

NEVADA STATE BOARD
of
DENTAL EXAMINERS



ANESTHESIA COMMITTEE &
ANESTHESIA SUB-COMMITTEE MEETING

JULY 29, 2020

6:00 P.M.

PUBLIC BOOK

Program Provider Application
Moderate Sedation (13 yrs. of age or older)



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

MODERATE SEDATION PROGRAM PROVIDER APPROVAL REQUEST (Patients 13 years of age or older) SUBMISSION GUIDELINES

Please comply with the following:

I certify that the program if granted Board approval will be conducted as an education program and will meet the following minimum requirements:

- 1) That instruction shall be conducted on the same educational standards of scholarship and teaching as that required of a true university discipline.
- 2) The course or topic of instruction shall conform to the purpose and method of higher education.
- 3) 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 moderate sedation, and the successful administration as the operator of moderate sedation to no less than 20 patients

FEE (FOR "FOR PROFIT" ORGANIZATIONS): \$150.00 FOR THE FIRST CREDIT HOUR REQUESTED, \$50.00 FOR EACH ADDITIONAL CREDIT HOUR. THIS FEE IS FOR THE PROCESSING AND REVIEW OF YOUR REQUEST FOR PROVIDER APPROVAL AND MUST ACCOMPANY THIS FORM UPON SUBMISSION OF THE REQUEST.

ALL PROVIDER APPROVAL REQUESTS MUST BE SUBMITTED TO THE BOARD FOR REVIEW NO LATER THAN 45 DAYS PRIOR TO THE BEGINNING DATE OF THE COURSE.



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MODERATE SEDATION PROGRAM PROVIDER APPROVAL REQUEST (Patients 13 years of age or older)

Pursuant to NAC 631.2213(2)(a) which states: 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 moderate sedation, and the successful administration as the operator of moderate sedation to no less than 20 patients:

Business Name: _____

Business Address: _____

City, State & Zip: _____

Business Telephone: _____

Comprehensive Course Materials and Objectives: **Please submit copies of all course materials.**

Hours of Actual Instruction: _____

Location/Facility Name, Address and instructors Name: _____

Date(s) of Course: _____

Individual Submitting Request: _____

Business Address: _____

City, State & Zip: _____

Business Telephone: _____

Date of Request: _____

Signature of Person Authorized to Represent Program Provider

PLEASE ATTACH NAMES AND BRIEF BIOGRAPHICAL SKETCHES OF INSTRUCTORS AND OUTLINE OF COURSE, INCLUDING METHOD OF PRESENTATION TO THIS FORM.

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE.

Approved by: _____

Number of Hours Approved: _____

Effective Date of Approval: _____

Disapproved [Explanation]: _____

**Application Form:
Anesthesia Evaluator/Inspector**

Nevada State Board of Dental Examiners



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RECRUITMENT FOR MODERATE SEDATION AND GENERAL ANESTHESIA ON-SITE EVALUATORS/INSPECTORS

The Nevada State Board of Dental Examiners (NSBDE) is actively recruiting part-time employees as on-site Moderate Sedation/General Anesthesia Evaluators/Inspectors. As an Evaluator/Inspector for the Board, you will be assigned to evaluate the administration of moderate sedation (MS) or general anesthesia (GA) for applicants applying for an administrator permit. In addition, you will be assigned to perform on-site re-evaluations of permit holders every five (5) years. Also, Evaluators/Inspectors will inspect dental offices/facilities for equipment, emergency drugs, sedation or anesthesia records and informed consent.

Schedules are flexible as you will determine your availability.

Requirements:

Those who wish to be considered for part-time employment as an Evaluator/Inspector for the Board must meet the following:

- Must hold an active Nevada dental license in good standing;
- Must hold an active Nevada permit to administer moderate sedation or general anesthesia, in good standing for the past three (3) years;

Honoraria and Continuing Education:

The Board pays a rate of \$50.00 per hour for those who participate in on-site evaluations/inspections. In addition, mileage/per diem reimbursement will be made at the current rate for all State of Nevada employees. Evaluators/Inspectors will also receive four (4) hours of continuing education credit for the MS/GA Evaluator/Inspector calibration.

Any licensee interested in part-time employment as a Moderate Sedation/General Anesthesia Evaluator/Inspector for the Board, may submit the application by email to nsbde@nsbde.nv.gov; by facsimile to (702) 486-7046 or by mail to the address above. If you have any questions, feel free to contact the Board office at (702) 486-7044.

Applications received will be placed before the Board for consideration at a regularly scheduled meeting of the Board. Those applicants approved by the Board are required to complete the following:

- Complete the Moderate Sedation/General Anesthesia Evaluator/Inspector calibration;
- Perform one (1) ride-along evaluation/inspection

NEVADA STATE BOARD OF DENTAL EXAMINERS
6010 S Rainbow Boulevard, Building A, Suite 1
Las Vegas, NV 89118
(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) _____
FULL MAILING ADDRESS _____
TELEPHONE _____
EMAIL _____ LICENSE NO: _____

APPLICATION FOR ANESTHESIA EVALUATOR/INSPECTOR

Pursuant to NAC 631.2221, I hereby make application for the part-time position of Anesthesia Evaluator/Inspector.

