



IDAHO STATE BOARD OF DENTISTRY

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NOTIFICATION TO BOARD REGARDING USE OF OTHER ANESTHESIA PERSONNEL AS REQUIRED BY IDAPA 24.31.01.048

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

02. The qualified sedation provider who induces sedation 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 sedation being induced. The sedation 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 sedation 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 sedation 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 sedation provider".

By signing below, I hereby attest that I intend to perform dental procedures for a patient or patients who may receive sedation induced by an anesthesiologist, a certified registered nurse anesthetist, or another dentist with a sedation permit. I further attest that I have reviewed the attached rules regarding sedation 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 sedation being provided.

Dentist Name: _____

Practice Address: _____

Office Telephone Number: _____ Email: _____

Printed Name of Dentist

Printed Name of Sedation Provider

Signature of Dentist

Signature of Sedation Provider

Date

Date

DISCUSSION TOPICS FOR A DENTIST USING OTHER ANESTHESIA PERSONNEL

GENERAL QUESTIONS TO ASK THE SEDATION PROVIDER:

1. What is your background/experience in providing office-based sedation?
2. What expectations and requirements do you have for the dentist, auxiliary staff, and facility?
3. What are some potential emergencies associated with the administration of sedation?
4. What is your training/experience in recognition and management of emergencies.
5. In the event of a medical emergency, what is your plan of action?
6. What are the roles of the dentist and auxiliary staff during a medical emergency?
7. What is the office's role for preparing a patient for sedation? What is your role?
8. What is your protocol for monitoring a patient post-operatively and what are your discharge criteria?
9. Describe a sedation case start to finish.
10. How and where are patient sedation records stored?

THE FOLLOWING FACILITY, EQUIPMENT, AND DRUGS ARE REQUIRED TO BE AVAILABLE AT THE TIME OF THE SEDATION APPOINTMENT. DISCUSS WITH THE SEDATION PROVIDER WHO IS RESPONSIBLE FOR PROVIDING EACH ITEM.

- * An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two (two) individuals to freely move about the patients.
- * An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support.
- * A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure.
- * Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure.
- * An oxygen delivery system with adequate full-face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system.
- * A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. (The recovery area can be the operating room)
- * A sphygmomanometer, pulse oximeter, oral and nasopharyngeal airways, supraglottic airway devices, and automated external defibrillator (AED).
- * Emergency drugs including, but not limited to, pharmacologic antagonists appropriate to the drugs used, bronchodilators, and antihistamines.

FOR MODERATE PARENTERAL SEDATION – Precordial/pretracheal stethoscope or end-tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants.

FOR GENERAL ANESTHESIA/DEEP SEDATION– Precordial/Pretracheal stethoscope and end-tidal carbon dioxide monitor, emergency drugs including pharmacologic antagonists appropriate to drugs used, vasopressors, bronchodilators, antihistamines, and anticonvulsants.