



# Idaho State Board of Dentistry Sedation News

## Board of Dentistry Rule 060 amended 3/29/12

The following amendment to Rule 060 was passed by the Idaho legislature and became effective as of 3/29/2012.

### 060. MODERATE SEDATION (RULE 60).

Dentists licensed in the state of Idaho cannot administer moderate sedation in the practice of dentistry unless they have obtained the proper moderate sedation permit from the Idaho State Board of Dentistry. A moderate sedation permit may be either enteral or parenteral. A moderate enteral sedation permit authorizes dentists to administer moderate sedation by either enteral or combination inhalation-enteral routes of administration. A moderate parenteral sedation permit authorizes a dentist to administer moderate sedation by any route of administration. A dentist shall not administer moderate sedation to children under sixteen (16) years of age and one hundred (100) pounds unless they have qualified for and been issued a moderate parenteral sedation permit.

### Inside this issue:

BOP-Controlled Substances Update	2
BOP-Controlled Substances Update/ Committee Members/Did You Know?/Overdue	3
Sedation Seminar Information	4
Anesthesia Forms	5
Anesthesia Forms	6
Anesthesia Forms	7

## Wanted!!!

Currently, there is a tremendous need for qualified permit holders willing to serve as evaluators in the Coeur d'Alene area. Also, the southwest area has a critical need for moderate enteral evaluators. Who is qualified to be an evaluator? Any licensed dentist or dental specialist who maintains a sedation permit to provide anesthesia at or above the level of the doctor that is being reviewed. Training is required prior to evaluating offices and you cannot evaluate someone if there is a conflict of interest or appearance of a conflict of interest (i.e. partner or associate, relative, your best fishing buddy, etc.). If you are interested in serving as an evaluator, please contact Stephanie Seal at the Board of Dentistry office (208) 577-2639.

## Board of Dentistry Ad Hoc Anesthesia Committee

The Board of Dentistry's ad hoc anesthesia committee is a standing committee of the Board. Committee meetings are typically held annually. The committee conducts on-going reviews of standards related to the permit process in order to prepare and recommend revisions to administrative rules, policies and protocols regarding the conduct of office anesthesia permit evaluations. The committee is comprised of two oral and maxillofacial surgeons, six moderate parenteral general dentists, one moderate parenteral periodontist, two moderate enteral general dentists, and one current member of the Board.

# Board of Pharmacy – Controlled Substances Update

## Interview with Fred Collings, Chief Investigator, Idaho Board of Pharmacy.

*In the past two years, there have been several significant revisions to the Board of Pharmacy's laws and rules which affect prescriber responsibilities. A revision passed in 2011 requires weekly reporting of controlled substances dispensed. Would you detail the requirements of this rule change?* **The Board of Pharmacy (BOP) is authorized to collect specific information regarding controlled substances dispensed by a controlled substance registrant (i.e. dentist, veterinarian, physician, physician assistant, and nurse practitioner) on a weekly basis or more often, as may be required by the board in the future. Information must include Rx#, date dispensed, quantity, days' supply, patient name, address, DOB, and gender. The information can be faxed, emailed or mailed to the Board of Pharmacy. Pharmacies have been required to report this information for at least fifteen years. The information received by BOP is then entered into the prescription monitoring program or PMP. There is no reporting requirement for non-controlled substances. The purpose of this requirement is to have all controlled substances dispensed in the PMP.**

*Is the prescription monitoring program (PMP) available to prescribers 24/7? How would a prescriber obtain access to the PMP? Could a dentist designate a staff member to check the PMP before prescribing to patients?* **The PMP is available 24/7 and is available to all registrants. A short registration form is required. Registrants may designate a staff member to check the PMP.**

*In 2012 the Idaho Legislature repealed the BOP's rules and a new set of rules was enacted effective 3/29/12. There are several sections affecting prescribers, such as the requirement that prescribers who dispense medications must register as a PDO, or Prescriber Drug Outlet. Would you describe the requirements for registration?* **Any facility dispensing any prescription drug (controlled and non-controlled) must register with the Board of Pharmacy. The effective date of the requirement was July 1, 2012. Practitioners who only administer medications to patients, or distribute samples are exempt from PDO registration. A PDO registration is for the facility, not individual practitioners. (for a complete list of requirements see Board of Pharmacy Rules at [www.bop.idaho.gov](http://www.bop.idaho.gov))**