REQUIREMENTS:

1. Must hold an active Nevada dental license in good standing;
2. Must hold an active Nevada permit to administer moderate sedation or general anesthesia, in good standing for the past three (3) years;
3. Submit a curriculum vitae and any other information you may want considered;
4. List any additional advanced training or certification you have achieved

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry or dental hygiene (attach additional sheet if necessary):

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry or dental hygiene (attach additional sheet if necessary):

Office (1) name: _____

Office (1) address: _____

Office (1) telephone: _____

Office (2) name: _____

Office (2) address: _____

Office (2) telephone: _____

SIGNATURE OF LICENSEE _____

DATE _____

Added 7/27/2020

Proposed Application Changes to Anesthesia Evaluator/Inspector Form

Nevada State Board of Dental Examiners



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RECRUITMENT FOR MODERATE SEDATION AND GENERAL ANESTHESIA ON-SITE EVALUATORS/INSPECTORS

****PROPOSED DRAFT****

The Nevada State Board of Dental Examiners (NSBDE) is actively recruiting part-time employees as on-site Moderate Sedation/General Anesthesia Evaluators/Inspectors. As an Evaluator/Inspector for the Board, you will be assigned to evaluate the administration of moderate sedation (MS) or general anesthesia (GA) for applicants applying for an administrator permit. In addition, you will be assigned to perform on-site re-evaluations of permit holders every five (5) years. Also, Evaluators/Inspectors will inspect dental offices/facilities for equipment, emergency drugs, sedation or anesthesia records and informed consent.

Schedules are flexible as you will determine your availability.

Requirements:

Those who wish to be considered for part-time employment as an Evaluator/Inspector for the Board must meet the following:

- Must hold an active Nevada dental license;
- Must hold an active Nevada permit to administer moderate sedation or general anesthesia, for a minimum of three (3) years preceding your appointment

Compensation and Continuing Education:

The Board pays a rate of \$50.00 per hour for those who participate in on-site evaluations/inspections. In addition, mileage/per diem reimbursement will be made at the current rate for all State of Nevada employees. Evaluators/Inspectors will also receive four (4) hours of continuing education credit for the MS/GA Evaluator/Inspector calibration.

Any licensee interested in part-time employment as a Moderate Sedation/General Anesthesia Evaluator/Inspector for the Board, may submit the application by email to nsbde@nsbde.nv.gov; by facsimile to (702) 486-7046 or by mail to the address above. If you have any questions, feel free to contact the Board office at (702) 486-7044.

Applications received will be placed before the Board for consideration at a regularly scheduled meeting of the Board. Those applicants approved by the Board are required to complete the following:

- Complete the Moderate Sedation/General Anesthesia Evaluator/Inspector calibration;
- Perform one (1) ride-along evaluation/inspection

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(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) _____

FULL MAILING ADDRESS _____

TELEPHONE _____

EMAIL _____ LICENSE No: _____ Permit No: _____

****PROPOSED DRAFT****

APPLICATION FOR ANESTHESIA EVALUATOR/INSPECTOR

Pursuant to NAC 631.2221, I hereby make application for the part-time position of Anesthesia Evaluator/Inspector.

REQUIREMENTS:

1. Must hold an active Nevada dental license;
2. Must hold an active Nevada permit to administer moderate sedation or general anesthesia and has practiced moderate sedation or general anesthesia for a minimum of three (3) years preceding your appointment

1. Submit a curriculum vitae and any other information you may want considered.
2. List any prior experience in the evaluation of dentists using Moderate Sedation or General Anesthesia:

3. List any prior experience in the administration of Moderate Sedation or General Anesthesia:

4. Do you have any pending Board complaints against you? YES / NO
5. Do you have any history of Board Action(s)? YES / NO
If yes, please describe (attach additional sheet if necessary):

6. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry or dental hygiene (attach additional sheet if necessary):

7. List of all office addresses in the State of Nevada in which you are currently practicing dentistry or dental hygiene (attach additional sheet if necessary):
Office (1) name: _____
Office (1) address: _____
Office (1) telephone: _____

SIGNATURE OF LICENSEE _____

DATE _____

**Inspection / Evaluation Form:
General Anesthesia**



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GENERAL ANESTHESIA INSPECTION AND EVALUATION REPORT

<input type="checkbox"/> SITE/ADMINISTRATOR EVALUATION		<input type="checkbox"/> SITE ONLY INSPECTION	
Name of Practitioner:		Proposed Dates:	
Location to be Inspected:		Telephone Number:	
Date of Evaluation:		Time of Evaluation:	
		Start Time:	Finish Time:

Evaluators

1.
2.
3.

INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM:

1. Prior to inspection/evaluation, review criteria and guidelines for General Anesthesia (GA) Inspection and Evaluation in the Examiner Manual.
2. Each evaluator should complete a GA Site/Administrator Evaluation or Site Only Inspection form independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the inspection/evaluation report and return to the Board office within **72 hours** after inspection/evaluation has been completed.

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <u>ALL</u> operatories used must meet criteria	YES	NO
1. Operating Room		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?		
b. Does operating room permit an operating team consisting of at least three individuals to freely move about the patient?		
2. Operating Chair or Table		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?		
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?		
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?		
3. Lighting System		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?		
b. Is there a battery powered backup lighting system?		
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?		
4. Suction Equipment		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities airway?		
b. Is there a backup suction device available which can operate at the time of general power failure?		
5. Oxygen Delivery System		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?		
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?		
6. Recovery Area (Recovery area can be operating room)		
a. Does recovery area have available oxygen?		
b. Does recovery area have available adequate suction?		
c. Does recovery area have adequate lighting?		
d. Does recovery area have available adequate electrical outlets?		

