











## EVALUATION

DEMONSTRATION OF GENERAL ANESTHESIA/DEEP SEDATION	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 and knowledgeable of equipment operation and location?		
7. Are all personnel involved with the care of patient 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? _____		

SIMULATED EMERGENCIES - 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?		

## SITE INSPECTION

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

**Evaluator Overall Recommendation of Site Inspection**

Pass       Fail

Comments: \_\_\_\_\_

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Signature of Evaluator

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Date