



# Nevada State Board of Dental Examiners

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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:
	Email Address:
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 evaluation report and return to the Board office within **72 hours** after evaluation has been completed.

## SITE INSPECTION

<b>OFFICE FACILITIES AND EQUIPMENT</b>	<b>YES</b>	<b>NO</b>
<b>1. Operating Room</b>		
a. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?		
b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient?		
<b>2. Operating Chair or Table</b>		
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?		
<b>3. Lighting System</b>		
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?		
<b>4. Suction Equipment</b>		
a. Does suction equipment permit aspiration of the oral & pharyngeal cavities?		
b. Is there a backup suction device available which can operate at the time of general power failure?		
<b>5. Oxygen Delivery System</b>		
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?		
<b>6. Recovery Area (Recovery area can be operating room)</b>		
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	YES	NO
<b>7. Ancillary Equipment in Good Operating Condition?</b>		
a. Are there oral pathways?		
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?		

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?				

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. 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 complications of the procedure, if any?		
8. Written informed consent of the patient, or if the patient is a minor, their parent's or guardian's consent for administration of sedation?		

## SITE INSPECTION

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

**Evaluator Overall Recommendation of Site Inspection**

Pass     
  Fail     
  Pass Pending\*

*\*If Pass Pending, please list all deficiencies*

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

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\_\_\_\_\_  
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	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?  If not, what type of monitoring was utilized? _____		
4. Was the patient monitored while recovering from sedation?  Monitored by whom: _____ Title: _____		
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? _____		

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?		

## SITE INSPECTION

<b>SIMULATED EMERGENCIES – Was dentist and staff able to demonstrate knowledge and ability in recognition and treatment of:</b>	<b>YES</b>	<b>NO</b>
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 Site Inspection**

Pass

Fail

Comments: \_\_\_\_\_  
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Signature of Evaluator

\_\_\_\_\_  
Date