

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.

If you are an MSOMS member, contact Peter McKown at 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
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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
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E. Select one:

___ Oral and maxillofacial surgeon ___ General dentist

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
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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 N₂O/O₂ 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 CO₂ 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.

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.

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*