*Given the small quantity of tablets typically needed for minimal sedation or oral moderate sedation, it seems that qualified dentists would find it more convenient for patients if they were to dispense medication rather than giving patients a prescription for one or two tablets. In this scenario, would the dentist be required to register as a PDO?* **Yes, any facility in which a practitioner dispenses medications (samples are exempt) must register as a PDO.**

*What is the intent of this rule?* **The intent is to ensure public safety by authorizing the Board of Pharmacy to inspect drug outlets.**

*If a dentist has given the patient a prescription for oral sedation and there is leftover medication, does the dentist have a responsibility for disposal of the leftover drugs?* **No, practitioners are prohibited from taking back medications. Medication which was prescribed belongs to the patient and it is the patient's responsibility to properly dispose of leftover drugs. Patients can take leftover prescription drugs to collection bins provided by local law enforcement agencies.**

*If a dentist has expired medications, what are the options for disposal?* **Board of Pharmacy rule 263 states that a registrant must dispose of expired, excess or unwanted controlled substances through the services of a DEA-registered reverse distributor or by another method permitted by federal law.**

How would a dentist contact a reverse distributor? **The local DEA office (386-2100) can assist with this.**

Would you explain the difference between administering drugs vs. dispensing drugs? For example, if a dentist gives a patient one triazolam tablet with instructions to take the pill the night before scheduled treatment, which category would this fall under? **This would be considered dispensing. The following definitions apply: Dispensing: medications given to a patient to ingest or consume outside the office setting. Prescribing: practitioner creates prescription and patient picks up medication at the pharmacy. Administer: medications given to a patient while in the practitioner's office.**

What other rule or law changes are of significant note? **Idaho Code 54-1739(3) requires prospective drug review and counseling and is applicable to prescribers (not just pharmacists) who dispense medications to patients. Drug Enforcement Administration (DEA) has required a biannual CS inventory for decades. As per existing Statute 37-2720, the Board may enforce DEA inventory and record-keeping requirements. In 2011, however, Idaho started requiring an annual CS inventory of prescribers.**

### DID YOU KNOW?

ACLS certification/re-certification hours are accepted toward the continuing education required for permit renewal. Twenty-five hours of sedation-related continuing education (which may include training in medical/office emergencies) is required every five years.

For moderate sedation, an initial office anesthesia evaluation must include observation of a sedation case. The five-year follow-up evaluations no longer require observation of a sedation case. Evaluators will instead review a log of anesthesia cases. Implementation of a case log could be as simple as expanding on your drug log. \*See sample forms

Rule 62 (Use of Other Anesthesia Personnel) if a dentist travels to another dentist's office and provides the anesthesia and performs the dentistry, then a site evaluation is required.

If you are **dispensing** controlled substances to patients, there are several new Board of Pharmacy requirements, such as registration as a Prescriber Drug Outlet (PDO) and weekly reporting of medications dispensed. Contact Board of Pharmacy for details.... 334-2356.

### COMMITTEE MEMBERS

Dennis J. Garpetti, DDS  
Chairman  
Boise, ID

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Eric R. Barney, DDS  
Boise, ID

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Lynn R. Blaisdell, DDS  
Boise, ID

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Val Garn, DDS  
Burley, ID

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Zach Haws, DDS  
Kuna, ID

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Charles M. Hunter, DMD  
Idaho Falls, ID

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Kevin G. Kempers, DDS, MD  
Boise, ID

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Jack H. Lincks, DDS, MS  
Boise, ID

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Brett D. Naylor, DDS  
Preston, ID

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Eric W. Nelson, DDS, MD  
Boise, ID

.....  
Spencer C. Wirig, DMD  
Coeur d'Alene, ID

## Overdue Evaluations

Statewide there were over sixty offices due for an office anesthesia evaluation in 2012. As of early November, thirty-three offices have yet to be evaluated. Those permit holders whose evaluations are not complete by January 25, 2013 (date of next Board of Dentistry meeting) will be subject to Board review. If you are due for an evaluation, YOU are responsible for contacting and scheduling reviewers. If you need assistance in scheduling your review please notify Stephanie Seal at the Board of Dentistry office (208) 577-2639.