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) <u>ALL</u> operatories used must meet criteria (continued)	YES	NO
7. Ancillary Equipment <i>Must be</i> in Good Operating Condition?	YES	NO
a. Are there oral airways?		
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office <i>suction</i> outlets?		
c. Is there a sphygmomanometer and stethoscope?		
d. Is there adequate equipment for the establishment of an intravenous infusion?		
e. Is there a pulse oximeter?		
f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?		
g. Endotracheal tubes and appropriate connectors?		
h. An endotracheal tube type forcep?		
i. An electrocardioscope and defibrillator?		
j. A capnography monitor		

DRUGS	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?				
2. Corticosteroid drug available?				
3. Bronchodilator drug available?				
4. Appropriate drug antagonists available?				
5. Antihistaminic drug available?				
6. Anticholinergic drug available?				
7. Coronary artery vasodilator drug available?				
8. Anticonvulsant drug available?				
9. Oxygen available?				
10. Muscle relaxant?				
11. Antiarrhythmic?				
12. Antihypertensive?				
13. Intravenous medication for the treatment of cardiopulmonary arrest?				

SITE INSPECTION

RECORDS – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?		
2. An adequate physical evaluation of the patient?		
3. Includes American Society of Anesthesiologist physical status classification?		
4. Anesthesia records show patient's vital signs?		
5. Anesthesia records listing the drugs administered, amounts administered, and time administered?		
6. Anesthesia records reflecting the length of the procedure?		
7. Anesthesia records reflecting any complications of the procedure, if any?		
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for administration of anesthesia?		
	YES	NO
Is there general anesthesia or moderate sedation administered at the dentist office to a patient of 12 years of age or younger (if yes, complete section below)		
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks		
2. Appropriate size blood pressure cuffs		
3. A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger		
4. Appropriately sized endotracheal tubes and appropriate connectors		
5. Appropriate pads for use with an electrocardioscope and defibrillator		
6. Small oral and nasal airways		
ADDITIONAL EMERGENCY DRUGS FOR 12 YEARS OF AGE AND YOUNGER	Yes	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector		
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	Yes	NO
1. Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry		

SITE INSPECTION RESULTS

Evaluator Overall Recommendation of Site Inspection
 Pass Fail Pass Pending*

**If Pass Pending, please list all deficiencies*

Comments: _____

Signature of Evaluator

Date

THIS CONCLUDES THE SITE INSPECTION REPORT.

FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION.

EVALUATION

<i>DEMONSTRATION OF GENERAL ANESTHESIA / DEEP SEDATION</i>	YES	NO
1. Who administered General Anesthesia? Dentist's Name: _____		
2. Was case demonstrated within the definition of general anesthesia?		
3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?		
4. Was the patient monitored while recovering from anesthesia? Monitored by whom: _____ Title: _____		
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?		
6. Were personnel competent <i>and knowledgeable of equipment operation and location</i> ?		
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life threatening situation to the patient?		
4. What was the length of the case demonstrated? _____		

<i>SIMULATED EMERGENCIES</i> – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. 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?		

<i>SIMULATED EMERGENCIES</i> – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of: (continued)	YES	NO
11. Hypoglycemia?		
12. Asthma?		
13. Respiratory depression?		
14. Local anesthesia overdose?		
15. Hyperventilation syndrome?		
16. Syncope?		

Evaluator Overall Recommendation of Evaluation <input type="checkbox"/> Pass <input type="checkbox"/> Fail
--

Comments: _____

Signature of Evaluator

Date

**Inspection / Evaluation Form:
Moderate Sedation**



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MODERATE SEDATION INSPECTION AND EVALUATION REPORT

<input type="checkbox"/> ON-SITE/ADMINISTRATOR EVALUATION	<input type="checkbox"/> SITE ONLY INSPECTION
Name of Practitioner:	Proposed Dates:
Location to be Inspected:	Telephone Number:
Date of Evaluation:	Time of Evaluation/Inspection:
	Start Time: Finish Time:

Evaluators

1.
2.
3.

INSTRUCTIONS FOR COMPLETING MODERATE SEDATION ON-SITE INSPECTION AND EVALUATION FORM:

1. Prior to evaluation, review criteria and guidelines for Moderate Sedation (MS) On-Site/Administrator and Site Only Inspection in the Examiner Manual.
2. Each evaluator should complete a MS On-Site/Administrator or Site Only Inspection report independently by checking the appropriate answer box to the corresponding question or by filling in a blank space.
3. After answering all questions, each evaluator should make a separate overall "pass" or "fail" recommendation to the Board. "Fail" recommendations must be documented with a narrative explanation.
4. Sign the report and return to the Board office within **72 hours** after evaluation has been completed.

