

**Department of Labor Licensing and Regulation
South Carolina Board of Dentistry
Permit and Facility Checklist**

Date of Evaluation

Time

Name of Practitioner(s) Evaluated

Type of Permit

Provider only

Provide and/or Administer

Location Inspected

A. Personnel

1. ACLS Certificate (Please have doctor's ACLS Certification available)
2. PALS Certificate (if appropriate)
3. Evidence of: 1 year advanced training in anesthesiology, Fellow of the American Dental Society of Anesthesiology, Diplomate of the American Board of Oral and Maxillofacial Surgery, Fellow of the American Association of Oral and Maxillofacial Surgeons or
Evidence of: (Moderate Parenteral) Completion of residency in Periodontics, Pedodontics, Endodontics, or General Practice Residency from accredited program or a predoctoral, postdoctoral, or continuing education program that included sixty hours of didactic instruction and twenty cases commensurate with each intended route of administration. (Moderate Enteral) Program to include 24 hours of didactic instruction with ten cases commensurate with each intended route of administration.
- 4 . List of assisting staff's credentials/CPR-BLS Certification: (attach list if more space needed)
Current credentials are within 2 years. All staff involved in direct patient care must be certified.

B. Records

Have sample forms or chart that would allow for but not limited to the following:

Note: The patients chart should identify the patient, support the diagnosis, justify the treatment, identify the procedure code or a suitable narrative and document the outcome and follow up care.

1. 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
2. Baseline vital signs must be obtained unless the patient's behavior prohibits the determination
3. A focused physical exam must be performed as consider appropriate
4. Preoperative dietary restrictions must be considered based on the sedative techniques
5. Postoperative verbal and written instructions must be given to the patient, parent, escort, guardian, or caregiver.

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For Sedation-General Anesthesia**

B. Records continued

6. Time oriented anesthesia record that would include:

Pulse oximetry	End-tidal CO2 measurements	Yes	No
Heart Rate	Respiratory Rate	Blood Pressure	
Type and amount of Intravenous fluid		Patient Weight	
All drugs, dosages, and local anesthetic		Type of Anesthesia used	
Patient's level of consciousness			

C. Equipment

1. Non-invasive Blood Pressure Monitor
2. Electrocardiograph
3. Defibrillator/Automated External Defibrillator
4. Pulse Oximeter
5. Capnography monitor
6. Positive Pressure oxygen delivery system suitable for the patient being treated
7. When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. It must also have:
 - a. a functioning device that prohibits the delivery of less than thirty percent oxygen; or
 - b. an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm
8. An appropriate scavenging system must be available if gasses other than oxygen or air are used
9. Equipment necessary to establish and maintain IV access
10. Equipment and drugs necessary to provide advanced airway management (examples but not limited to: Laryngoscope, Endotracheal tubes, Stylet, Magill forceps, LMA, King airway, etc)
11. Advanced Cardiac Life Support and reversal agents, if applicable
12. A capnograph must be used and an inspired agent analysis monitor should be considered if volatile anesthetic agents are used
13. Chair or operating table that allows for CPR to be performed on the patient
14. Means of monitoring breath sounds such as but not limited to: end tidal CO2, verbal communication, auscultation with stethoscope
15. Equipment to monitor body temperature
16. Appropriate suctioning device
17. Back up suction device
18. Back up lighting
19. Recovery Area
 - a. available oxygen
 - b. adequate suction
 - c. adequate lighting
 - d. can patient be observed by a staff member at all times

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C. Drugs

1. Vasopressor drug available?
2. Corticosteroid drug available?
3. Bronchodilator drug available?
4. Muscle relaxant drug available?
5. Intravenous medication for treatment of cardiopulmonary arrest available?

6. Narcotic antagonist drug available?
7. Benzodiazepine antagonist drug available?
8. Antihistamine drug available?
9. Antiarrhythmic drug available?
10. Anticholinergic drug available?
11. Coronary artery vasodilator drug available?
12. Antihypertensive drug available?
13. Mechanism of response for malignant hyperthermia (dantrolene)?
*if using ventilator gases
14. Dextrose 50% intravenous solution?

Overall Equipment-Facility: Adequate Inadequate

Comments

Recommendations

Printed Name of Evaluator

Signature of Dentist or Designee

Signature of Evaluator