom holds a general anesthesia, ~~permit, or conscious sedation~~ *deep sedation or moderate sedation* permit and has practiced general anesthesia, deep sedation ~~or conscious sedation~~, *deep sedation, or moderate sedation*, as applicable, for a minimum of 3 years preceding his or her appointment, exclusive of his or her training in the administration of anesthesia or sedation. At least one of the inspectors or evaluators must have had experience in the evaluation of dentists using general anesthesia, deep sedation ~~or conscious sedation~~ *minimal or moderate sedation*, as applicable. At least one member of the inspection or evaluation team must have had substantial experience in the administration of the type of anesthesia contemplated for use by the dentist being evaluated and must hold the type of permit for which the dentist is applying.

2. Any member of the Board who is a dentist may observe or consult in any inspection or evaluation. A member of the Board who is not a dentist may be present at an observation but may not participate in any grading or evaluation resulting from the inspection or evaluation.

**NAC 631.2223 Inspections and evaluations: General requirements.** ([NRS 631.190](#), [631.265](#)) An inspection or evaluation ordered by the Board must be conducted in all offices where general anesthesia, deep sedation ~~or conscious sedation~~, *or moderate sedation* is to be administered and, except as otherwise required in [NAC 631.2236](#), must consist of:

1. An evaluation of the office's facilities and equipment, records and emergency medications; and

2. A demonstration of:

(a) The administration to a patient who is receiving dental treatment of the type of anesthesia or sedation for which the dentist is applying for a permit;

(b) Simulated emergencies in the surgical area of the dental office with participation by the members of the staff who are trained to handle emergencies;

(c) A dental procedure utilizing the type of anesthesia or sedation for which the dentist is applying for a permit;

(d) Any anesthesia or sedation technique that is routinely employed during the administration of anesthesia or sedation;

(e) The appropriate monitoring of a patient during anesthesia or sedation; and

(f) The observation of a patient during recovery and the time allowed for recovery.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

**NAC 631.2225 Inspections and evaluations: Simulated emergencies.** ([NRS 631.190](#), [631.265](#)) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit ~~or conscious sedation~~ *deep sedation, moderate sedation permit*, must meet the following minimum standards with regard to simulated emergencies. The dentist and his or her staff must demonstrate a knowledge of and a method of treatment for the following types of emergencies:

1. Airway obstruction laryngospasm;
2. Bronchospasm;
3. Emesis and aspiration of foreign material under anesthesia;
4. Angina pectoris;

5. Myocardial infarction;
6. Hypotension;
7. Hypertension;
8. Cardiac arrest;
9. Allergic reaction;
10. Convulsions;
11. Hypoglycemia;
12. Asthma;
13. Respiratory depression;
14. Allergy to or overdose from local anesthesia;
15. Hyperventilation syndrome; and
16. Syncope.

**NAC 631.2227 Inspections and evaluations: Physical facilities and equipment.** ([NRS 631.190](#), [631.265](#)) A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *deep sedation or moderate sedation permit* or certificate of site approval must meet the following minimum standards with regard to physical facilities and equipment:

1. The operating theater must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team consisting of at least three persons to move freely about the patient.
2. The operating table or dental chair must:
  - (a) Allow the patient to be placed in a position such that the operating team can maintain the airway;
  - (b) Allow the operating team to alter the patient's position quickly in an emergency; and
  - (c) Provide a firm platform for the management of cardiopulmonary resuscitation.
3. The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color. An alternate lighting system must derive its power from batteries and must be sufficiently intense to allow completion of any procedure underway at the time of a general power failure.
4. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. An alternate suction device that will function effectively during a general power failure must be available.
5. A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. An adequate alternate system for delivering oxygen is also required.
6. A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the operating theater. A member of the staff must be able to observe the patient at all times during the recovery.
7. Except as otherwise provided in this subsection, ancillary equipment must include:
  - (a) A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs;
  - (b) Endotracheal tubes and appropriate connectors;
  - (c) Oral airways;
  - (d) A tonsillar or pharyngeal suction tip adaptable to all office suction outlets;
  - (e) An endotracheal tube type forcep;



- (f) A sphygmomanometer and stethoscope;
- (g) An electrocardioscope and defibrillator;
- (h) Adequate equipment for the establishment of an intravenous infusion; and
- (i) A pulse oximeter.
- (j) *carnography*

8. *When administering anesthesia or deep sedation to pediatric patients as set forth in NAC 631.004 the dentist's office must meet the following minimum standards with regard to physical facilities and equipment:*

