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)
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.
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]:

Revised 08/2018
Application Form:
Anesthesia Evaluator/Inspector
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

03/2020
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 ___________________
Proposed Application Changes to Anesthesia Evaluator/Inspector Form

Added 7/27/2020
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

07/2020
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: __________ 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 ________________

07/2020
Inspection / Evaluation Form:
General Anesthesia
GENERAL ANESTHESIA
INSPECTION AND EVALUATION
REPORT

<table>
<thead>
<tr>
<th>SITE/ADMINISTRATOR EVALUATION</th>
<th>SITE ONLY INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Practitioner:</td>
<td>Proposed Dates:</td>
</tr>
<tr>
<td>Location to be Inspected:</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Date of Evaluation:</td>
<td>Time of Evaluation:</td>
</tr>
<tr>
<td></td>
<td>Start Time:</td>
</tr>
<tr>
<td></td>
<td>Finish Time:</td>
</tr>
</tbody>
</table>

**Evaluators**

1. 
2. 
3. 

**INSTRUCTIONS FOR COMPLETING GENERAL ANESTHESIA INSPECTION AND EVALUATION FORM:**


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.

*Revised 10-2018*
## SITE INSPECTION

<table>
<thead>
<tr>
<th>OFFICE FACILITIES AND EQUIPMENT (NAC 631.2227) ALL operatories used must</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

### 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?
### Ancillary Equipment Must be in Good Operating Condition?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Are there oral airways?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Is there a tonsilar or pharyngeal type suction tip adaptable to all office <em>suction</em> outlets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is there a sphygmomanometer and stethoscope?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Is there adequate equipment for the establishment of an intravenous infusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Is there a pulse oximeter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. A laryngoscope complete with an adequate selection of blades and spare batteries and bulbs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Endotracheal tubes and appropriate connectors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. An endotracheal tube type forcep?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. An electrocardioscope and defibrillator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. A capnography monitor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Drugs

<table>
<thead>
<tr>
<th></th>
<th>Drug Name</th>
<th>Expired</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Vasopressor drug available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Corticosteroid drug available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Bronchodilator drug available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Appropriate drug antagonists available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Antihistaminic drug available?</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>Anticholinergic drug available?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>Coronary artery vasodilator drug available?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>Anticonvulsant drug available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Oxygen available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Muscle relaxant?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Antiarrhythmic?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Antihypertensive?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Intravenous medication for the treatment of cardiopulmonary arrest?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# SITE INSPECTION

**RECORDS** - Are the following records maintained?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>An adequate medical history of the patient?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>An adequate physical evaluation of the patient?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Includes American Society of Anesthesiologist physical status classification?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Anesthesia records show patient’s vital signs?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Anesthesia records listing the drugs administered, amounts administered, and time administered?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Anesthesia records reflecting the length of the procedure?</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Anesthesia records reflecting any complications of the procedure, if any?</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>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?</td>
<td></td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Bag valve mask with appropriate size masks</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Appropriate size blood pressure cuffs</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>A laryngoscope complete with an adequate selection of blades for use on patients 12 years of age and younger</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Appropriately sized endotracheal tubes and appropriate connectors</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Appropriate pads for use with an electrocardioscope and defibrillator</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Small oral and nasal airways</td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL EMERGENCY DRUGS FOR 12 YEARS OF AGE AND YOUNGER**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector</td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Anesthesia/Sedation Records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>DEMONSTRATION OF GENERAL ANESTHESIA / DEEP SEDATION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who administered General Anesthesia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist's Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Was case demonstrated within the definition of general anesthesia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. While anesthetized was patient continuously monitored during the procedure with a pulse oximeter and other appropriate monitoring equipment?</td>
<td></td>
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</tr>
<tr>
<td>4. Was the patient monitored while recovering from anesthesia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitored by whom:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from general anesthesia?</td>
<td></td>
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</tr>
<tr>
<td>6. Were personnel competent and knowledgeable of equipment operation and location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are all personnel involved with the care of patients certified in basic cardiac life support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. What was the length of the case demonstrated?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Laryngospasm?</td>
<td></td>
</tr>
<tr>
<td>2. Bronchospasm?</td>
<td></td>
</tr>
<tr>
<td>3. Emesis and aspiration of foreign material under anesthesia?</td>
<td></td>
</tr>
<tr>
<td>4. Angina pectoris?</td>
<td></td>
</tr>
<tr>
<td>5. Myocardial infarction?</td>
<td></td>
</tr>
<tr>
<td>6. Hypotension?</td>
<td></td>
</tr>
<tr>
<td>7. Hypertension?</td>
<td></td>
</tr>
<tr>
<td>8. Cardiac arrest?</td>
<td></td>
</tr>
<tr>
<td>9. Allergic reaction?</td>
<td></td>
</tr>
<tr>
<td>10. Convulsions?</td>
<td></td>
</tr>
</tbody>
</table>
**SIMULATED EMERGENCIES** - Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of: (continued)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Hypoglycemia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Asthma?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Respiratory depression?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Local anesthesia overdose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Hyperventilation syndrome?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Syncope?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluator Overall Recommendation of Evaluation**

- [ ] Pass
- [ ] Fail

Comments:

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Signature of Evaluator ____________________________ Date ____________________________
Inspection / Evaluation Form: Moderate Sedation
MODERATE SEDATION
INSPECTION AND EVALUATION
REPORT