SITE INSPECTION

OFFICE FACILITIES AND EQUIPMENT	YES	NO
1. Operating Room		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?		
b. Does the operating theater permit an operating team consisting of at least three individuals to freely move about the patient?		
2. Operating Chair or Table		
a. Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?		
b. Does operating chair or table permit the team to quickly alter the patient's position in an emergency?		
c. Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?		
3. Lighting System		
a. Does lighting system permit evaluation of the patient's skin and mucosal color?		
b. Is there a battery powered backup lighting system?		
c. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?		
4. Suction Equipment		
a. Does suction equipment permit aspiration of the oral and pharyngeal cavities?		
b. Is there a backup suction device available which can operate at the time of General power failure?		
5. Oxygen Delivery System		
a. Does oxygen delivery system have adequate full face masks and appropriate connectors and is capable of delivering oxygen to the patient under positive pressure?		
b. Is there an adequate backup oxygen delivery system which can operate at the time of general power failure?		
6. Recovery Area (Recovery area can be operating room)		
a. Does recovery area have available oxygen?		
b. Does recovery area have available adequate suction?		
c. Does recovery area have adequate lighting?		
d. Does recovery area have available adequate electrical outlets?		
7. Ancillary Equipment <i>Must be</i> in Good Operating Condition		
a. Are there oral airways?		
b. Is there a tonsillar or pharyngeal type suction tip adaptable to all office suction outlets?		
c. Is there a sphygmomanometer and stethoscope?		
d. Is there adequate equipment for the establishment of an intravenous infusion?		
e. Is there a pulse oximeter?		

SITE INSPECTION

<i>DRUGS</i>	DRUG NAME	EXPIRES	YES	NO
1. Vasopressor drug available?				
2. Corticosteroid drug available?				
3. Bronchodilator drug available?				
4. Appropriate drug antagonists available?				
5. Antihistaminic drug available?				
6. Anticholinergic drug available?				
7. Coronary artery vasodilator drug available?				
8. Anticonvulsant drug available?				
9. Oxygen available?				

<i>RECORDS</i> – Are the following records maintained?	YES	NO
1. An adequate medical history of the patient?		
2. An adequate physical evaluation of the patient?		
3. Sedation records show patient's vital signs?		
4. Includes American Society of Anesthesiologists physical status classification?		
5. Sedation records listing the drugs administered, amounts administered, and time administered?		
6. Sedation records reflecting the length of the procedure?		
7. Sedation records reflecting any complications of the procedure, if any?		
8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian's consent for sedation?		

	YES	NO
Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger (if yes, complete section below)		
ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER	YES	NO
1. Bag valve mask with appropriate size masks		
2. Appropriate size blood pressure cuffs		
3. Appropriate size oral and nasal airways		
ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER	Yes	NO
1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector		
ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER	Yes	NO
1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry		

<p align="center"> Evaluator Overall Recommendation of Site Inspection <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Pass Pending* </p>
--

**If Pass Pending, please list all deficiencies*

Comments: _____

Signature of Evaluator

Date

THIS CONCLUDES THE SITE INSPECTION REPORT.

FOR AN EVALUATION OF AN ADMINISTERING PERMIT, CONTINUE TO NEXT SECTION.

EVALUATION

<i>DEMONSTRATION OF MODERATE SEDATION</i>	YES	NO
1. Who administered moderate sedation? Dentist's Name: _____		
2. Was sedation case demonstrated within the definition of moderate sedation?		
3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter?		
4. Was the patient monitored while recovering from sedation? Monitored by whom: _____		
5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?		
6. Were personnel competent?		
7. Are all personnel involved with the care of patients certified in basic cardiac life support?		
8. Was dentist able to perform the procedure without any action or omission that could have resulted in a life threatening situation to the patient?		
9. What was the length of the case demonstrated? _____		
<i>SIMULATED EMERGENCIES</i> – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:	YES	NO
1. 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. Local anesthesia overdose?		
15. Hyperventilation syndrome?		
16. Syncope?		

Evaluator Overall Recommendation of Evaluation
 Pass Fail

Comments: _____

Signature of Evaluator

Date

Responses for Sedation Scenarios

Nevada State Board of Dental Examiners



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Laryngospasm Algorithm (AO)

R - Recognition of Emergency

Assess mild vs. severe airway obstruction

Mild: good air exchange; responsive and can cough forcefully

Severe: poor or no air exchange; weak or ineffective cough or no cough; high-pitched noise while inhaling or no noise at all; increased respiratory difficulty; possible cyanosis; unable to speak; unable to move air

Typically caused by water, fluid, foreign body or tooth debris when a patient is too deeply sedated

Most often, patient will cough, then show signs of difficulty breathing

Remove all retrievable material from mouth

Call for assistance: retrieve O₂, AED, and emergency kit

P - Position

Supine

A - Airway

Suction airway with yankauer suction device

Perform head tilt-chin lift, jaw thrust

If partial obstruction and can cough, encourage vigorous coughing; call 911 if problem worsens or persists

If total obstruction or with significant partial obstruction and inability to cough, call 911; place in supine position; begin positive pressure ventilation using BVM at 10 L/min 100% O₂; begin CPR if no pulse

If patient becomes unresponsive, call 911; place in supine position; begin positive pressure ventilation using BVM at 10 L/min 100% O₂; begin CPR if no pulse

B - Breathing

Breathing check incorporated above

C - Circulation

If no pulse, move to **Cardiac Arrest Algorithm**

D - Diagnosis, Definitive Therapy

Moderate sedation providers: Administer reversal agents until the patient is able to breath on their own or until EMS arrives