- (a) *Pediatric Size Ambu Bag and Masks (needed for moderate sedation)*
- (b) *Pediatric BP Cuffs (needed for moderate sedation)*
- (c) *Laryngoscope with appropriate size blades*
- (d) *Intubation tubes multiple sizes*
- (e) *Aed with Peds paddles*
- (f) *Braselow Tape*
- (g) *Small Oral Air Ways (needed for moderate sedation)*
- (h) *Pediatric Bite Block*

➔ A dentist's office inspected or evaluated for the issuance or renewal of a ~~conscious sedation a~~ *pediatric moderate sedation designation* is not required to have the ancillary equipment described in paragraph 7. (a), (b), (e) and (g),(j)

**NAC 631.2229 Inspections and evaluations: Records of patients.** ([NRS 631.190](#), [631.265](#))

A dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *deep sedation, minimal or moderate sedation permit* or certificate of site approval must meet the following minimum standards with regard to the records of patients:

1. Adequate medical history and records of physical evaluation.
  2. Records of the administration of anesthesia must include:
    - (a) The patient's blood pressure and pulse;
    - (b) The names of the drugs and the amounts administered;
    - (c) The length of the procedure; and
    - (d) Any complications of anesthesia.
- (Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

**NAC 631.2231 Inspections and evaluations: Emergency drugs.** ([NRS 631.190](#), [631.265](#))

Except as otherwise provided in this section, a dentist's office inspected or evaluated for the issuance or renewal of a general anesthesia permit, ~~conscious sedation permit~~ *deep sedation, minimal or moderate sedation permit* or certificate of site approval must maintain emergency drugs of the following categories which must be immediately available for use on the patient:

1. Vasopressor;
2. Corticosteroid;
3. Bronchodilator;
4. Muscle relaxant;

5. Intravenous medication for the treatment of cardiopulmonary arrest;
6. Appropriate drug antagonist;
7. Antihistaminic;
8. Anticholinergic;
9. Antiarrhythmic;
10. Coronary artery vasodilator;
11. Anti-hypertensive; and
12. Anti-convulsive.

When administering *general anesthesia* or *deep sedation* to pediatric patients the dentist's office must meet the following minimum standards with regard to pediatric emergency drugs:

- (a) *Epi Pen Jr*
- (b) *Adenosine*
- (c) *Aminodarone*
- (d) *Magnesium Sulfate*
- (e) *Procainamide*

→ A dentist's office that is inspected or evaluated for the issuance or renewal of a ~~conscious sedation~~ *minimal or moderate sedation* permit is not required to maintain the emergency drugs described in subsections 4, 5, 9 and 11 of [631.2231](#).

**NAC 631.2233 Inspections ~~and—evaluations~~; Recommendations of inspectors ~~or evaluators~~; decision of Board.** ([NRS 631.190](#), [631.265](#))

1. The persons performing an inspection ~~or evaluation~~ of a dentist's office for the issuance or renewal of a ~~general anesthesia~~ *site permit for the administration of general anesthesia or conscious sedation* ~~deep sedation, minimal or moderate sedation~~ *permit* shall grade the office as passing or failing. *No later than 72 hours* ~~Within 10 days~~ after completing the inspection ~~or evaluation~~, each inspector ~~or evaluator~~ shall report his or her recommendation for passing or failing to the ~~Board~~ *Executive Director*, setting forth the details supporting his or her conclusion. ~~The Board is not bound by these recommendations.~~

2. *If the site is in compliance with the requirements set forth in [NAC 631.2227](#), [631.2229](#) and [631.2231](#), the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist.*

~~The Board will make the final determination whether the office has passed or failed the inspection or evaluation and will notify the dentist whose office is the subject of the inspection or evaluation, in writing, of its findings within 30 days after the Board receives a recommendation from each inspector or evaluator who inspected or evaluated the office.~~

3. *If the site is not in compliance with the requirements set forth in [NAC 631.2227](#), [631.2229](#) and [631.2231](#), the Executive Director shall, without any further action by the Board, issue a written notice which identifies the deficiencies and/ failure to the licensed dentist.*

4. *A dentist who has received a notice of failure from the Executive Director may, within 15 days after receiving the notice and rectifying the deficiencies, request in writing for a reinspection.*

5. *If the reinspection is granted by the Executive Director, it may be conducted by different persons in the manner set forth by [NAC 631.2219](#) to [631.2233](#), inclusive, for an original inspection.*



