

STATE OF IDAHO



**BOARD OF DENTISTRY**

PO Box 83720  
Boise, ID 83720-0021

NOTIFICATION TO BOARD  
REGARDING USE OF OTHER ANESTHESIA PERSONNEL  
*as required by IDAPA 19.0101.062*

*A dentist who intends to use the services of a qualified anesthesia provider shall notify the Board in writing of his intent. Such notification must be submitted once every licensing period. Return the original signed copy of this form to the Board of Dentistry's office. Pages 2-13 are for your reference.*

Dentist Name \_\_\_\_\_

Practice Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

By signing below, I hereby attest that I intend to perform dental procedures on a patient/patients who may receive anesthesia induced by an anesthesiologist, a certified registered nurse anesthetist, or another dentist with an anesthesia permit. I further attest that I have reviewed the attached lists of equipment and drugs and shall have the same personnel, facilities, equipment and drugs available during the procedure(s) and during recovery as required of a dentist who has a permit for the level of anesthesia being provided. I further attest that I have read and understand the attached copy of Administrative Rule 062, and will comply with the requirements.

\_\_\_\_\_  
Printed Name of Dentist

\_\_\_\_\_  
Signature of Dentist

\_\_\_\_\_  
Printed Name of Anesthesia Provider

\_\_\_\_\_  
Signature of Anesthesia Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

STATE OF IDAHO



**BOARD OF DENTISTRY**

**IDAPA 19  
TITLE 01  
CHAPTER 01**

**19.01.01 - RULES OF THE IDAHO STATE BOARD OF DENTISTRY**

**\*\* (Break in continuity of Sections) \*\***

**062. Use of Other Anesthesia Personnel (Rule 062).**

A dentist who does not hold an anesthesia permit may perform dental procedures in a dental office on a patient who receives anesthesia induced by an anesthesiologist, a certified registered nurse anesthetist (CRNA), or another dentist with an anesthesia permit as follows:

01. The dentist shall have the same personnel, facilities equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.
02. The qualified anesthesia provider who induces anesthesia shall monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of anesthesia being induced. The anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.
03. A dentist who intends to use the services of a qualified anesthesia provider shall notify the Board in writing of his intent. Such notification need only be submitted once every licensing period.
04. A dentist who intends to use the services of a qualified anesthesia provider may advertise the service provided so long as each such advertisement contains a prominent disclaimer that the service "will be provided by a qualified anesthesia provider".

# STATE OF IDAHO –BOARD OF DENTISTRY



5/2/2011

## POLICY FOR MODERATE PARENTERAL SEDATION EVALUATIONS

### DEFINITION<sup>1</sup>

*Moderate sedation* shall mean a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

### SCOPE

This is meant to include any use of any route (enteral, inhalation, parenteral, transdermal, or transmucosal) medication(s) with the intent of producing sedation, amnesia, or tranquilization for an examination or procedure. Staffing and equipment adequate to meet these standards must be verified prior to administration of sedation.

### PERSONNEL AND STAFFING

During the period of sedation (before, during, and after the procedure) the patient will be attended by at least one person (in addition to the person performing the procedure) whose responsibilities will include monitoring the patient. This person (monitoring the patient) may be a dentist/physician, RN, or other qualified person (minimally B.C.L.S. certified), and will operate under the supervision of a dentist/physician who is immediately available. The supervising dentist/physician must be certified in Advanced Cardiac Life Support. The office staff should have regular, documented training in emergency procedures.

### DRUGS AND MEDICATIONS

Route of administration and medications chosen should be well understood. Available reversal agents **must** be present in the office. Please note that dental assistants and dental hygienists are NOT permitted or authorized by the Administrative Rules of the Board of Dentistry to administer sedation medication(s).

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<sup>1</sup>The Idaho State Board of Dentistry's rules regarding conscious sedation are found at IDAPA 19.01.01 – Rules of the Idaho State Board of Dentistry.

## MONITORING AND DOCUMENTATION

Each patient should be monitored with non-invasive blood pressure. Oxygen saturation, blood pressure, heart rate, and respiration should be recorded as a baseline, and then monitored every five minutes during the anesthetic, and then continued every fifteen (15) minutes until the patient meets the requirements for discharge. Respiratory and level of consciousness will be monitored continuously by observation, and significant changes noted. All medications, as well as vital signs must be recorded and remain with the patient's chart as a part of their permanent record. It is required to have documentation of an ASA classification and a completed medical history prior to an anesthetic.