Naloxone 0.4 mg IV (every 2-3 minutes) [Opioid reversal]

Flumazenil 0.5 mg IV only per package insert (repeat twice if needed every 1 minute)

General Anesthesia providers: Administer **Succinylcholine 20mg IV push**

E - Emergency Medical Services - *If EMS is activated*, facilitate access of emergency personnel by waiting for arrival and escort to office

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Bronchospasm (Asthma Attack) Algorithm (AO 2015)

R - Recognition of Emergency

Check for evidence of bronchospasm (expiratory wheezing; dyspnea; may be gradual to sudden in onset)

May have increased respiratory efforts

Call for assistance: retrieve O₂, AED, and emergency kit

Remove materials from mouth

P - Position

Comfortable for patient, usually sitting upright

A - Airway

Assess airway patency

B - Breathing

Assess breathing

If breathing, reassure patient; may consider oxygen as directed by pulse oximetry, otherwise 100% O₂ @ 10 L/min via facemask

If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂*

C - Circulation

Assess pulse

If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes

If no pulse, call 911; move to Cardiac Arrest Algorithm

D - Diagnosis, Definitive Therapy

Auscultate lungs; examine airway for signs of airway edema

Administer *albuterol* inhaler 1-3 puffs (90 mcg each puff) repeat every 2-3 minutes up to 12 puffs

Consider calling 911 if symptoms not relieved

May use spacer (*AeroChamber*) for child or sedated/unconscious adult

For severe bronchospasm not responsive to *albuterol*

Administer *1:1000 epinephrine* (1mg/mL), 0.3 mg (0.3 mL) IM (upper thigh), repeat every 5 minutes until stable

May use *EpiPen* IM (upper thigh) in adults, *EpiPen Jr* IM (upper thigh) in children

Call 911

E - Emergency Medical Services

If EMS activated, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

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Airway Obstruction–Foreign Body Algorithm (AO 2015)

R - Recognition of Emergency

Assess mild vs. severe airway obstruction

Mild: good air exchange; responsive and can cough forcefully

Severe: poor or no air exchange; weak or ineffective cough or no cough; high-pitched noise while inhaling or no noise at all; increased respiratory difficulty, possible cyanosis; unable to speak; clutching the neck with the thumb and fingers, making the universal choking sign; unable to move air

Sudden disappearance of tooth, instrument or foreign object/debris in mouth

Remove all retrievable material from mouth

Call for assistance: retrieve O₂, AED, and emergency kit

P - Position

If sudden loss of object without airway obstruction, let the patient attempt to expel the foreign object

If acute partial or total loss of airway, position yourself to perform the Heimlich maneuver

If patient is unconscious, place into supine position

A - Airway

If patient is cooperative and breathing, let the patient attempt to expel the foreign object

If partial obstruction and can cough, encourage vigorous coughing; examine airway for retrieval of lost object; repeat sequence; call 911 if problem worsens or persists

If total obstruction or with significant partial obstruction and inability to cough, perform Heimlich maneuver (ages ≥ 1 year, chest thrusts in pregnant women, obese patients; back blows and chest compressions in infants) until ventilation restored or patient becomes unresponsive

If patient becomes unresponsive, call 911; place in supine position; examine airway quickly and remove an object if you see it; begin CPR

B - Breathing

Breathing check incorporated above

C - Circulation

If awake, check pulse and blood pressure; record vital signs at least every 5 minutes

If pulse but unresponsive, call 911; open the airway, remove the object if you see it; begin CPR; each time you give breaths, open the victim's mouth wide and look for the object; if you see an object, remove it with your fingers; if you do not see an object, keep doing CPR

If no pulse, move to Cardiac Arrest Algorithm

D - Diagnosis, Definitive Therapy

Consider chest, head and neck, and/or abdominal radiographs to identify location of object

E - Emergency Medical Services

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Respiratory Depression Algorithm (AO 2015)

R-Recognition of emergency

Absence of breathing or decrease in respiratory rate/volume
Generally associated with loss of consciousness or altered mental status
Call for assistance: retrieve O₂, AED, and emergency kit
Remove materials from mouth

P-Position

Comfortable position if conscious
If unconscious, supine position with legs elevated

A-Airway

Assess airway patency
If obstructed, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)
If apneic, perform rescue breathing*

B-Breathing

Check breathing
If breathing, oxygen as directed by pulse oximetry; otherwise 100% O₂, 10 L/min via facemask
If not breathing, call 911; positive pressure ventilation using BVM at 10L/min 100% O₂*

C-Circulation

Check pulse (up to 10 seconds; carotid artery ages ≥ 1 year)
If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes
If no pulse, call 911; move to **Cardiac Arrest Algorithm**

D-Diagnosis, Definitive Therapy

Auscultate lungs
May consider the use of airway adjuncts
Search for cause of respiratory depression (e.g., syncope, medications, hypoglycemia, stroke, hypercarbia)
Call 911 if the respiratory depression is not easily managed (difficult airway), no likely cause is identified (e.g., syncope), or does not resolve within a few minutes

E-Emergency medical services

If EMS activated, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

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Allergic Reaction Algorithm (AO 2015)