6. Pursuant to subsection 3 of NRS 233B.127, if a site inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

**NAC 631.2235 ~~Inspections and~~ Evaluations: Failure to pass; requests for reevaluations.**  
([NRS 631.190](#), [631.265](#))

1. The persons performing an evaluation of a dentist for the issuance or renewal of a permit *for the administration of general anesthesia, deep sedation, minimal or moderate sedation* shall grade the dentist as passing or failing. No later than 72 hours after completing the evaluation, each evaluator shall report his or her recommendation for passing or failing to the *Executive Director*, setting forth the details supporting his or her conclusion.
  - ~~1. A dentist whose office the Board determines has failed the inspection or evaluation is not entitled to have a general anesthesia permit or conscious sedation permit issued or renewed~~
  2. *If the dentist is in compliance with the requirements set forth in NAC 631.2219 to 631.2233, the Board shall issue the permit for the administration general anesthesia, deep sedation, minimal or moderate sedation.*
  3. *If the dentist is not in compliance with the requirements set forth in NAC 631.2227, 631.2229 and 631.2231, the Executive Director shall, without any further action by the Board, issue a written notice which identifies the deficiencies and/ failure to the licensed dentist.*
  - ~~2.~~ 4. A dentist who has received a notice of failure from the ~~Board~~ *Executive Director* may, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.
  - ~~3.~~ 5. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by [NAC 631.2219](#) to [631.2233](#), inclusive, for an original evaluation.
  - ~~—4.~~ 6. No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.
  7. Pursuant to subsection 3 of NRS 233B.127, if an evaluation of a dentist for the administration of general anesthesia, deep sedation, minimal or moderate sedation is conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.
- (Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

**NAC 631.2236 Certificate of site approval: General requirements.** ([NRS 631.190](#), [631.265](#))

1. A dentist who is licensed in this State may employ:  
~~—(a) An anesthesiologist who is licensed as such by the State of Nevada; or~~  
(b) A dentist who is licensed in this State and who holds a general anesthesia permit, ~~or~~ ~~conscious sedation~~ *deep sedation, minimal or moderate sedation* permit,  
→ to administer general anesthesia, deep sedation or ~~conscious sedation~~ *minimal or moderate sedation*, as appropriate, to his or her patients at his or her office if he or she holds a certificate of site approval issued pursuant to this section.
2. A dentist who is licensed in this State and who desires to receive or renew a certificate of site approval must submit to the Board:
  - (a) An application for a certificate or for the renewal of a certificate, in a form approved by the Board;
  - (b) The fee for the inspection of a facility which is established by the Board pursuant to [NRS 631.345](#); and
  - (c) Written documentation which demonstrates that the ~~anesthesiologist or~~ dentist who is to be employed to administer the general anesthesia, deep sedation or ~~conscious sedation~~ *minimal or moderate sedation* holds an appropriate ~~license or~~ permit issued by the ~~appropriate~~ board in this State to administer such anesthesia or sedation ~~and, if the person to be employed is an anesthesiologist, that the anesthesiologist maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center approved by The Joint Commission.~~
3. Upon receipt of an application pursuant to this section, the Board will appoint one of its members or a representative of the Board to inspect the office of the applicant to determine whether the office complies with the requirements set forth in [NAC 631.2227](#), [631.2229](#) and [631.2231](#). The person conducting the inspection shall report his or her determination to the Board.
4. If the person conducting the inspection determines that the office of the applicant complies with the requirements of [NAC 631.2227](#), [631.2229](#) and [631.2231](#) and the applicant has otherwise met the requirements of this section, the Executive Director shall issue a certificate of site approval to the applicant.
5. *If the person conducting the inspection determines that the office of the applicant fails to comply with the requirements of [NAC 631.2227](#), [631.2229](#) and [631.2231](#), the person conducting the inspection shall report his or her recommendations of failing to the Executive Director of the Board as set forth in NAC 631.2233 to NAC 631.2235*
5. A holder of a certificate of site approval shall maintain the information described in paragraph (c) of subsection 2 at his or her office at all times.
6. Each certificate of site approval issued by the Board must be renewed annually or biennially, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the holder of the certificate.
7. The Board may reinspect the office of the holder of a certificate of site approval at any time.

