



Permit # _____

Oklahoma Board of Dentistry
2920 N Lincoln, Blvd., Ste B | Oklahoma City, OK 73105
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www.ok.gov/dentistry | obod.board@ok.gov

**APPLICATION TO
ADMINISTER GENERAL ANESTHESIA (TO INCLUDE DEEP SEDATION)
*APPLICATION FEE \$100.00**

Last Name First Middle (____)____ - ____
Daytime Telephone Number

Name of Contact Person or Office Manager _____

Facility Name : _____ Phone: _____

Address City State Zip Code OK License #

Email Address

195:20-1-5. General anesthesia (to include deep sedation)

- (a) **Required training.** Every dentist who administers general anesthesia or deep sedation must meet one of the following requirements:
- (1) A minimum of two years of post-doctoral training in anesthesiology as described by the American Dental Association in Part II of Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry.
 - (2) A dentist with one year of post-doctoral training in anesthesiology with a current general anesthesia permit will be grandfathered,
 - (3) Specialty certification in oral and maxillofacial surgery.
 - (4) Certification as a fellow in Anesthesia by the American Dental Society of Anesthesiology.
- (b) **Permit for dentists.** No dentist shall administer general anesthesia (including deep sedation) for dental patients, unless such dentist possesses a permit or authorization issued by the Oklahoma Board for the administration of general anesthesia (including deep sedation). Application for such permit will be made to the Board on the prescribed form. A successful credentials review will result in a notification that a formal evaluation can be scheduled. The dentist holding such permit shall be subject to review and such permit must be renewed annually, along with payment of the required fee.
- (c) **Current training.** A dentist who holds a permit to provide general anesthesia (including deep sedation) shall satisfy all of the following:
- (1) Current certification in Basic Life Support (BLS) and Advanced Life Support (ACLS) or Pediatric Advanced Life Support (PALS) by the American Heart Association.
 - (2) Two (2) assistants involved in the procedure currently
certified in Basic Life Support for Health Care Providers by the American Heart Association.
 - (3) Complete every ~~three (3)~~ (pursuant to statute 59 O.S. § 328.41) two years at least six (6) hours of courses related to the administration of anesthesia, sedation or medical emergencies in the dental office. These hours are in addition to those accrued completing certification or re-certification in BLS and ACLS or PALS.

(d) **Facility permit inspections.** Each facility of every dentist who authorizes or directly supervises the administration of general anesthesia (to include deep sedation) in his or her office shall successfully pass inspection by a consultant or consultants appointed by the Board. This will include an evaluation of the facility's equipment and personnel and will follow the American Dental Association's Guidelines for the Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Dentistry and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual". This evaluation will be on a prescribed form approved by the Board and available to the applicant for review prior to a request for an inspection. A written list of all monitors, emergency equipment, drugs, and other materials which the mobile or portable anesthesia provider agrees to have available at all times while administering general anesthesia in this facility will be required at the time of inspection. The dentist holding a facility permit can work with or employ:

- (1) A dentist holding a valid general anesthesia provider permit.
- (2) A Certified Registered Nurse Anesthetist licensed to practice in the State of Oklahoma, provided the dentist who directly supervises the CRNA satisfies the requirements stated in 195:20-1-5(f).

(e) **Provider permit inspections.** The knowledge, techniques, procedures, facilities, drugs, equipment and personnel utilization of every dentist who administers general anesthesia (including deep sedation) shall successfully pass inspection by a consultant or consultants appointed by the Board. This evaluation will be completed on a prescribed form approved by the Board and available to the applicant for review prior to an inspection. This form shall follow the ADA Guidelines for the Use of Conscious Sedation Deep Sedation and General Anesthesia in Dentistry and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual". New permit applicants will be required to demonstrate the administration of general anesthesia (including deep sedation) to a patient in the presence of an evaluation team. In the case of a

mobile or portable dentist provider, all inspections of that provider shall be conducted in the office of an Oklahoma licensed dentist where general anesthesia (including deep sedation) is administered. At least fifty percent (50%) of the inspection team shall be composed of a like trained dentist unless the dentist to be inspected waives the provision.

- It will be necessary to renew this permit by paying a **\$100.00** renewal fee on or before the 30th day of June each year.

Attached to this completed form must be copies of:

- ☐ Dentist BLS, ACLS, or PALS certification cards
- ☐ Two staff CPR certification cards
- ☐ Documentation of required training

➤ Is there a drug locker for the location? Yes No

➤ Is there a current Dispensing Permit for the location? Yes No

Signature

Date

Subscribed to before me this _____ day of _____, 20____.

My Commission expires on _____. Notary Public _____

(SEAL)

Oklahoma Board of Dentistry – **General Anesthesia** **FOR INSPECTOR USE ONLY**

- 1. GENERAL ANESTHESIA RECORD:** The following records are required when general anesthesia is administered. Previous patient records will provide documentation for the evaluator's thorough review. These records will contain the following:

	YES	NO
Current written medical history including drug allergies, previous surgeries, current medications		
Patient NPO adequate length of time		
Baseline vital signs, pulse, blood pressure, respiration rate		
Periodic vital signs recorded at appropriate intervals during surgery		
Appropriate consent form, completed and signed		
A time-oriented recording of drugs administered during the procedure including the amount, route, location of administration and physiologic data obtained during patient monitoring		
Duration of the procedure: Start/Finish Times		
A complete listing of the names of the surgical/operative anesthesia team present		
A description of complication and unusual reactions related to administration of anesthesia		
The status of patient at the time of discharge/post-operative instructions given to family		

- 2. SIMULATED EMERGENCY MANAGEMENT:** Through oral discussion with evaluator(s), the general anesthesia team, including designated staff, shall have satisfactory knowledge of the management of the following clinical emergencies.

