



Permit # _____

Oklahoma Board of Dentistry
2920 N Lincoln, Blvd., Ste B | Oklahoma City, OK 73105
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**APPLICATION TO
ADMINISTER MODERATE PARENTERAL CONSCIOUS 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						

195:20-1-4. Conscious sedation utilizing parenteral methods

- (a) **Required training.** Every dentist who administers conscious sedation using parenteral methods (includes intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO)) for dental patients must satisfy at least one of the following requirements:
- (1) Has accrued a minimum of sixty (60) hours training in parenteral conscious sedation techniques given by a faculty member of a recognized teaching institution or hospital or must have participated in an education program approved by the Board. Didactic and clinical training shall follow the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, a publication of the American Dental Association.
 - (2) Currently hold a permit in the State of Oklahoma to provide general anesthesia (to include deep sedation).
 - (3) Completion of an American Dental Association Commission on Dental Accreditation approved advanced dental education program which includes at least sixty (60) hours of comprehensive and appropriate training necessary to administer and manage parenteral conscious sedation.
- (b) **Permits for dentists.** No dentist shall administer conscious sedation using parenteral methods for dental patients, unless such dentist possesses a permit or authorization issued by the Oklahoma Dental Board for the administration of conscious sedation using parenteral methods. 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 for parenteral conscious sedation shall satisfy all of the following:
- (1) Current certification in Basic Life Support (BLS) and Advanced Cardiac 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 sedation, anesthesia or medical emergencies in the dental office. These six (6) 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 parenteral conscious 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. 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 parenteral conscious sedation 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 parenteral conscious sedation permit.
 - (2) A dentist holding a valid general anesthesia provider permit.
 - (3) 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 195:20-1-4(f).
- (e) **Provider permit inspections.** The knowledge, techniques, procedures, facilities, drugs, equipment and personnel utilization of every dentist who administers parenteral conscious 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 American Dental Association Guidelines for the Use of Conscious Sedation Deep Sedation and General Anesthesia in Dentistry. New permit applicants will be required to demonstrate the administration of parenteral conscious 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 parenteral conscious 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.
- (f) **Direct supervision of a Certified Registered Nurse Anesthetist (CRNA).** A dentist is permitted to directly supervise the administration of parenteral conscious sedation to patients by a CRNA provided the following requirements are satisfied:
- (1) Current certification in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) by the American Heart Association.
 - (2) Complete every ~~three (3)~~ (pursuant to statute 59 O.S. § 328.41) two years at least eighteen (18) hours of courses related to the administration of anesthesia, sedation or medical emergencies in the dental office. Hours accrued completing certification or re-certification in BLS and ACLS or PALS shall be accepted towards completion of this eighteen (18) hour requirement.
 - (3) Hold a valid facility permit as described in 195:20-1- 4(d).

(g) **Restrictions.** No dentist providing parenteral conscious sedation shall administer or employ any agent(s) which has a narrow margin for maintaining consciousness and would likely render a patient deeply sedated, generally anesthetized, or otherwise not meeting the conditions of the definition of conscious sedation as stated in section 195: 20-1-2.

- 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 CPR certification card
 - ☐ Two staff CPR certification cards
 - ☐ Dentist ACLS or PALS certification card
 - ☐ Sixty (60) hours parenteral conscious sedation training documentation
- Is there a drug locker at the location? Yes No
- Is there a current Dispensing Permit? Yes No

Signature

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

My commission expires on _____.

Notary Public _____

- 1. ANESTHESIA RECORD:** The following records are required when parenteral conscious sedation 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), including designated staff, shall have satisfactory knowledge of the management of the following clinical emergencies.

SIMULATED EMERGENCIES:

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

3. EQUIPMENT, DRUGS, FACILITY:**A. AIRWAY MANAGEMENT EQUIPMENT:**

	YES	NO
Portable emergency O2 and appropriate connectors		
Oral and nasopharyngeal airways		
Endotracheal tubes (pliant) of appropriate sizes or LMA		
Functioning laryngoscope		
Magill forceps		
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)		
Suction tubes of appropriate size and design for oral and tonsillar suction		

B. MONITORS:

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

C. EMERGENCY DRUGS AND SUPPLIES:

	YES	NO
Epinephrine		
Atropine		
Nitroglycerine Oral Use		
Antihypertensive		
Vasopressor		
Bronchial Dilator		
Anticonvulsant		
Antihypoglycemic Agent		
Corticosteroid		
Narcotic Antagonist		
Benzodiazepine Antagonist		
Antiemetic		
Antihistamine		
Antiarrhythmic Agent		
All drugs are current (None Expired)		
IV fluids & equipment needed to establish IV lines		
Appropriate preparation of medications with all syringes labeled & dated		
Scheduled medications recorded on separate drug log		

D. FACILITY:

Operating Room:	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		
Patient safety straps		
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.		

4. CLINICAL DEMONSTRATION OF PARENTERAL CONSCIOUS SEDATION (required for new provider permit applicants and any re-evaluations requested by the Board. 195:20-1-4, 195:20-1-8, 195:20-1-13)

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