**NAC 631.2237 Procedures required before administration of anesthetic or sedation.** ([NRS 631.190](#), [631.265](#))

1. Written consent of the patient must be obtained before the administration of a general anesthetic, deep sedation or ~~conscious sedation~~ *minimal or moderate sedation*, unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the



consent would likely cause permanent injury to the patient. If the patient is a minor, the consent must be obtained from his or her parent or legal guardian.

2. A medical history must be taken before the administration of a general anesthetic, deep sedation or ~~conscious-sedation~~ *minimal or moderate sedation*. A patient should be asked to describe any current medical conditions or treatments, including, without limitation, medications, drug allergies, impending or past operations and pregnancy, and to give other information that may be helpful to the person administering the anesthetic or sedation. The dentist is not required to make a complete medical examination of the patient and draw medical diagnostic conclusions. If a dentist suspects a medical problem and calls in a physician for an examination and evaluation, he or she may then rely upon that conclusion and diagnosis. Questions asked of and answers received from the patient must be permanently recorded and signed by the patient before the administration of any general anesthetic, deep sedation or ~~conscious-sedation~~ *minimal or moderate sedation*, and this record must be a permanent part of the patient's record of treatment.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

**NAC 631.2239 Properly equipped facility required; qualifications of auxiliary personnel.** ([NRS 631.190](#), [631.265](#))

1. A dentist using general anesthesia, deep sedation, ~~or conscious-sedation~~ *minimal or moderate sedation* shall maintain a properly equipped facility for the administration of the anesthesia or sedation which is staffed with supervised auxiliary personnel who are capable of reasonably handling procedures, problems and emergencies incident thereto.

2. A dentist using general anesthesia, deep sedation, ~~or conscious-sedation~~ *minimal or moderate sedation* shall ensure that his or her auxiliary personnel are certified in basic cardiopulmonary resuscitation by the American Heart Association.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000)

**NAC 631.224 Employment of certified registered nurse anesthetist.** ([NRS 631.190](#), [631.265](#))

1. Any dentist who holds a general anesthesia permit pursuant to the provisions of [NAC 631.2211](#) to [631.2256](#), inclusive, may employ a certified registered nurse anesthetist to administer the general anesthesia, deep sedation, ~~or conscious-sedation~~ *minimal or moderate sedation* to a patient if the dentist is physically present and directly supervises the administration of the general anesthesia, deep sedation, ~~or conscious-sedation~~ *minimal or moderate sedation* to the patient. The holder of the permit must maintain at his or her office evidence in writing that the certified registered nurse anesthetist is licensed to practice in the State of Nevada and maintains unrestricted active staff privileges within the department of anesthesiology at a hospital or surgical center which is certified by The Joint Commission.

2. Except as otherwise provided in [NAC 631.2236](#), a dentist who does not hold a general anesthesia permit may not allow any person to administer general anesthesia, deep sedation, ~~or conscious-sedation~~ *minimal or moderate sedation* to his or her patients unless the treatment is rendered within a facility approved by The Joint Commission.

**NAC 631.2241 Report of injuries to patients.** ([NRS 631.190](#), [631.265](#)) Each holder of a general anesthesia permit, ~~conscious-sedation~~, *deep sedation, minimal or moderate sedation* permit or certificate of site approval shall submit to the Board a complete report regarding any mortality or unusual incident which occurs outside a facility accredited by The Joint Commission and produces permanent injury to a patient or requires the hospitalization of a patient, as a direct result of the administration of general anesthesia, deep sedation ~~or conscious~~

~~sedation~~, *minimal or moderate sedation*. The report must be submitted within 30 days after the date of the incident. If a dentist fails to report any incident as required by this section, his or her permit may be revoked.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A by R005-99, 9-7-2000; R159-08, 4-23-2009)

**NAC 631.2254 Temporary permits.** ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer ~~conscious sedation~~ *minimal or moderate sedation* to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000)

**NAC 631.2256 Continuing education required.** ([NRS 631.190](#), [631.265](#), [631.342](#))

Every 2 years, the holder of a general anesthesia permit ~~or conscious sedation~~, permit must complete at least 3 hours in courses of study that specifically relate to anesthesia or sedation, as applicable, before the permit may be renewed. This training will be credited toward any continuing education required by [NAC 631.173](#).





Edward Gray, DMD, MD

March 3, 2016

Ms. Angelica Bejar  
Public Information & Travel Administrator  
Nevada State Board of Dental Examiners  
6010 S Rainbow Boulevard Building A Suite 1  
Las Vegas, NV 89118

Attention: Anesthesia Committee

Subject: Newly proposed anesthesia regulation changes.