SIMULATED EMERGENCIES:

Satisfactory Unsatisfactory

Acute Airway Obstruction		
Acute Bronchial Episode		
Acute Myocardial Infarction		
Allergic Reaction		
Angina Pectoris		
Cardiopulmonary Arrest		
Convulsions		
Emesis and Aspiration		
Hypotension/Hypertension		
Laryngospasm		
Malignant Hyperthermia		
Syncope		
Written and posted staff duties in emergencies		

- 3. EQUIPMENT, DRUGS, FACILITY:**

A. AIRWAY MANAGEMENT EQUIPMENT:

	YES	NO
Device capable of delivering 100% positive pressure oxygen to an available full-face mask or endotracheal tube (i.e. BVM bag valve-mask or Robersshaw valve/LMA)		
Endotracheal tubes (pliant) of appropriate sizes or LMA		
Functioning laryngoscope		
Magill forceps		
Oral and nasopharyngeal airways		
Portable emergency O2 and appropriate connectors		
Suction tubes of appropriate size and design for oral and tonsillar suction		

B. MONITORS:

	YES	NO
Defibrillator		
ECG		
End tidal CO2 monitor		
Manual blood pressure cuff or automated blood pressure cuff		
Precordial Stethoscope		
Pulse oximeter		
Stethoscope		
Temperature monitor		

C. EMERGENCY DRUGS AND SUPPLIES:

	YES	NO
All drugs are current (None Expired)		
Appropriate preparation of medications with all syringes labeled & dated		
IV fluids & equipment needed to establish IV lines		
Scheduled medications recorded on separate drug log		
Albuterol		
Antiarrhythmics		
Anticonvulsant (e.g., Benzodiazepine)		
Antihistamine		
Anti-hypoglycemic (e.g., IV Dextrose Solution)		
Antiemetic		
Aspirin, preferably chewable 325 mg		
Atropine		
Beta-adrenergic blocker(s)		
Glucocorticosteroid		
Dantrolene and sterile water for injection, whenever triggering agents for malignant hyperthermia may be used		
Ephedrine		
Epinephrine (multiple)		
Intravenous fluids		
Neuromuscular blocker appropriate for laryngospasm		
Nitroglycerin		
Phenylephrine		
Pharmacological reversal agents for benzodiazepines and opioids		
Vasodilator, intravenous (e.g., hydralazine)		

D. FACILITY:

	YES	NO
Is of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management		
Is equipped with a chair or board suitable for CPR or has adequate floor space to permit effective resuscitation		
Is equipped with adequate lighting to permit evaluation of the patient's skin and mucosal color, as well as emergency lighting in the event of a power outage		
Is equipped with adequate central or portable suction with back up suction in the event of a power outage or loss of water pressure		
Scavenging equipment utilized with N2O/O2 administration		
Recovery area (if separate from above) includes all of the above		
Operating low pressure oxygen alarm or oxygen analyzer within hearing distance of operating room		
Fire extinguisher available with current inspections		
Complete office address and telephone number posted at two appropriate locations for activation of EMS		
Minimum of two tanks of oxygen connected to the common oxygen supply so that one can be activated should line pressure drop in the other		
Patient Safety Straps		

4. CLINICAL DEMONSTRATION OF GENERAL ANESTHESIA (required for new provider permit applicants and any re-evaluations requested by the Board. 195:20-1-4E, 195:20-1-5E, 195:20-1-10b).

A. Anesthesia	Satisfactory	Unsatisfactory
Type of anesthesia used (choice of agent)		
Airway Maintenance; intubation, nasopharyngeal tube, throat pack, nose piece only. (Circle those applicable).		
Monitoring: Blood pressure, Oxygen saturation, Pulse, ECG.		
Secure IV Access		
Adequate operating room personnel.		
B. Post Anesthesia		
Patient responsive and stable if moved to recovery area.		
Adequate patient positioning in recovery area.		
Adequate Monitoring and Personnel		
Adequate post-operative instructions verbal and written		
Patient discharged with responsible adult.		

GENERAL ANESTHESIA RECORD: _____ SATISFACTORY _____ UNSATISFACTORY

Comments:

SIMULATED EMERGENCIES _____ SATISFACTORY _____ UNSATISFACTORY

Comments:

EQUIPMENT, DRUGS, FACILITY:

Airway Management Equipment: _____ SATISFACTORY _____ UNSATISFACTORY

Comments:

MONITORS: _____ SATISFACTORY _____ UNSATISFACTORY

Comments:

EMERGENCY DRUGS & SUPPLIES: _____ SATISFACTORY _____ UNSATISFACTORY

Comments:

FACILITY: _____ SATISFACTORY _____ UNSATISFACTORY

Comments:

CLINICAL DEMONSTRATION OF GENERAL ANESTHESIA:

Anesthesia: _____ SATISFACTORY _____ UNSATISFACTORY

Comments:

Post-Anesthesia: _____ SATISFACTORY _____ UNSATISFACTORY

Comments:

*Is there a drug locker for the location? Yes No

*Is there a current Dispensing Permit for the location? Yes No

Permit to administer General Anesthesia on an outpatient basis:

RECOMMENDED

NOT RECOMMENDED

Evaluator #1 Signature

Date of Evaluation

Evaluator #2 Signature

Date of Evaluation

IF PERMIT NOT RECOMMENDED, THEN ENUMERATION OF DEFICIENCIES SHALL BE PROVIDED TO CANDIDATE WITHIN 21 DAYS AND RECOMMENDATIONS FOR RESOLUTION OF THE DEFICIENCY(S) WILL BE MADE.