R - Recognition of Emergency

Check for evidence of an acute allergy (flushing, urticaria, nausea, angioedema, wheezing, hypotension, itching)
Call for assistance: retrieve O₂, AED, and emergency kit
Remove all materials from mouth

P - Position

Position patient comfortably
With airway compromise, sit upright

A - Airway

Assess airway patency
If obstructed, head tilt-chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)
Monitor for upper airway obstruction (due to airway edema)

B - Breathing

Check breathing
If breathing, O₂ as directed by pulse oximetry, otherwise 100% O₂ @ 10 L/min via facemask
If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂

C - Circulation

Assess pulse (carotid artery)
If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes
If no pulse, call 911; move to Cardiac Arrest Algorithm

D - Diagnosis, Definitive Therapy

Auscultate lungs; examine airway for signs of airway edema
For cutaneous reaction, consider diphenhydramine (Benadryl), 50 mg (0.5 mg/kg in children) IM (deltoid or upper thigh)
For anaphylaxis
(1.) Administer 1:1,000 epinephrine (1mg/mL) 0.3mg IM (upper thigh), repeat every 5 minutes until stable
May use EpiPen IM (upper thigh) in adults, EpiPen Jr IM (upper thigh) in children
(2.) Call 911
(3.) Administer diphenhydramine, 50 mg (0.5 mg/kg in children) IM (deltoid or upper thigh)
(4.) Consider albuterol, 4-6 puffs inhalation for bronchospasm
If hypotensive, place in supine position with legs elevated

E - Emergency Medical Services

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Seizure Algorithm (6/2015)

R - Recognition of Emergency

Generalized tonic-clonic (*grand mal*) or clonic seizures
Call for assistance: retrieve O₂, AED, and emergency kit

P - Position

Remove materials from mouth only if possible to do so safely
Supine position
Protect the patient against physical injury

A - Airway

Assess airway patency
If obstructed, perform head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

B - Breathing

Assess breathing
If breathing, O₂ as directed by pulse oximetry; otherwise 100% O₂ @ 10 L/min via facemask
If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂*
Patient may experience respiratory depression while in a postictal state; be prepared to assist breathing

C - Circulation

Assess pulse (carotid artery)
If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes if possible
If no pulse, call 911; move to **Cardiac Arrest Algorithm**

D - Diagnosis, Definitive Therapy

Call for family member to come assist you in evaluating the seizure (they will have a better idea of what is typical vs. atypical for this particular patient)
Look for specific cause of seizure (e.g., epilepsy history, syncope)
May administer *midazolam*, 0.1 – 0.2 mg/kg up to a total dose of 10mg IM (adults) or 0.1 mg/kg up to a total dose of 3 mg IM (children), usually for prolonged, repeated seizures
May administer *midazolam* IN (intra-nasally) 0.2mg/kg up to 10mg
Call 911 for new, continuous, or recurring seizures

E - Emergency Medical Services

If EMS activated, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

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Local Anesthesia Overdose Algorithm (AO 2015)

R - Recognition of Emergency

Patient begins to act differently after local anesthesia is given (agitated, confused, slurred speech, drowsy/unconscious, seizures)

Call for assistance: retrieve O₂, AED, and emergency kit

P - Position

Remove materials from mouth

Supine position

Protect the patient against physical injury

A - Airway

Assess airway patency

If obstructed, perform head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

B - Breathing

Check breathing

If breathing, O₂ as directed by pulse oximetry; otherwise 100% O₂ @ 10 L/min via facemask

If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂*

If the patient has a seizure, they may experience respiratory depression while in a postictal state; be prepared to assist breathing

C - Circulation

Check pulse (carotid artery)

If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes

If no pulse, call 911; move to Cardiac Arrest Algorithm

D - Diagnosis, Definitive Therapy

Call 911, inform them that you think it might be a local anesthetic overdose

For the most part, this is a preventable condition

E - Emergency Medical Services

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Hyperglycemia Algorithm (AO 2015)

R - Recognition of emergency

Hyperventilation, tachycardia, confusion, possibly 'sweet' breath, hypotension
Medical history evidence of hyperglycemia risk (e.g., history of insulin-dependent diabetes)
Call for assistance: retrieve O₂, AED, and emergency kit
Remove materials from mouth

P - Position

Comfortable for patient, usually sitting upright
If unconscious, supine with legs elevated

A - Airway

Assess airway patency
If obstructed, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

B - Breathing

Check breathing
If breathing, O₂ as directed by pulse oximetry; otherwise 100% O₂ @ 10 L/min via facemask
*If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂**

C - Circulation

Check pulse (up to 10 seconds; carotid artery ages ≥ 1 year)
If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes
If no pulse, call 911; move to Cardiac Arrest Algorithm

D - Diagnosis, Definitive Therapy

Call 911-EMS will administer *insulin* as needed
If glucometer is available, measure blood glucose (best to check blood sugar on diabetic patients before and after treatment)

E - Emergency medical services

If EMS activated, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch for chest rise; avoid stomach insufflation

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Hypoglycemia Algorithm (AO 2015)

R - Recognition of emergency

Diaphoresis, tachycardia, confusion, and potentially loss of consciousness
Medical history evidence of hypoglycemia risk (e.g., history of insulin-dependent diabetes)
Call for assistance: retrieve O₂, AED, and emergency kit
Remove materials from mouth

