

Permit # \_\_\_\_\_



Oklahoma Board of Dentistry  
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**APPLICATION FOR A PERMIT TO ADMINISTER**  
**PEDIATRIC CONSCIOUS SEDATION UTILIZING ENTERAL METHODS**  
**Fee \$100.00**

**APPLICANT:**

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name First Middle Telephone Number

\_\_\_\_\_ E-Mail Address  
Facility Name

\_\_\_\_\_  
Name of Contact Person or Office Manager:

**Address:**

\_\_\_\_\_  
Address City State Zip Code OK License #

**195:20-1-3.1. Pediatric conscious sedation utilizing enteral methods (oral, rectal, sublingual)**

(A) **Required training.** Every dentist who administers pediatric conscious sedation using enteral methods (includes oral, rectal, sublingual) or minor tranquilizers in anxiolytic dosages to dental patients ages twelve (12) years and under must satisfy at least one of the following requirements:

(1) Has accrued a minimum of sixteen (16) hours training in enteral 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. These sixteen (16) hours are in addition to those accrued completing certification or re-certification in Basic Life Support (BLS) for Health Care Providers by the American Heart Association.

(2) Currently holds a provider permit in the state of Oklahoma to administer conscious sedation utilizing parenteral methods or to provide general anesthesia (to include deep sedation).

(3) Satisfactory completion of a postgraduate program in oral and maxillofacial surgery or pediatric dentistry at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the Board.

(4) Satisfactory completion of a general practice residency or other advanced education in a general dentistry program approved by the Board.

(5) Licensed dentists in the state of Oklahoma who have provided pediatric conscious sedation utilizing enteral methods to dental patients ages twelve (12) years and under in a safe, competent, ethical, and effective manner in the past. Such dentists will be grandfathered for one year from the time this rule takes effect on July 1, 2002. The required training ((a) 1, 2, 3, or 4) shall be completed and/or submitted for permit application prior to July 1, 2003.

(B) **Permit for Dentists.** No dentist shall administer pediatric conscious sedation using enteral methods (includes oral, rectal, sublingual) or minor tranquilizers in anxiolytic dosages for dental patients ages twelve (12) and under unless such dentist possesses a permit or authorization issued by the Oklahoma Board of Dentistry for the administration of pediatric conscious sedation using enteral 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 pediatric enteral conscious sedation shall satisfy all of the following:

- (1) Current certification in Basic Life Support (BLS).
- (2) At least one (1) assistant 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, years at least six (6) hours of courses related to the administration of sedation and medical emergencies. These six (6) hours are in addition to those accrued completing certification or re-certification in BLS.

(D) **Facility Permit Inspections.** Each facility of every dentist who authorizes the administration of pediatric enteral conscious sedation (includes oral, rectal, sublingual) or minor tranquilizers in anxiolytic dosages in his or her office to dental patients ages twelve (12) years and under 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 be available to the applicant for review prior to a request for an inspection. Such dentist is permitted to work with or employ:

- (1) A dentist holding a valid pediatric enteral conscious sedation permit.
- (2) A dentist holding a valid parenteral conscious sedation permit.
- (3) A dentist holding a valid general anesthesia permit.
- (4) 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 195:20-1-3(f).
- (5) A licensed and trained Allopathic or Osteopathic physician on the anesthesia staff of a hospital accredited by the State of Oklahoma and currently certified in Advanced Cardiac Life Support (ACLS) by the American Heart Association. He or she must personally administer the pediatric conscious sedation using enteral methods and remain on the premises of the dental facility until a full evaluation of the dental patient prior to discharge to a responsible adult is complete.

(E) **Provider Permit Inspections.** The knowledge, techniques, procedures, facilities, drugs, equipment and personnel utilization of every dentist who administers pediatric enteral conscious sedation or minor tranquilizers in anxiolytic dosages 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 be 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 provider permit applicants will not be required to demonstrate the administration of pediatric enteral conscious sedation to a minor patient in the presence of an evaluation team unless requested to do so at the Board's discretion. 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 pediatric enteral conscious sedation is administered.

(F) **Direct Supervision of a Certified Registered Nurse Anesthetist (CRNA).** A dentist is permitted to directly supervise the administration of pediatric enteral conscious sedation or minor tranquilizers in anxiolytic dosages to dental patients by a CRNA provided the following requirements are satisfied:

- (1) Hold a valid pediatric conscious sedation by enteral methods provider permit as described in 195:20-1-3(d).
- (2) Hold a valid facility permit as described in 195:20-1-3(d).

(G) **Restrictions.** No dentist providing pediatric enteral conscious sedation or minor tranquilizers in anxiolytic dosages to dental patients ages twelve (12) years and under 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 stated in section

**195:20-1-2.** Oral administration of all short acting medications including but not limited to Versed® (Midazolam HCL) and Actiq® (oral transmucosal fentanyl) shall be performed on the dental premise only. Prescriptions for these drug therapies intended for at home pre-medication shall be prohibited.

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

Attached to this completed form must be copies of the following:

- Current Dentist CPR certification card
- One current Staff CPR certification card
- Documentation of required training

\*Is there a drug locker at the location? Yes      No

\*Is there a current Dispensing Permit? Yes      No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

NOTARY

Subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

Notary Seal

Oklahoma Board of Dentistry – **Pediatric Conscious Sedation Provider** For Inspector Use ONLY

- 1. ANESTHESIA RECORD:** The following records are required when 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), 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		
Bradycardia		
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		
LMA Appropriate sizes		
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		
Bronchial Dilator		
Anticonvulsant		
Antihypoglycemic Agent		
Corticosteroid		
Narcotic Antagonist		
Benzodiazepine Antagonist		
Antihistamine		
All drugs are current (None Expired)		
Appropriate preparation of medications with all syringes labeled & dated		
Scheduled medications recorded on separate drug log		

**D. FACILITY:**

<b>Operating Room:</b>	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		
Type of anesthesia used (choice of agent)		
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 PEDIATRIC CONSCIOUS SEDATION (required for new provider permit applicants and any re-evaluations requested by the Board. 195:20-1-3.1, 195:20-1-13)**

<b>A. Anesthesia</b>	Satisfactory	Unsatisfactory
Airway Maintenance: nasopharyngeal tube or nose piece only. (Circle those applicable).		
Monitoring: Blood pressure, Oxygen saturation, Pulse.		
Adequate operating room personnel.		
<b>B. Post Anesthesia</b>		
Patient responsive and stable if moved to recovery area.		
Adequate patient positioning in recovery area.		
Adequate monitoring and recovery personnel.		
Adequate post-operative instructions verbal and writing.		

**Summary and Recommendations:**

**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 &amp; 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 PEDIATRIC CONSCIOUS SEDATION 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.**