



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Dentistry

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SEDATION PERMIT FACILITY CHECKLIST

Permit Credential No.: _____ Date of Inspection: _____ Initial Re-inspection

Facility Name: _____

Facility Address: _____

Physical Address different than listed: _____

Practitioners for the Site: _____

Type of Sedation: _____

Type of Administration: Dental Administration Licensed Anesthetist Administration

RECORDS

Have sample forms or current patient charts available for Inspectors to review.

1. Patient chart contains: **SC Code 40-15-450(C)**
 - a. identification of the patient
 - b. diagnosis and justification for the treatment
 - c. identification of procedure (code preferred) or narrative of procedure
 - d. documentation of outcome and follow up care
2. Informed consent where the patient, parent, guardian, or caregiver is advised of the procedure associated with the delivery of any sedative agents and the proposed sedation **SC Code 40-15-450(B)**
3. Baseline vital signs **SC Code 40-15-410(E)(2)(c) and SC Code 40-15-410(G)(2)(c)**
If vital signs are not documented, justification of patient's behavior prohibiting the determination must be documented.
4. Documentation of physical examination to support diagnosis. **SC Code 40-15-410(E)(2)(d) and (G)(2)(d)**
5. Preoperative dietary restrictions based upon sedative techniques **SC Code 40-15-410(E)(2)(e) and (G)(2)(e)**
6. Postoperative verbal and written instructions – required to be given to the patient, parent, escort, guardian, or caregiver. **SC Code 40-15-430(C)(5)**

- 7. Time-oriented Anesthesia Record: **SC Code 40-15-410(D) and (H)**
 - a. Pulse Oximetry
 - b. Heart Rate
 - c. Respiratory Rate
 - d. Continuous documentation of patient ventilation
If using volatile anesthetic agents, End-tidal CO2 measurements must be documented.
 - e. Blood Pressure
 - f. Patient Weight
 - g. All drugs and dosages
 - a. Intravenous, Inhalation or Oral
 - b. Type of Anesthesia
 - h. Duration of Procedure: start and end times

EQUIPMENT

- 1. Non-Invasive blood pressure monitor **SC Code 40-15-410(F)(1)(a)(iv) and (H)(1)(g)(iv)** Serial No.: _____
- 2. Pulse Oximeter **SC Code 40-15-410(F)(1)(a)(ii) and (H)(1)(g)(i)** Serial No.: _____
- 3. Defibrillator/Automated External Defibrillator **SC Code 40-15-410(G)(1)(h)** Serial No.: _____
- 4. Suctioning and back-up Suctioning Device **SC Code 40-15-410(F)(2)** Serial No.: _____
- 5. Back up lighting
- 6. Body temperature monitoring device **SC Code 40-15-450(C)(5)**
- 7. Chair or operating table to allow for performance of CPR **SC Code 40-15-410(G)(1)(j)**
- 8. Equipment to establish and maintain IV access **SC Code 40-15-410(E)(1)(d) and (G)(1)(d)**
- 9. Positive Pressure Oxygen Delivery System **SC Code 40-15-410(E)(1)(a) and (G)(1)(a)**
- 10. Inhalation equipment with appropriate fail-safe system that are checked and calibrated: **SC Code 40-15-410(E)(1)(b) and (G)(1)(b)** Serial No.: _____
 - a. Functioning device that prohibits the delivery of less than thirty percent oxygen;
 - or**
 - b. Calibrated and functioning in-line oxygen analyzer with audible alarm
- 11. Scavenging system available if gasses other than oxygen or air are used **SC Code 40-15-410(E)(1)(c) and (G)(1)(c)**
- 12. EKG Machine **SC Code 40-15-410(F)(1)(a)(v) and (G)(1)(i)** Serial No.: _____
- 13. Breathing monitoring system: end tidal CO2, verbal communication, auscultation with stethoscope **SC Code 40-15-410(F)(1)(a) and (G)(1)(e)**

14. Recovery Area: **SC Code 40-15-430(C)**

- a. Available oxygen
- b. Adequate suction
- c. Adequate lighting
- d. Staff member observation: *For minimal/moderate sedation, one trained personnel is required. For deep sedation/general anesthesia, two trained personnel are required.*

For Deep Sedation/General Anesthesia Inspections

Must meet the checklist above and additional following requirements.

15. Capnography monitor **SC Code 40-15-410(G)(1)(g)**

Capnography must be utilized if volatile anesthetic agents are used.

Serial No.: _____

16. Advanced airway management equipment/drugs: i.e. laryngoscopy, endotracheal tubes, stylet, magill forceps, LMA, king airway, etc. **SC Code 40-15-410(G)(1)(e)**

Serial No.: _____

DRUGS

SC Code 40-15-410(F)(2) and (G)(1)(h)

	<u>Moderate Sedation Inspection</u>	<u>Deep Sedation/General Anesthesia Inspection</u>
1. Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
2. Vasopressor drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Bronchodilator drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Coronary artery vasodilator drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Dextrose 50% intravenous solution	<input type="checkbox"/>	<input type="checkbox"/>
6. Antihistamine drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Narcotic Antagonist drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Benzodiazepine Antagonist drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Corticosteroid drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Muscle relaxant drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Antiarrhythmic drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Anticholinergic drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Antihypertensive drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Intravenous medication – cardiopulmonary arrest treatment	<input type="checkbox"/>	<input type="checkbox"/>
15. Malignant hyperthermia (dantrolene) response mechanism, if using volatile inhalation gases.	<input type="checkbox"/>	<input type="checkbox"/>

Inspection Results: Pass Fail (Must schedule re-inspection within thirty (30) days from date of inspection)

Comments: _____

Signature of Dentist or Designee: _____ Date: _____

Signature of Inspector: _____ Date: _____

Per SC Board's Dental Sedation Act Clarification, Failure to pass the initial inspection will result in a re-inspection within thirty (30) days. Applicants who fail to pass the second inspection for non-compliance or exceed thirty (30) days, or require multiple rescheduling of an inspection greater than three (3) times, will be charged at a rate of \$75 per hour (including travel time) for each subsequent inspection.

Upon a passed inspection, Board staff will issue a sedation permit listing the permitted dentist(s). Sedation permits must be displayed in the facility's office. Dentists not listed on the sedation permit or practicing in facilities without a valid sedation permit may not offer sedation beyond local anesthesia, nitrous oxide/oxygen, minimal sedation, or any combination thereof. Licensed dentists found to be offering moderate sedation or deep sedation/general anesthesia without a valid sedation permit will be subject to Board action.