P - Position

Comfortable for patient, usually sitting upright
If unconscious, supine with legs elevated

A - Airway

Assess airway patency
If obstructed, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

B - Breathing

Assess breathing
If breathing, oxygen as directed by pulse oximetry, otherwise 100% O₂ @ 10 L/min via facemask
If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂*

C - Circulation

Assess pulse
If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes
If no pulse, call 911; move to Cardiac Arrest Algorithm

D - Diagnosis, Definitive Therapy

If glucometer is available, measure blood glucose (best to check blood sugar on diabetic patients before and after treatment)
If awake, administer oral fluids containing sugar
If unconscious, call 911

E - Emergency medical services

If EMS activated, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

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Hypertension Algorithm (AO 2015)

R - Recognition of Emergency

Take blood pressure

Hypertensive urgency: BP above 220/120 mm Hg but no signs or symptoms

Hypertensive crisis: hypertension with evidence of myocardial ischemia, neurologic dysfunction, significant bradycardia, pulmonary edema, signs of stroke or visual disturbances

Call for assistance: retrieve O₂, AED, and emergency kit

Remove materials from mouth

P - Position

Comfortable for patient, usually sitting upright

A - Airway

Assess airway patency

If obstructed, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

B - Breathing

Assess breathing

If breathing, oxygen as directed by pulse oximetry; otherwise 100% O₂ @ 10 L/min via facemask

If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂*

C - Circulation

Assess pulse

If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes

If no pulse, call 911; move to Cardiac Arrest Algorithm

D - Diagnosis, Definitive Therapy

Look for specific cause of hypertension (e.g., anxiety, cardiovascular disease, drug interaction, full bladder, hypoxia, pain) and treat specific cause (e.g., provide additional local anesthesia for pain control)

If hypertensive urgency, consider immediate physician referral

If hypertensive crisis, call 911

E - Emergency Medical Services

If EMS activated, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

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Hypotension Algorithm (AO 2015)

R - Recognition of emergency

Blood pressure is significantly below normal for the patient or causing signs and symptoms of hypoperfusion (e.g., dizziness, lightheadedness, nausea)
Call for assistance: retrieve O₂, AED, and emergency kit
Remove materials from mouth

P - Position

Supine with legs elevated

A - Airway

Assess airway patency
If obstructed, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

B - Breathing

Check breathing
If breathing, oxygen as directed by pulse oximetry; otherwise, 100% O₂ @ 10 L/min via facemask
If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂*

C - Circulation

Check pulse (carotid artery)
If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes
If no pulse, call 911; move to Cardiac Arrest Algorithm

D - Diagnosis, Definitive Therapy

Look for specific cause of hypotension (e.g., anxiety, cardiovascular disease, hypovolemia, drugs, hypercarbia, hypoxia, pain, postural change)
Treat the specific cause (e.g., give O₂ for hypoxia)
If treatment of the specific cause fails to resolve the problem, call 911

E - Emergency medical services

If EMS activated, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

*Adults: 1 breath every 5–6 seconds; infants to adolescents: 1 breath every 3–5 seconds. Watch for chest rise; avoid stomach insufflation

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Hyperventilation Syndrome Algorithm (AO 2015)

R - Recognition of Emergency

Increased rate of ventilation; patient visibly anxious; chest pain/palpitation, paresthesia
Call for assistance: retrieve O₂, AED, and emergency kit
Remove materials from mouth

P - Position

Comfortable for patient, usually sitting upright

A - Airway

Monitor for upper airway obstruction

B - Breathing

Monitor breathing rate-try to get them to slow down and relax
Reassure patient

C - Circulation

Check heart rate and blood pressure; record vital signs at least every 5 minutes

D - Diagnosis, Definitive Therapy

Auscultate lungs

If wheezing, go to Bronchospasm Algorithm

Coach patient to breathe more slowly

Have patient rebreathe CO₂

Consider nitrous oxide

If unable to reverse signs and symptoms, consider calling 911

E - Emergency Medical Services

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Syncope Algorithm (AO 2015)

R - Recognition of emergency

Sudden loss of consciousness
Call for assistance: retrieve O₂, AED, and emergency kit
Remove materials from mouth

P - Position

Supine with legs elevated

C - Circulation

Check pulse (up to 10 seconds; carotid artery ages ≥ 1 year)
If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes
If no pulse, call 911; move to Cardiac Arrest Algorithm

A - Airway

Assess airway patency
If obstructed, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

B - Breathing

Check breathing
If breathing, oxygen as directed by pulse oximetry, otherwise 100% oxygen, 10 L/min via facemask
If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂*

D - Diagnosis, Definitive Therapy

Search for cause of syncope (e.g., fear, hypotension, hypoxia, hypoglycemia, arrhythmia, stroke, postural hypotension, epilepsy)
Call 911 if there is suspicion that the loss of consciousness may reflect a potentially serious condition

E - Emergency medical services

If EMS activated, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

*Adults: 1 breath every 5–6 seconds; infants to adolescents: 1 breath every 3–5 seconds. Watch for chest rise; avoid stomach insufflation

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Angina Algorithm (6/2015)

R - Recognition of Emergency

Patient complains of chest/upper gastric pain/pressure; may radiate to left arm, jaw, back
May have nausea, dyspnea, palpitation, dizziness, anxiety, diaphoresis, hypotension, jugular venous distension
Call for assistance: retrieve O₂, AED, and emergency kit
Remove material from mouth

