

## General Anesthesia (GA) Inspection Checklist

Print out and review this packet. Contact the Board with any questions.

- \_\_\_ Complete this packet by reporting all items to the best of your knowledge, initialing where indicated, and signing all attestations.
- \_\_\_ Document the name and expiration date of all available medications and provide rationale for any deficiencies.
- \_\_\_ Attest that you have a process to regularly maintain medications.
- \_\_\_ Include one redacted patient record in which you administered sedation to a patient. The record must be from a treatment provided in the last 12 month.
- \_\_\_ Arrange your inspection by contacting either the MSOMS or Brian J. Cochran:

If you are **not** an MSOMS member, email Brian J. Cochran at [brian.j.cochran@state.mn.us](mailto:brian.j.cochran@state.mn.us).

If you are an MSOMS member, contact Peter McKown at [peter@msoms-online.org](mailto:peter@msoms-online.org) or 612 590 7070.

### Reminders

- Inspections typically take place during business hours.
- The dentist with a GA certificate and one other staff member must be present for the duration of the on-site inspection.
- Inspectors may charge up to \$250 per inspection in addition to mileage at a rate of \$0.70 per mile. GA certificate holders pay the inspectors directly; the Board does not charge fees for on-site inspections. Request an invoice from the inspector if needed.

- The inspector will review 1) patient selection, 2) a patient record, 3) medications and equipment available on-site, and 4) management of medical emergencies.

## **GA Inspection and Self-evaluation Form**

**Inspection:** All GA certificate holders must comply with Board regulations applicable to credentialing and on-site inspections.

**Timeframe:** On-site inspections must be completed within 12 months of receiving GA certification. Thereafter, inspections are required once every five years.

**GA dentists with multiple offices:** All offices where sedation is performed must comply with the Board's minimum standards. The GA certificate holder is responsible for ensuring that all practice locations have the required equipment and emergency medications. They must also ensure that staff at those practice locations are trained to manage medical emergencies.

**Suspensions:** The Board suspends GA certificates for noncompliance with the on-site inspection or if the certificate holder fails the on-site inspection. During a suspension, certificate holders may not administer sedation to patients. The GA certificate can be regained only by successfully completing an on-site inspection.

**Completeness and accuracy:** Failure to complete any portion of the inspection and renewal requirements can result in a complaint and or disciplinary action against the license.

**Additional Information:**

See [MN Rule 3100.3600](#) for general information related to providing sedation services.

[MN Rule 3100.0100 Subp. 9b and Subp. 12a](#) defines general anesthesia [deep sedation].

**Recommendation:** Inspectors make recommendations based on the dentist's knowledge and skills. The Board makes the final determination for all on-site inspections.

**Adverse reaction:** [MN Rule 3100.3600 Subp. 1a](#) defines an adverse reaction as "any incident that ...results in 1) a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one of the patient's body systems; or 2) minimal sedation unintentionally becoming moderate sedation, deep sedation, or general anesthesia when the licensee does not have a certificate for administering general anesthesia or moderate sedation".

## 1. INSPECTION SITE INFORMATION

**A.**

|                |                       |           |
|----------------|-----------------------|-----------|
| Dentist's name | Dental license number | GA number |
|----------------|-----------------------|-----------|

**B.** \_\_\_\_\_

Primary practice name \_\_\_\_\_ Date of inspection \_\_\_\_\_

**C.** \_\_\_\_\_  
Primary practice address City, state, zip code

**D.** \_\_\_\_\_

|  |                                |
|--|--------------------------------|
| Practice telephone (including area code) | Primary practice email address |
|--|--------------------------------|

**E. Select one:**

\_\_\_ Oral and maxillofacial surgeon      \_\_\_ General dentist      \_\_\_ Dental anesthesiologist

## 2. MULTIPLE PRACTICE LOCATIONS AND ALLIED STAFF ATTESTATIONS

**A. Multiple practice locations attestation (if applicable):**

I attest that each practice location where sedation services are provided has the required emergency equipment and emergency medicine.

|                    |      |
|--------------------|------|
| Licensee signature | Date |
|--------------------|------|

**B. Allied staff attestation (required):**

I attest that I delegate duties to allied staff in accordance with Board Rules and Laws. I attest that allied staff members performing duties related to anesthesia and patient monitoring under anesthesia hold allied sedation certification issued by the Board. I certify that allied staff have received the appropriate medical emergency training in order to assist during the management of medical emergencies.

\_\_\_\_\_  
Licensee signature

\_\_\_\_\_  
Date

### 3. CPR REQUIREMENTS

**A. GA certificate holder:** Include a copy of their current AHA Healthcare Provider BLS certification or their current ARC Professional Rescuer BLS certification. Include a copy of their current ACLS or PALS certification from either the American Red Cross (ARC) or the American Heart Association (AHA).

**B. Allied staff assisting with GA sedation procedures:** Include a copy of their current AHA Healthcare Provider BLS certification or their current ARC Professional Rescuer BLS certification.