## SEDATION SEMINAR

Location/Time: TBA Course Fee: TBA Date: Friday, May 17, 2013

Full Day, 2 Part Seminar

For more information email [drgarpetti@lifemilesdds.com](mailto:drgarpetti@lifemilesdds.com)

### **Morning Session: 8am-11:30 am: Appropriate for All Doctors and Auxiliaries Medical Urgencies and Emergencies in Dental Practice**

*Prevention, Recognition and Management"*

**Description:** Risks for serious medical emergencies can be reduced significantly by establishing a sound plan of treatment predicated on the patient's medical status. This seminar will address fundamentals of preoperative assessment as well as a rational approach to recognition and management of medical emergencies in the dental office. After reviewing the essential pathophysiological features of each condition, a systematic algorithm approach to treatment will be presented. Equipment and medications will be thoroughly addressed, including sources for purchase.

**Topics:**

- Primary Assessment of Emergencies
- Principles of Airway Management and Essential Emergency Drugs
- Conditions and Treatment Algorithms

**Objectives:**

1. Describe the principles of emergency prevention including office / staff preparedness and the essential components of an appropriate medical evaluation.
2. Explain the components of a thorough primary assessment of a patient experiencing an adverse event.
3. Describe the pathogenesis and appropriate algorithms for managing urgencies and emergencies that may present during dental treatment.

### **Afternoon Session: 12:30am-4:00 pm:**

### **Appropriate For Doctors providing Minimal and Moderate Sedation**

#### **Safe and Effective Management of the Apprehensive Patient**

*Strategies for Minimal and Moderate Sedation"*

**Description:** The scientific principles for the control of patient anxiety during dental treatment. Emphasis is placed on agents having proven safety and efficacy in controlling preoperative apprehension. Principles of monitoring, including pulse oximetry are also addressed.

**Topics:**

- Sedation in Perspective
- Nitrous Oxide: Cogent Aspects for Proper Use
- Oral Sedation: The Benzodiazepines
- Parenteral Sedation Medications
- Patient Monitoring

**Objectives:**

1. Characterize minimal, moderate and deep sedation, and distinguish these from general anesthesia.
2. Describe the appropriate use of various drug classes useful for providing sedation, including differences in single drug versus multiple drug regimens.
3. Describe appropriate monitoring of perfusion, ventilation and oxygenation
4. Explain appropriate criteria for patient discharge.

### **Speaker: Daniel E. Becker DDS**

- Associate Director of Education General Dental Practice Residency, Miami Valley Hospital Dayton, OH
- Associate Editor, Anesthesia Progress (Journal of American Dental Society of Anesthesiology)
- ACLS Instructor American Heart Association
- Pharmacy and Therapeutics Committee and Sedation Committee Miami Valley Hospital
- Chairman, Human Patient Simulation Training Subcommittee American Dental Society of Anesthesiology



**Moderate**  
**Sedation History Sheet**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure being performed: \_\_\_\_\_

ASA Classification: I II III IV

Prep At: \_\_\_\_\_ AM/PM NPO: \_\_\_\_\_

Patient History Reviewed: \_\_\_\_\_ Med: Y / N

Pre-Op Vital Signs: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

Saturation Appearance: \_\_\_\_\_ Consent Form Signed: Y / N

<b><u>Medication(s)</u></b>	<b><u>Time</u></b>	<b><u>Amt</u></b>	<b><u>Running Total</u></b>
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**Intra-Op Vital Signs (every five minutes)**

Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____
Time _____ AM/PM	BP _____	Pulse _____	Resp _____	O2 Saturation _____

O2 by nasal mask: Time Started \_\_\_\_\_ AM/PM Flow: \_\_\_\_\_

IV Discontinued at: \_\_\_\_\_ AM/PM

Post-Op Vital Signs: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ O2 Saturation \_\_\_\_\_

Release Vital Signs: BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ O2 Saturation \_\_\_\_\_

Time, Release to whom, and condition of patient:

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Assistant Initials

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\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Doctor Signature