P - Position

Comfortable for patient, usually sitting upright

A - Airway

Assess airway patency
If obstructed, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust, oral/nasal airway)

B - Breathing

Assess breathing
If breathing, provide supplement oxygen via facemask @ 10L/min 100% O₂
If evidence of breathing difficulty not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂

C - Circulation

Assess pulse
If pulse, check heart rate and blood pressure, record vital signs at least every 5 minutes
If no pulse, call 911; move to **Cardiac Arrest Algorithm**

D - Diagnosis, Definitive Therapy

If no history of angina pectoris or pain different from patient's experience, call 911
If systolic BP > 90mm Hg and no recent phosphodiesterase inhibitor use (e.g., Viagra®, Cialis®, Levitra®), administer **nitroglycerin** 0.4mg sublingual tablet or spray*
May give up to 3 doses over 10 minutes
If no relief after one dose of nitroglycerin, consider it to be a myocardial infarction; call 911
If 911 called, administer 325mg **aspirin** chewed then swallowed with water (*Contraindicated if aspirin allergy*)
If chest pain is severe, may consider 50% **nitrous oxide**

E - Emergency Medical Services

Facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

*Nitrates may cause severe hypotension refractory to vasopressor agents

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Myocardial Infarction Algorithm (AO 2015)

R - Recognition of Emergency

Patient may complain of substernal, crushing chest pain or pressure that may radiate to the left side of the body (shoulder, jaw, arm); nausea; dyspnea; palpitation; dizziness; anxiety; diaphoresis

Call for assistance: retrieve O₂, AED, and emergency kit

Call 911

Remove all materials from mouth

P - Position

Position patient comfortably, usually sitting upright

C - Circulation

Assess pulse (carotid artery)

If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes; continuously monitor pulse oximetry and heart rate

If no pulse, call 911; move to Cardiac Arrest Algorithm

A - Airway

Patients will be conscious and talking to you verifying a patent airway

B - Breathing

Patients will be conscious and talking to you verifying breathing

D - Drugs

Administer O₂ via facemask @ 10L/min 100% O₂

*If systolic BP > 90mm Hg and no recent phosphodiesterase inhibitor use (e.g., Viagra®, Cialis®, Levitra®), administer nitroglycerin 0.4mg sublingual tablet or spray**

Administer 50% nitrous oxide

Administer 325mg aspirin chewed then swallowed with water (*Contraindicated if aspirin allergy*)

E - Emergency Medical Services

Facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

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Cardiac Arrest Algorithm (AO 2015)

R - Recognition of Emergency

Sudden loss of consciousness (not breathing and no pulse)
Call for assistance: retrieve O₂, AED, and emergency kit
Remove all materials from mouth

P - Position

Supine with legs elevated

C - Circulation

Assess pulse (up to 10 sec; carotid artery for ages ≥ 1 year)
If no pulse, call 911; start BLS: "Push Hard, Push Fast," at least 100 compressions/min; 30:2 compressions:breaths; 15:2 for children (ages 1 year to prepubescent) with 2 rescuers; continue until AED available or patient starts to move

A - Airway

Head tilt-chin lift
If it is difficult to provide positive pressure ventilation with BVM, consider airway adjuncts (jaw thrust, oral/nasal airway)

B - Breathing

Positive pressure ventilation with BVM @ 10L/min 100% O₂ (2 breaths for every 30 compressions)

D - Defibrillation (ages ≥ 1 year)

As soon as AED is available, turn it on
Follow instructions from AED
Connect adult or pediatric pads
Stop compressions while AED is analyzing rhythm
Immediately resume compressions after shock or no shock
AED will prompt you to the analyze rhythm every 2 minutes

E - Emergency Medical Services

Facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)

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Stroke Algorithm (AO 2015)

R - Recognition of emergency

Sudden headache, loss of balance, or altered consciousness, thought, speech, or vision;
complaint of sudden numbness or weakness of the face, arm, or leg, especially on one side
of the body

Call for assistance: retrieve O₂, AED, and emergency kit
Remove materials from mouth

P - Position

Comfortable for patient, usually sitting upright

A - Airway

Assess airway patency

If obstructed, head tilt–chin lift (reposition if necessary with airway adjuncts like jaw thrust,
oral/nasal airway)

B - Breathing

Assess breathing

If breathing, oxygen as directed by pulse oximetry, otherwise 100% O₂ @ 10 L/min via
facemask

If not breathing, call 911; positive pressure ventilation with BVM @ 10L/min 100% O₂*

C - Circulation

Assess pulse

If pulse, check heart rate and blood pressure; record vital signs at least every 5 minutes

If no pulse, call 911; move to *Cardiac Arrest Algorithm*

D - Diagnosis, Definitive Therapy

Look for altered speech, facial droop, arm drift (Cincinnati Prehospital Stroke Scale)

If stroke suspected, call 911

E - Emergency medical services

If EMS activated, facilitate access of emergency personnel by waiting for arrival and
escorting to office (if third office person)

*Adults: 1 breath every 5–6 seconds; infants to adolescents: 1 breath every 3–5 seconds. Watch
for chest rise; avoid stomach insufflation