Dear Ms. Bejar, and Committee Members,

At our anesthesia subcommittee telephone conference on Tuesday, December 15, 2015, there was a request for input from the subcommittee members concerning the proposed anesthesia regulation changes. As I am new to this committee, I am not sure what beneficial comments that I can make at this time.

There is certainly a lot that I do not understand about this process and the reason for these changes. As far as I know, there have not been problems in the State of Nevada with general dentists who are utilizing the Conscious Sedation guidelines listed in NAC 631.2211. Because there have not been significant adverse events that place the general public in the State of Nevada at risk, I am not exactly certain why these changes are needed.

Conscious Sedation is a very well understood term, universally understood among dentists. Changing the term Conscious Sedation and splitting it into the terms, Minimal and Moderate Sedation, seems like an unnecessary splitting of hairs from my view point.

Concerning changing NAC 631.004 and requiring additional permits, I believe the Board should really seriously consider this significant change, which would require a "sedation permit" for the utilization of 'minimal and moderate' sedation. This would induce an increase in workload to the Board and the anesthesia and sedation examiners. A need to increase present personnel will increase costs to the Board.

Concerning, NAC 631.2233: Recommendations of inspectors. Under subsection 1, if a licensee is undergoing an inspection for the administration of general anesthesia or deep sedation and receives a failing grade, the statute states the inspector needs to inform the Board no later than within 72 hours. I feel that if a general anesthesia or IV sedation provider fails the site and/or provider evaluation, the Board should be notified immediately, and the licensee should be informed that they must stop providing these services immediately.

Received

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NAC 631.2235, subsection 6. This indicates a re-inspection one year after a failing exam. I believe this time requirement should be shortened. Re-inspection should be available to the provider sooner than one year. I know as an examiner, I would be more than happy to return whenever they feel they are ready to undergo their re-evaluation. The re-evaluation could be limited to one additional re-evaluation. For an Oral and Maxillofacial surgeon certainly a one year moratorium could mean bankruptcy.

Continuing with this issue, the State of Nevada is quite gracious in completing these site and anesthesia evaluations at no charge, but if the examiner needs to return to the office, there should be a charge for re-evaluation. (California increased its fee for the exam to \$1,500.)

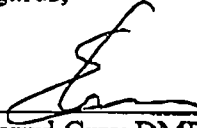
Lastly, I would like to make one final comment that was not discussed at our telephone consultation. While we are currently changing terminology that no longer includes the term conscious sedation and we are increasing regulations to ensure public safety for problems that are theoretical, I feel strongly that the Board is not addressing a public safety issue that is real and has resulted in three deaths in the State of Nevada. That is the issue with itinerant (fly in and fly out) oral surgeons. I am discussing oral surgeons who do not live in the community, do not see patients regularly in his or her office, but fly in to complete a day or two of surgery, then leave. These particular surgeons cannot properly vet the patients.

Prior to IV sedation or general anesthesia, a patient should be seen by the treating surgeon or at least by a partner or associate of similar training. A complete and thorough history and physical should be completed by that person. Any additional information that the surgeon would require, whether it be from cardiology, pulmonology, nephrology, endocrinology, etc. should be obtained and evaluated. When the patient then arrives for surgery, he or she should have been properly vetted, proper pre-operative evaluations should have been completed to insure that the patient is cared for in as safe a manner as possible. The team working with the surgeon should also have had proper training in handling emergency events. (In my office we do that twice per year). All members of the team should know where each and every item needed in an emergency is located and how to get that item and put it together efficiently. How do you do this when you are in an office once per month?

In addition, the provider or an immediate partner/associate of similar training should be available to see patients who are experiencing postoperative problems, whether that problem be the night after surgery, a week later, a month later, or six months later. Post-operative problems should not be left until the surgeon is once again in the area. Post-operative problems should not be pushed off onto providers who are always available in the community.

This particular practice model, with surgeons who have not properly vetted patients and are simply arriving in a community to complete a day or two of surgery before they are gone once again, is not a safe situation for the public in our state. This problem is real, and has resulted in real morbidity and mortality. As we are in the process of rewriting anesthesia and sedation regulations, we should use this moment to address this issue.