### ASA Physical Status Classification System

ASA Physical Status 1 – A normal healthy patient

ASA Physical Status 2 – A patient with mild systemic disease

ASA Physical Status 3 – A patient with severe systemic disease

ASA Physical Status 4 – A patient with severe systemic disease that is a constant threat to life

ASA Physical Status 5 – A moribund patient who is not expected to survive without the operation

## RECOVERY

The patient will be monitored closely following the last dose of medication given until the patient meets the discharge criteria. This observation may take place at the site of the procedure or in a designated recovery area. While in the recovery area, the patient will be observed, with the doctor immediately available. All vital signs are to be monitored every 15 minutes. Patients are discharged when they meet discharge criteria.<sup>2</sup>

Stable vital signs

No airway difficulties

No respiratory distress

Return to usual state of alertness

Return to usual ambulatory status (except as limited by surgery)

Stable wound site

Ability to retain fluids

Responsible adult caretaker to accompany patient (patient and responsible party to be provided information on contact person if problems arise).

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<sup>2</sup>Source: Longnecker/Tinker/Morgan, *Principles and Practice of Anesthesiology*, page 2260, (Mosby 2<sup>nd</sup> Ed. 1998).

Office Evaluation Checklist for Moderate Sedation Permit

**Part I. Office Equipment, Monitoring and Emergency Equipment, Records**

A. Required Equipment and Records

- Oxygen and Supplemental gas-delivery system
- Suction and backup suction device
  
- Gas Storage facility
- Auxiliary lighting system
- Pulse Oximeter
- Automatic Non Invasive Blood Pressure Monitor
- Manual Sphygmomanometer and Stethoscope
- Recovery Area (monitoring equipment in area if recovery area is used)
- Automatic External Defibrillator (AED)
- Equipment Necessary to Obtain IV access and Delivery of IV fluids
- Appropriate Medications to Provide Level of Sedation for Which Permit Allows
- Full Face Mask, Positive pressure delivery device, Ambu Bag
- Tonsillar Suction
- Oral and Nasal Airways
- Equipment for Performing Cricothyrotomy or Emergency Airway Puncture

Office Records

- Staff and Doctor BLS certification
- Doctor ACLS certification
- Health History form
- Consent for Anesthesia and Surgery
- Anesthesia Record (ASA Status)
- Anesthesia Case Log
- Anesthesia Drug Log

B. Other Equipment (valuable equipment that doctors may want to have available)

Advanced Airways (LMA, Combi Tube, etc), Laryngoscope, Magill Forceps, Precordial Stethoscope, Nasal Cannula, board or other device to stiffen the back of the patient chair if CPR is necessary.

## **Part II: Required Emergency Medications (required at a minimum)**

Check all Expiration Dates

\*\*It is the permit holders' responsibility to confirm ALL drug concentrations from individual suppliers\*\*

\*\*Pediatric dosing should be calculated mg/kg determined by the specific medication\*\*

Doses and Delivery Guidelines may be described in Part III-medical emergencies

### [ REVERSAL AGENTS]

\_\_\_\_\_ Naloxone (*Narcan*) 0.4mg/ml

Reversal of opioids

0.1mg-0.2mg (IV/IM/SC/ET)

\_\_\_\_\_ Flumazenil (*Romazicon*) 0.1 mg/ml

Reversal of benzodiazepines

Adults: recommended initial dose of is 0.2 mg over 15 sec, may repeat q 1min  
(1g max dose)

Peds: recommended initial dose is 0.01 mg/kg (up to 0.2 mg)

May be associated with the onset of seizures

### [CARDIAC, AIRWAY AND ALLERGIC REACTION MEDICATIONS]

\_\_\_\_\_ Epinephrine 1mg/ml

\_\_\_\_\_ ASA (Chewable uncoated Aspirin) 160-325mg

\_\_\_\_\_ Nitroglycerin (*Nitrolingual, Nitroquick, Nitrostat*)

\_\_\_\_\_ Ephedrine Sulfate (*Ephedrine*) 50mg/ml

\_\_\_\_\_ Intravenous Fluids (NS, Lactated Ringers, Dextrose in water)

\_\_\_\_\_ Diphenhydramine (*Benedryl*) 50mg/ml

\_\_\_\_\_ Albuterol (*Ventolin*) Bronchodilator Mist Metered Dose Inhaler

### [OTHER REQUIRED MEDICATIONS]

\_\_\_\_\_ Instant Glucose or other Sugar Source to treat Hypoglycemia

\_\_\_\_\_ Anti Seizure Medication (*Versed, Valium*)

[Suggested Medications to Treat Medical Emergencies and Non-Emergent Situations]