#### 4. OPERATORY INSPECTION

Initial next to items that meet the criteria listed below. **Initial guide: DDS: Licensee's initial; INS: Inspector's initial.**

**DDS INS**

**A. \_\_\_\_** The facility's size and design permits easy access to emergency equipment.

**B. \_\_\_\_** The facility is equipped with adequate space for either CPR or resuscitation.

**C. \_\_\_\_** The facility is equipped with adequate lighting, including emergency lighting in case of a power outage.

- D. \_\_\_\_ \_\_\_\_ The facility is equipped with adequate central or portable suction and backup suction in case of a power outage or loss of water pressure.
- E. \_\_\_\_ \_\_\_\_ The facility contains scavenging equipment utilized with N<sub>2</sub>O/O<sub>2</sub> administration.
- F. \_\_\_\_ \_\_\_\_ The facility contains a recovery area.

## 5. MONITORS

Initial next to items that meet the criteria listed below. Initial guide: DDS: Licensee's initial; INS: Inspector's initial.

**DDS    INS**

- A. \_\_\_\_ \_\_\_\_ Monitors are inspected periodically.
- B. \_\_\_\_ \_\_\_\_ A blood pressure cuff and stethoscope or an automated blood pressure device are available.
- C. \_\_\_\_ \_\_\_\_ A pulse oximeter is available.
- D. \_\_\_\_ \_\_\_\_ A defibrillator is available.
- E. \_\_\_\_ \_\_\_\_ A stethoscope, pre-tracheal, or pre-chordial stethoscope are available.
- F. \_\_\_\_ \_\_\_\_ An electrocardiogram is available.
- G. \_\_\_\_ \_\_\_\_ An End-Tidal CO<sub>2</sub> monitor is available.

## 6. AIRWAY MANAGEMENT

Initial next to items that meet the criteria listed below. Initial guide: DDS: Licensee's initial; INS: Inspector's initial.

**DDS    INS**

- A. \_\_\_\_ \_\_\_\_ Oral and nasal airways of appropriate sizes are available.
- B. \_\_\_\_ \_\_\_\_ Laryngoscope and intubation forceps are available.
- C. \_\_\_\_ \_\_\_\_ Appropriately sized endotracheal tubes are available.
- D. \_\_\_\_ \_\_\_\_ Supraglottic airways are available.
- E. \_\_\_\_ \_\_\_\_ Functional suction and backup suction are available.
- F. \_\_\_\_ \_\_\_\_ Suction tips for tonsillar suction are available
- G. \_\_\_\_ \_\_\_\_ Positive pressure oxygen is available and can be delivered to full face masks or endotracheal tubes.
- H. \_\_\_\_ \_\_\_\_ There is secure oxygen and nitrous oxide storage.
- I. \_\_\_\_ \_\_\_\_ There is a portable secondary oxygen source.

## 7. RECORDS MANAGEMENT

Initial next to items recorded in sedation patient records. Initial guide: DDS: Licensee's initial; INS: Inspector's initial.

**DDS    INS**

- A. \_\_\_\_ \_\_\_\_ Records list the patient's current medical history.
- B. \_\_\_\_ \_\_\_\_ Records list the patient's current baseline vital signs.
- C. \_\_\_\_ \_\_\_\_ Vital signs are recorded periodically at appropriate intervals throughout the surgery.
- D. \_\_\_\_ \_\_\_\_ Records indicate that informed consent was obtained.
- E. \_\_\_\_ \_\_\_\_ Medications administered during a procedure are recorded, including the interval of administration.
- F. \_\_\_\_ \_\_\_\_ Records indicate the start and end times of the procedure.
- G. \_\_\_\_ \_\_\_\_ Records list each present member of the surgical team.

- H. \_\_\_\_ Records describe any complications or unusual reactions related to anesthesia administration.
- I. \_\_\_\_ The patient's discharge criteria are recorded post-operatively.
- J. \_\_\_\_ Records indicate that post-operative instructions are provided to the chaperone.
- K. \_\_\_\_ Records track and inventory all controlled substances. Substances are appropriately verified, secured in a storage unit, and include syringe labeling. There are separate IV fluids, tubing, syringes, and medications for each patient.
- L. \_\_\_\_ Records indicate the patient's ASA classification.
- M. \_\_\_\_ Records list any post-operative prescriptions.