Regards,

  
Edward Gray DMD, MD

Received

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## **Dr. Jade Miller's Comments - Anesthesia Regulations**

Jade Miller thoughts

Five permit levels- broad points

- 1) Minimal Enteral Adult
  - a) 13 y/o or older
  - b) Educational qualifications conform to ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry
  - c) Single oral medication not to exceed manufactures recommended dose (MRD) for unmonitored use by individual. Incremental dosing shall be within MRD limits.
  - d) ACLS or PALS Would 8 hours of advanced airway training be acceptable?
  - e) Monitoring to include pulse oximetry
  - f) Attest to qualifications and facility/ personal requirements
- 2) Minimal Enteral Pediatric
  - a) Ages 5-12 y/o
  - b) 24 hours diadactic in pediatric specific course or CODA post graduate residency
  - c) ?clinical experiences
  - d) Single oral medication not to exceed manufactures recommended dose (MRD) for unmonitored use by individual. Incremental dosing is prohibited.
  - e) PALS or ACLS
  - f) Monitoring to include pulse oximetry
  - g) Attest to qualifications and facility/personal requirements
- 3) Moderate Sedation Enteral or Parenteral Adult
  - a) 13 y/o or older
  - b) Educational qualifications conform to ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry
  - c) ACLS or PALS
  - d) Monitoring to include pulse oximetry , Ventilation by 2 of 3 parameters
    - 1)verbal communication with patient
    - 2)precordial stethoscope(amplified preferred)
    - 3) Capnography (preferred)
- 4) Moderate Sedation Pediatrics
  - a) CODA post graduate residency that includes pediatric training
  - b) PALS or ACLS
  - c) Monitoring to include pulse oximetry , Ventilation by 2 of 3 parameters
    - 1)verbal communication with patient
    - 2)precordial stethoscope(amplified preferred)
    - 3) Capnography (preferred)
- 5) Deep Sedation/ General anesthesia
  - a) Educational qualifications conform to ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry
  - b) Capnography required
  - c) ACLS or PALS



## **Dr. Jade Miller's Comments - Anesthesia Regulations**

Other areas

- 1) Include ASA Classification on anesthesia record
- 2) For treating pediatric patients must have appropriate sized equipment to manage emergency-oral airways, LMA, ET tubes, BP cuff, AED/pads capable for pediatrics, Defibrillator and paddles
- 3) Continue to allow "dentist may employ medical or dental anesthesiologists)- will need to determine about having active staff privileges on staff at hospital
- 4) Concerns or liability to Dental Board and evaluators when evaluating a live sedation/GA and patient has problems. Do Evaluators intervene and if bad outcome liability to Board and evaluator
- 5) Do we not require a permit

# **Public Comment regarding ANESTHESIA Regulations**

**Public Comment - Anesthesia Regulations - Dr. Richard Dragon**

December 16, 2015

To: The Members of the Anesthesia Subcommittee of the NDSE

From: Richard Dragon, DMD; Secretary Nevada Dental Association

Dear Sirs,

I thank you for the opportunity to listen in on the Anesthesia Subcommittee telephone conference held the evening of December 15, 2015.

As mentioned by the executive Director of the NDA, Dr. Bob Talley, what we hear from our members, primarily General Practitioners has to deal with NAC 631.2211. After listening in on last night's discussion, it became apparent that there is a justifiable concern that inadequately trained practitioners, primarily General Practitioners, administering oral sedatives to their patients via enteral means such as valium pre-op, will also combine this with N2O which has an additive effect raising the level of sedation to that of minimal sedation or even moderate.

The NDA applauds the subcommittee for addressing this issue. However, what I heard last night during the discussion was that there needs to be additional training and the possible issuance of a permit for dentists using a combination of sedatives administered by enteral means with N2O. Although this is a justifiable concern, there was no mention of any restrictions or additional need for compliance for practitioners who choose to use these products independent of each other. An example would be giving a patient an Rx for valium without using N2O or giving N2O without the valium.

An additional concern is if these regulations are placed that they be reasonable and affordable as well as applicable for this sort of sedation since as discussed this level of sedation may be considered even less than what is described as minimal sedation.

I thank you for your time and interest.