(not required but can be valuable if needed)

- Succinylcholine (*Anectine*) 20mg/ml  
Ultra short-acting depolarizing skeletal muscle relaxant  
Used in laryngospasm  
10-40mg IV (0.15-0.3mg/kg) or 4mg/kg IM
- Methylprednisolone (*Solu-Medrol*) 125mg  
corticosteroid hormone (glucocorticoid)  
potent anti-inflammatory steroid—useful in allergic reactions.  
adult: 10-250mg IV  
pediatric: 0.5-1 mg/kg IV q6h

- Morphine- Opioid agonist—useful if suspect Myocardial Infarction  
Multiple available routes of administration)  
1-3mg doses IV administration during MI q5 min
- Ammonia Inhalants (useful in syncope)

#### Antihypertensives

- Labetalol (*Trandate*) 5mg/ml  
mixed alpha/beta adrenergic antagonist (alpha & beta-blocker)  
IV infusion of 2mg/min (additional dosing 5-20mg IV)  
*Relative contraindications for use in patients with asthma, congestive heart failure, any degree of heart block, bradycardia, or those in cardiogenic shock.*
- Esmolol (*Brevibloc*) 10mg/ml  
Cardioselective beta<sub>1</sub> receptor blocker  
Rapid onset and a very short duration of action  
*Commonly used in patients during surgery to prevent or treat tachycardia, and is also used in treatment of acute supraventricular tachycardia.*

#### Bradycardia and Hypotension

- Atropine (*Atropine*) 0.4 mg/ml  
(*Atropine - Ansyr® prefilled syringe*) 0.1mg/ml  
Muscarinic receptor antagonist  
Adults: 0.5 – 1.0mg  
Peds: 0.01 to 0.03 mg/kg body weight

#### Antiarrhythmics

- Amiodarone (50 mg/ml) 300mg IV once then 150mg IV
- Lidocaine (1-1.5mg/kg first dose)

#### Antiemetics

- Promethazine (*Phenergan*) IV/PO/PR/IM  
Antihistamine  
Adult: 12.5mg-25mg  
Peds: (>2yrs) 0.1mg/kg (12.5mg max)
- Ondansetron (*Zofran*) 2mg/ml IV & 4mg PO  
Selective blocking agent of the serotonin 5-HT<sub>3</sub> receptor  
Adult: 4mg  
Peds: (1mo-12yrs) 0.1mg/kg

#### Drugs for Endotracheal Intubation “Lane”

Lidocaine  
Atropine  
Naloxone  
Epinephrine

# STATE OF IDAHO –BOARD OF DENTISTRY



5/2/2011

## POLICY FOR GENERAL ANESTHESIA AND DEEP SEDATION PERMIT EVALUATIONS

### DEFINITION<sup>1</sup>

*General anesthesia* shall mean a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

*Deep sedation* shall mean a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

### SCOPE

The following guidelines have been based upon the *AAOMS Office Anesthesia Evaluation Manual 2006 Edition*, and the *American Heart Association Advanced Cardiovascular Life Support Provider Manual 2006 edition*. This is a guideline and is not meant to be a complete review of the manual.

### PERSONNEL AND STAFFING

During the period of sedation (before, during, and after the procedure) the patient will be attended by at least one person (in addition to the person performing the procedure) whose responsibilities will include monitoring the patient. This person (monitoring the patient) may be a dentist/physician, RN, or other qualified person (minimally B.C.L.S. certified), and will operate under the supervision of a dentist/physician who is immediately available. The supervising dentist/physician must be certified in Advanced Cardiac Life Support. The office staff should have regular, documented training in emergency procedures.

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<sup>1</sup>The Idaho State Board of Dentistry's rules regarding sedation are found at IDAPA 19.01.01 – Rules of the Idaho State Board of Dentistry.

## DRUGS AND MEDICATIONS

Route of administration and medications chosen should be well understood. Available reversal agents **must** be present in the office. Please note that dental assistants and dental hygienists are NOT permitted or authorized by the Administrative Rules of the Board of Dentistry to administer sedation medication(s).

## MONITORING AND DOCUMENTATION

Each patient should be monitored with non-invasive blood pressure, ECG, and pulse oximetry. Oxygen saturation, blood pressure, heart rate, and respiration should be recorded as a baseline, and then monitored every five minutes during the anesthetic, and then continued every fifteen (15) minutes until the patient meets the requirements for discharge. Respiratory and level of consciousness will be monitored continuously by observation, and significant changes noted. All medications, as well as vital signs must be recorded and remain with the patient's chart as a part of their permanent record. It is required to have documentation of an ASA classification and a completed medical history prior to sedation.