## 8. EMERGENCY MEDICATIONS

Indicate the name and expiration date of the following medications available at your practice. Initial below indicating which medications are kept in the practice. **Initial guide: DDS: Licensee's initial; INS: Inspector's initial.**

| Emergency Medication      | Equivalent Medication | Expiration Date | DDS | INS |
|---------------------------|-----------------------|-----------------|-----|-----|
| Epinephrine               |                       |                 |     |     |
| Atropine                  |                       |                 |     |     |
| Nitroglycerine            |                       |                 |     |     |
| Antihypertensive          |                       |                 |     |     |
| Vasopressor               |                       |                 |     |     |
| Bronchial dilator         |                       |                 |     |     |
| Anticonvulsant            |                       |                 |     |     |
| Antihypoglycemic          |                       |                 |     |     |
| Corticosteroid            |                       |                 |     |     |
| Opiate analgesic          |                       |                 |     |     |
| Narcotic antagonist       |                       |                 |     |     |
| Benzodiazepine antagonist |                       |                 |     |     |
| Antihistamine             |                       |                 |     |     |
| Succinylcholine           |                       |                 |     |     |

A Board approved emergency cart or kit must be readily accessible. The emergency medications listed above should be included in the emergency cart or kit in forms or doses that the dentist can knowledgeably administer appropriately to adult or pediatric patients during an emergency. They may also be used via typical routes of administration for enteral and or parenteral sedation. The cart or kit must include the appropriate medications and equipment to resuscitate a non-breathing or unconscious patient. The supplies must facilitate the continuous support of the patient until they are transported to a medical facility. These emergency medications listed above are not listed by order of importance. Please attach a sheet of paper describing the rationale for any deficiencies or absent emergency medications.

## 9. EMERGENCY MEDICATION ATTESTATIONS

### A. Emergency medication attestation:

I attest that I provide the unexpired medications that I initialed next to in #8 of this form.

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Licensee signature (if supplying medications)

Date

**B. Inspection Integrity Attestation:**

I attest that I am the sedation certificate holder referred to in this inspection. I understand that including false information or documentation may result in the penalty of perjury. I understand that falsifying information to maintain sedation certification is a gross misdemeanor and violates the Dental Practice Act. I certify that the entirety of this application and any attached materials are true and correct to the best of my knowledge. I authorize all persons and organizations to release any requested information, files, or records in connection with this inspection to the Minnesota Board of Dentistry.

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Licensee signature

Date

**10. INSPECTION SUMMARY AND EVALUATION**

The inspector must return all completed forms to the Board of Dentistry within two weeks of completing the on-site inspection.

Comments:

Notes regarding deficiencies:

Recommendations:



**EMERGENCY MANAGEMENT:** Thorough oral discussion with inspector and provider demonstrates satisfactory knowledge in managing the following clinical emergencies.

**Laryngospasm:**

- Problem recognition
- Stop procedure and pack off bleeding
- Evaluation of head position and upper suction
- Positive pressure Oxygen with a full-face mask
- Use and appropriate dosage of Anectine
- Airway maintenance

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Bronchospasm:**

- Problem recognition
- Bronchial Dilators
- Positive Pressure Oxygen and airway maintenance

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Convulsion:**

- Problem recognition and monitoring
- Patient position and supportive measures
- Anti-convulsant drug therapy

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Respiratory Depression & Arrest**

- Problem recognition and monitoring
- Proper patient position
- Oxygen with respiratory support
- Narcotic/Benzodiazepine antagonist when appropriate

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Allergic Reactions:**

- Problem recognition
- Oxygen, ventilation support
- Epinephrine
- Vasopressors
- Bronchodilators
- Antihistamine
- Corticosteroids

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Bradycardia:**

- Problem recognition and differentiation of hemodynamically significant bradycardia
- Monitor and record keeping
- Oxygen
- Drug therapy, Atropine

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Myocardial Infarction:**

- Problem recognition of differential diagnosis
- Oxygen
- Patient positioning
- Pain relief
- Monitor and record keeping
- Activation of EMS

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Vomiting/Aspiration:**

- Problem recognition and proper patient positioning
- Remove of foreign bodies and adequate suction
- Secure and evaluate adequacy of airway
- Positive pressure Oxygen
- Tracheal intubation when necessary
- Recognition of complication of associated bronchospasm
- Active EMS
- Bilateral breath sounds

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Syncope:**

- Problem recognition
- Patient position
- Oxygen
- Drug therapy

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Hypoglycemia:**

- Problem recognition
- Office testing available
- Oral and/or IV drug therapy

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Hypotension/Hypotension:**

- Problem recognition
- Pre-operative pulse and blood pressure
- Patient position
- Oxygen
- Continuous monitoring and recording
- Drug therapy

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Angina Pectoris:**

- Problem recognition and differential diagnosis
- Patient position and supportive measures
- Oxygen
- Monitoring drug therapy, Nitroglycerin and Amyl Nitrate
- Transfer when indicated

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Cardiac Arrest:**

- Problem recognition and differential diagnosis
- CPR
- ACLS/PALS to the extent the facility is capable
- Activation of EMS

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*

**Local Anesthesia Overdose:**

- Oxygen
- Monitor vital signs
- Patient in supine position
- Maintain airway
- Provide BLS if needed
- Activation of EMS

\_\_\_ *Satisfactory* \_\_\_ *Unsatisfactory*