Respectfully,

Richard J Dragon, DMD  
Secretary, Nevada Dental Association

**Received**

**JAN 26 2016**

**NSBDE**



**Public Comment - Anesthesia Regulations - Dr. Benjamin Glick**

**Angelica L. Bejar**

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**From:** Sandra Spilsbury  
**Sent:** Monday, March 14, 2016 12:36 PM  
**To:** [REDACTED]  
**Cc:** Angelica L. Bejar  
**Subject:** RE: anxiolytic use and sedation of pediatric patients

Good afternoon Dr. Glick,

Thank you for taking the time to submit your concerns regarding anxiolytics and sedation of pediatric patients. As you might be aware the Board has appointed an anesthesia subcommittee to provide their recommendations on updating the current sedation regulations for the Board to then consider. The subcommittee met this past Friday and will be meeting again to continue discussing their recommendations/revisions. I have included Ms. Bejar in this email so she may include your comment with the material forwarded to the subcommittee in preparation for the next meeting.

Should you need further assistance, I may be contacted at (702) 486-7044 ext 24.

Kind regards,

*Sandra Spilsbury*

Site Inspection – CE Coordinator  
Nevada State Board of Dental Examiners  
6010 S Rainbow Blvd., Suite A-1  
Las Vegas, NV 89118  
(702) 486-7044 Fax (702) 486-7046

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**From:** Board of Dental Examiners  
**Sent:** Monday, March 14, 2016 10:24 AM  
**To:** Sandra Spilsbury  
**Subject:** FW: anxiolytic use and sedation of pediatric patients

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**From:** Glick, Benjamin (IHS/NAV) [REDACTED]  
**Sent:** Monday, March 14, 2016 8:45 AM  
**To:** Board of Dental Examiners  
**Subject:** anxiolytic use and sedation of pediatric patients

Hello all,

I am concerned about the use of anxiolytics and sedation of pediatric patients by untrained dentists. After I finished a G.P.R. in 2002, I obtained a sedation license, and performed pediatric sedations in a pediatric office in Sparks, NV. In started my own practice, I realized I had very little need to perform sedations and let my license lapse, as I knew that if I was not performing this daily that risk of harm would be increased to my patients. During the last several years, I have seen non-sedation permitted dentists using anxiolytics in conjunction with nitrous oxide in the treatment of our pediatric population. I also warned them that it should be considered a sedation and that they should not do so, as they are not trained to care for the patient adequately if the patient has problems.

I would propose that you spell out in the by-laws that no general dentist be permitted to prescribe or administer oral anxiolytic medicines to patients less than the age of 18 years of age unless they have a sedation permit. Obviously, this does not include nitrous oxide. I fear if you do not concisely spell it out, then we are going to have some pediatric tragedy on our hands.

**Angelica L. Bejar**

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**From:** E. Gray [REDACTED]  
**Sent:** Monday, March 14, 2016 11:59 AM  
**To:** Angelica L. Bejar  
**Subject:** With Dr. Saxe change

NAC 631.002 Anxiolysis. An active dental license holder in the State of Nevada may, when clinically appropriate in the course of dental therapy, administer anxiolytic therapy to a patient of record, without an additional permit, by utilizing one but not both of the following methods per patient visit. Patients will be continually monitored with at least pulse oximetry monitoring during their dental visit if either of the following methods are employed.

1. Nitrous Oxide-Oxygen analgesia, if the delivery system for the nitrous oxide-oxygen contains a mechanism which guarantees that an oxygen concentration of at least 25% will be administered to the patient at all times during the administration of the nitrous oxide. In addition the licensee will insure that the nitrous oxide concentration does not exceed 75%. Following the utilization of nitrous oxide-oxygen, pure oxygen will be utilized for 5 minutes to allow the patient's lungs to clear the nitrous oxide before terminating the gas administration.
2. Oral medication that is administered to relieve anxiety in the patient. The dosage of sedative agent given must be appropriate for anxiolysis. The license holder must insure that patient's age, medical comorbidities, and drug interactions are taken into account when determining both the appropriateness of the medication, and the dosage utilized. The provider must insure that the dosage utilized will not induce the patient to enter a state of depressed consciousness that would then qualify as minimal, moderate, deep, or general anesthesia, unless the provider has obtained the proper additional permits listed in NAC. 000.000. Oral medications will not be given to patients under the age of 13 years, unless the license holder obtains the proper education and permits described in NAC 000.000.

## **Public Comment - Anesthesia Regulations**

September 10, 2015

Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd., Bldg A, Ste 1  
Las Vegas, NV 89118

Re: Proposed Anesthesia Regulations NAC 631.003; NAC 631.004 and NAC 631.2211-NAC 631.2256

Members of the Nevada State Board of Dental Examiners,

It has been brought to the attention of the leadership of the Nevada Academy of Pediatric Dentistry (NVAPD) and the Western Society of Pediatric Dentistry (WSPD) the proposed changes in anesthesia regulations now being considered in Nevada. There are a number of NVAPD and WSPD members that will be directly impacted by these changes. We feel that a number of the proposed changes are unnecessary and overly burdensome for pediatric and other dentists using moderate sedation to provide care.