### ASA Physical Status Classification System

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## RECOVERY

The patient will be monitored closely following the last dose of medication given until the patient meets the discharge criteria. This observation may take place at the site of the procedure or in a designated recovery area. While in the recovery area, the patient will be observed, with the doctor immediately available. All vital signs are to be monitored every 15 minutes. Patients are discharged when they meet discharge criteria.<sup>2</sup>

Stable vital signs

No airway difficulties

No respiratory distress

Return to usual state of alertness

Return to usual ambulatory status (except as limited by surgery)

Stable wound site

Ability to retain fluids

Responsible adult caretaker to accompany patient (patient and responsible party to be provided information on contact person if problems arise).

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<sup>2</sup>Source: Longnecker/Tinker/Morgan, *Principles and Practice of Anesthesiology*, page 2260, (Mosby 2<sup>nd</sup> Ed. 1998).

Office Evaluation Checklist for General Anesthesia/Deep Sedation Permit

**Part I. Office Equipment, Monitoring and Emergency Equipment, Records**

Required Equipment and Records

- Oxygen and Supplemental gas-delivery system
- Suction and backup suction device
- Gas Storage facility
- Auxiliary lighting system
- Pulse Oximeter
- Automatic Non Invasive Blood Pressure Monitor
- Manual Sphygmomanometer and Stethoscope
- Recovery Area (monitoring equipment in area if recovery area is used)
- Automatic External Defibrillator (AED)
- Equipment Necessary to Obtain IV access and Delivery of IV fluids
- Appropriate Medications to Provide Level of Sedation for Which Permit Allows
- Full Face Mask, Positive pressure delivery device, Ambu Bag
- Tonsillar Suction
- Oral and Nasal Airways
- Equipment for Performing Cricothyrotomy or Emergency Airway Puncture
- Advanced airways (LMA, Combi Tube, etc.)
- Laryngoscope
- Magill Forceps
- Precordial Stethoscope
- Nasal Cannula
- Board or other device to stiffen the back of patient chair if CPR necessary

Office Records

- Staff and Doctor BLS certification
- Doctor ACLS certification
- Health History form
- Consent for Anesthesia and Surgery
- Anesthesia Record (ASA Status)
- Anesthesia Case Log
- Anesthesia Drug Log

## **Part II: Required Emergency Medications (required at a minimum)**

Check all Expiration Dates

\*\*It is the permit holders' responsibility to confirm ALL drug concentrations from individual suppliers\*\*

\*\*Pediatric dosing should be calculated mg/kg determined by the specific medication\*\*

Doses and Delivery Guidelines may be described in Part III-medical emergencies

### [ REVERSAL AGENTS]

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Adults: recommended initial dose of is 0.2 mg over 15 sec, may repeat q 1min  
(1g max dose)  
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\_\_\_\_\_ Diphenhydramine (*Benedryl*) 50mg/ml  
\_\_\_\_\_ Albuterol (*Ventolin*) Bronchodilator Mist Metered Dose Inhaler

### [OTHER REQUIRED MEDICATIONS]

\_\_\_\_\_ Instant Glucose or other Sugar Source to treat Hypoglycemia  
\_\_\_\_\_ Anti Seizure Medication (*Versed, Valium*)

[Suggested Medications to Treat Medical Emergencies and Non-Emergent Situations]  
(not required but can be valuable if needed)

- Succinylcholine (*Anectine*) 20mg/ml  
Ultra short-acting depolarizing skeletal muscle relaxant  
Used in laryngospasm  
10-40mg IV (0.15-0.3mg/kg) or 4mg/kg IM
- Methylprednisolone (*Solu-Medrol*) 125mg  
corticosteroid hormone (glucocorticoid)  
potent anti-inflammatory steroid—useful in allergic reactions.  
adult: 10-250mg IV  
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- Morphine- Opioid agonist—useful if suspect Myocardial Infarction  
Multiple available routes of administration  
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*Relative contraindications for use in patients with asthma, congestive heart failure, any degree of heart block, bradycardia, or those in cardiogenic shock.*
- Esmolol (*Brevibloc*) 10mg/ml  
Cardioselective beta<sub>1</sub> receptor blocker  
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Adults: 0.5 – 1.0mg  
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Antihistamine  
Adult: 12.5mg-25mg  
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Selective blocking agent of the serotonin 5-HT<sub>3</sub> receptor  
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Drugs for Endotracheal Intubation “Lane”

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Atropine

Naloxone

Epinephrine