<table>
<thead>
<tr>
<th>☐ ON-SITE/ADMINISTRATOR EVALUATION</th>
<th>☐ SITE ONLY INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Practitioner:</td>
<td>Proposed Dates:</td>
</tr>
<tr>
<td>Location to be Inspected:</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Date of Evaluation:</td>
<td>Time of Evaluation/Inspection:</td>
</tr>
<tr>
<td></td>
<td>Start Time:</td>
</tr>
<tr>
<td></td>
<td>Finish Time:</td>
</tr>
</tbody>
</table>

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

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

*Revised 10-2018*
# SITE INSPECTION

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

**RECORDS** – Are the following records maintained?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. An adequate medical history of the patient?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. An adequate physical evaluation of the patient?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sedation records show patient’s vital signs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Includes American Society of Anesthesiologists physical status classification?</td>
<td></td>
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</tr>
<tr>
<td>5. Sedation records listing the drugs administered, amounts administered, and time administered?</td>
<td></td>
<td></td>
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<tr>
<td>6. Sedation records reflecting the length of the procedure?</td>
<td></td>
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<tr>
<td>7. Sedation records reflecting any complications of the procedure, if any?</td>
<td></td>
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<tr>
<td>8. Written informed consent of the patient, or if the patient is a minor, his or her parent or guardian’s consent for sedation?</td>
<td></td>
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<tr>
<td>Is there moderate sedation administered at the dentist office to a patient of 12 years of age or younger (if yes, complete section below)</td>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>ADDITIONAL EQUIPMENT FOR 12 YEARS OF AGE AND YOUNGER</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>1. Bag valve mask with appropriate size masks</td>
<td></td>
<td></td>
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<tr>
<td>2. Appropriate size blood pressure cuffs</td>
<td></td>
<td></td>
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<tr>
<td>3. Appropriate size oral and nasal airways</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDITIONAL EMERGENCY DRUG FOR 12 YEARS OF AGE AND YOUNGER</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>1. Appropriate dosages of epinephrine or a pediatric epinephrine auto-injector</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDITIONAL RECORDS FOR 12 YEARS OF AGE AND YOUNGER</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>1. Sedation records reflecting monitoring of patient that is consistent with the guidelines of the American Academy of Pediatric Dentistry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

### DEMONSTRATION OF MODERATE SEDATION

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who administered moderate sedation? Dentist's Name:</td>
<td></td>
</tr>
<tr>
<td>2. Was sedation case demonstrated within the definition of moderate sedation?</td>
<td></td>
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<tr>
<td>3. While sedated, was patient continuously monitored during the procedure with a pulse oximeter?</td>
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<tr>
<td>4. Was the patient monitored while recovering from sedation? Monitored by whom:</td>
<td></td>
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<tr>
<td>5. Is this person a licensed health professional experienced in the care and resuscitation of patients recovering from moderate sedation?</td>
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<tr>
<td>6. Were personnel competent?</td>
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<tr>
<td>7. Are all personnel involved with the care of patients certified in basic cardiac life support?</td>
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<tr>
<td>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?</td>
<td></td>
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<tr>
<td>9. What was the length of the case demonstrated?</td>
<td></td>
</tr>
</tbody>
</table>

### SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Laryngospasm?</td>
<td></td>
</tr>
<tr>
<td>2. Bronchospasm?</td>
<td></td>
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<tr>
<td>3. Emesis and aspiration of foreign material under anesthesia?</td>
<td></td>
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<tr>
<td>4. Angina pectoris?</td>
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<td>5. Myocardial infarction?</td>
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<tr>
<td>6. Hypotension?</td>
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<tr>
<td>7. Hypertension?</td>
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<tr>
<td>8. Cardiac arrest?</td>
<td></td>
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<tr>
<td>9. Allergic reaction?</td>
<td></td>
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<tr>
<td>10. Convulsions?</td>
<td></td>
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<tr>
<td>11. Hypoglycemia?</td>
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<td>12. Asthma?</td>
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<tr>
<td>13. Respiratory depression?</td>
<td></td>
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<tr>
<td>14. Local anesthesia overdose?</td>
<td></td>
</tr>
<tr>
<td>15. Hyperventilation syndrome?</td>
<td></td>
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<tr>
<td>16. Syncope?</td>
<td></td>
</tr>
</tbody>
</table>
Evaluator Overall Recommendation of Evaluation

☐ Pass    ☐ Fail

Comments:


Signature of Evaluator

Date

Revised 10-2018
Responses for Sedation Scenarios
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
Bronchospasm (Asthma Attack) Algorithm

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 no 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
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
  If EMS is activated, facilitate access of emergency personnel by waiting for arrival and
  escorting to office (if third office person)
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
Allergic Reaction Algorithm (AO 1819)

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
If EMS activated, facilitate access of emergency personnel by waiting for arrival and escorting to office (if third office person)
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
Local Anesthesia Overdose Algorithm (AO 1219)

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
   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
Hyperglycemia Algorithm (AD 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
Hypoglycemia Algorithm (AO 2016)

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)

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

*Adults: 1 breath every 5-6 seconds; infants to adolescents: 1 breath every 3-5 seconds. Watch
for chest rise; avoid stomach insufflation
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
Hyperventilation Syndrome Algorithm (AO 1979)

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