We strongly encourage the Board to consider the guidelines established by the American Academy of Pediatric Dentistry (AAPD), *Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures*, hereafter referred to as "guideline." These guidelines are endorsed by the American Academy of Pediatrics (AAP) as well as supported and referenced by the American Dental Association (ADA) in their *Guidelines for the Use of Sedation and General Anesthesia by Dentists*.

When considering minimal sedation, the guideline states "Children who have received minimal sedation generally will not require more than observation and intermittent assessment of their level of sedation." We thus encourage the Board to keep the regulations for minimal sedation separate and apart from the regulations for moderate sedation. NAC 631.2211 "Scope" excludes the use of nitrous oxide and "oral medication...administered...to relieve anxiety" from these regulations, but the guideline considers these to be a form of mild sedation. We deem it necessary to include language pertinent to the use of what would be considered minimal sedation, such as valium or nitrous oxide. The regulations should specify requirements for the use of minimal sedation which are clearly different from other levels of sedation. As written in the proposed changes, there is no separation of minimal and moderate sedation. We also recommend that the Board not require a site inspection for the use of minimal sedation.

NAC 631.2213 "qualifications of applicants" section 2 (2) requires providers of minimal sedation to "hold current certification in either ACLS or PALS." For a level of minimal sedation we recommend providers be required to be certified in BLS, but feel additional ACLS or PALS training should be encouraged, not required.

Under the proposed changes NAC 631.2227, section 8 (c), (d) and (h), providers are required to have on site a "Laryngoscope with appropriate size blades," "intubation tubes multiple sizes" and a "Pediatric Bite Block." The use of a laryngoscope to intubate a patient requires significant additional training beyond the scope of what is deemed necessary to safely administer moderate sedation. Requiring providers to maintain this equipment who have not been properly trained in



## **Public Comment - Anesthesia Regulations**

its use does not increase safety or the likelihood of a better outcome with an adverse event. To the contrary, it has the potential to result in a worse outcome should an untrained provider attempt to intubate a patient. Additionally, a bite block is not an instrument for use during an emergency and we are unaware of any type of emergency training in which it is taught to use a bite block. We therefore recommend removing section 8 (c), (d) and (h).

Per the guideline AND the proposed changes, an EKG monitor on a moderately sedated patient is not necessary or recommended. Yet the proposed changes will require practitioners who plan on using moderate sedation to maintain emergency drugs, the use of which require a diagnosis of the cardiac rhythm only attainable through an EKG. These drugs are noted in the proposed changes NAC 631.2231, section 2. We therefore encourage the board to remove from the proposed changes for moderate sedation the following medications: Adenosine, Amiodarone, Magnesium Sulfate, and Procainamide. It is understood that PALS and ACLS recommend these medications in their algorithms, but the justification for requiring PALS of those providing moderate sedation to the pediatric population is airway management. Recommended medications for moderate sedation are epinephrine, bronchodilator, appropriate drug antagonists, antihistaminic, anticholinergic, anticonvulsant, oxygen, dextrose or other antihypoglycemic and ammonia.

Some states, such as California, have a pediatric moderate sedation permit and a separate adult moderate sedation permit. We request the Board consider creating a pediatric moderate sedation permit for children under the age of 13. This separation allows specificity in equipment and drugs for adults and pediatric patients. It will also allow specific requirements for qualifications and training and be more in line with current ADA guidelines for sedation which separates recommendations between adults and pediatric patients.

We respectfully request, if it is hasn't already been done, that a committee be established to review and revise the proposed changes. We additionally request this committee include a representative number of Pediatric Dentists who hold sedation permits. We are willing to provide names of possible committee members if desired.

We appreciate the attention of the Board Members to this statement and our recommendations. We applaud the efforts of the Board to bring the terminology and regulations more in line with current standards. We look forward to working with the Board to help ensure a safe and practical environment for providers and patients alike.

Respectfully,

Nevada Academy of Pediatric Dentistry  
Western Society of Pediatric Dentistry

Submitted by: Dr. Ashley Hoban, President NVAPD, and Dr. Cody Hughes, NV WSPD Trustee