

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

DENTAL GENERAL ANESTHESIA/CONSCIOUS SEDATION EVALUATION FORM

Permi	t: General Anesthesia/Sedation	☐ Conscious Sedation	Date of Site Eva	aluation			
Name	of Applicant:						
	Last	First		Middle	Maiden		
Office	Address:	City	State		Code		
Day ti	me telephone number:	•		•	Coue		
Duy ti		Examiners (Please Print I					
1		·					
2	-	Day Ti	me Telephone				
		OFFICE EQUIPMEN	<u>VT</u>				
	t as specifically noted, all practit ment. <i>PLEASE CHECK IF EQ</i>						
	Portable gas delivery system capable of positive pressure ventilation;						
	Equipment capable of administering 100% oxygen in all rooms (operatory, recovery, examination, and reception);						
	Portable bag-mask ventilator (ambu-bag);						
Full face mask:							
	adult; and pediatric;						
	Nasal hood or cannula;						
	Oral airways (oropharyngeal	airways):					
	adult; and pediatric;						
	Nasopharyngeal airways:						
	adult; and pediatric:						

Ш	Endotracheal tubes with appropriate connectors and syringe for inflation, as follows: (not required for conscious sedation permit)					
	adult endotracheal tubes; child endotracheal tubes; connectors; syringe; and stylet (pediatric and adult);					
	Laryngoscope (straight or curved blade), as follows: (not required for conscious sedation permit)					
	adult blade; pediatric blade; extra batteries; and extra bulb (or blade if fiberoptic blade);					
	Combi tube (not required for general anesthesia permit);					
	Portable suctioning equipment capable of use during electrical power failure;					
	Equipment capable of suctioning the throat in all rooms;					
	Nasopharyngeal suction catheter, for pulmonary lavage via endotracheal tube (not required for conscious sedation permit);					
	Yankauer or similar suction;					
	McGill forceps;					
	Tongue grasping forceps;					
	Equipment for emergency crico-thyrotomy or tracheotomy and the appropriate connectors for administering 100% oxygen;					
	Blood pressure cuffs:					
	adult; and pediatric;					
	ECG;					
	Defibrillator;					
	Board or rigid surface for cardiopulmonary resuscitation (CPR);					
	Light source capable of use during electrical power failure;					

	Intravenous solutions and equipment for administration:					
	250 cc bags & 1000 cc bags of sterile saline;Sterile water for mixing or dilution of drugs;					
	Appropriate intravenous needles, tubing and drips.					
<u>E0</u>	QUIPMENT AND PERSONNEL FOR MONITORING DURING ADMINISTRATION OF DEEF SEDATION OR GENERAL ANESTHESIA					
	means of monitoring heart rate:					
	 ECG; or pulsemeter; or pretracheal or precordial stethoscope; or direct palpation of pulse; 					
	means of following respirations and level of oxygenation:					
	pretracheal or precordial stethoscope, or capnography; andpulse oximeter;					
	means of monitoring blood pressure for child and adult.					
	EQUIPMENT AND PERSONNEL FOR CONTINUOUS MONITORING DURING THE ADMINISTRATION OF CONSCIOUS SEDATION:					
	means of monitoring heart rate:					
	 ECG; or pulsemeter; or pretracheal or precordial stethoscope; or direct palpation of pulse; 					
	means of following respirations and level of oxygenation:					
	 pretracheal or precordial stethoscope, capnography or direct observation of chest; and pulse oximeter; 					
	means of monitoring blood pressure for child and adult.					

EMERGENCY DRUGS

Anticonvulsant drugs:				
	midazolam; or diazepam;			
Antiemetic:				
	droperidol; or odansetron; or			
Beta agonist	onist: albuterol inhaler;			
Cardiovascular medications:				
	Antiarrhythmics:			
	lidocaine or ami procainamide; a diltiazem;			
	Atropine (either 0.4 mg	/ml or 1.0 mg/ml);		
	Aspirin 160 or 325 mg	dose;		
	Beta blocker:			
	esmolol; or propranolol; or atenolol; or metoprolol;			
	Epinephrine 1 mg:			
	1:1,000 solution 1:10,000 solutio			
	Diuretic: furosemide 10	mg/ml;		
	Ditroglycerin (tablet or	sprav):		

	Vasodilators:				
	labetalol; and hydrazaline or diazoxide;				
	Vasopressors:				
	ephedrine; and phenylephrine;				
	Corticosteroids:				
	dexamethasone; or hydrocortisone sodium succinate; or methylprednisolone sodium succinate;				
	Dantrolene (must be in facility for offices in which agents causing malignant hypothermia are used);				
	Dextrose 50%;				
	Diphenhydramine;				
	Reversal agents:				
	naloxone; and flumazenil;				
	Opioid: morphine;				
	Procaine 10 mg/ml;				
	Succinylcholine.				
RECORDS					
which include the da	o are being evaluated shall maintain anesthesia or conscious sedation records ate of procedure, nothing by mouth (NPO) status, availability of responsible adult al signs, drugs, and doses administered.				
☐ DATE	☐ NPO ☐ ESCORT ☐ V/S ☐ ALLERGIES ☐ DRUGS ☐ DOSES				

CASE OBSERVATIONS

CASE #1

General An	Anesthetics: Procedure: Time: Fail					
			le:			
CASE #2						
General An	Anesthesia or Deep Anesthetics: Procedure: Time: Fail Basis for failure.		ole:			
	Other remarks:					
			MEDICAL EMERGE	ENCIES		
Laryngospa Broncospas Emesis Aspiration FB in Airwa Angina Syncope	sm 🔲 m 🔲	FAIL	Acute M.I. Acute Hypotension Hypertensive Crisis Convulsions CPR Allergic Hyperventilation	P A [[[[[ASS FAIL	

EXIT INTERVIEW

Name of Applicant:		Date of Site l		
Practitioner:		BCLS	ACLS	
Staff:		BCLS	ACLS	
OUTCOME OF EVALUATION	PASS	FAIL		
EXAMINERS				INITIALS
1	License number			
2		License number_		

PLEASE RETURN THIS EVALUATION FORM TO:

DEPARTMENT OF PUBLIC HEALTH
DENTAL LICENSURE
410 CAPITOL AVE., MS# 12 APP
P.O. BOX 340308
HARTFORD, CT 06134-0308
860-509-8388

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