

Guidelines for GA/CS On-Site Evaluation

A. Operatory:

1. An operating chair or table which permits the patient to be positioned so that the operating team can maintain the airway and alter quickly patient positions to treat an emergency.
2. A backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure. Battery-operated flashlight may suffice.
3. Suction equipment which permits aspiration of oral and pharyngeal cavities. Backup suction is recommended.
4. An adequate oxygen delivery system capable of delivering oxygen to the patient under positive pressure.
5. A recovery area, which can be an operatory, with oxygen, adequate lighting, suction, and electrical outlets and allows staff to observe patient during recovery.
6. Ancillary Equipment: (* optional)
 - a. Oral airways
 - b. Sphygmomanometer
 - c. Stethoscope
 - d. Syringes - IV needles
 - * e. EKG monitoring equipment
 - f. Oximetry
 - * g. Defibrillator
 - * h. Laryngoscope and tubes
 - * i. Continuous IV drip equipment

B. Records:

1. Appropriate medical history and physical evaluation records.
2. Adequate conscious sedation/general anesthesia records.
3. Patient's blood pressure, pulse rate, and respiration.
4. Drugs or other substance dosage.

C. Drugs: - not all agents necessary in each office (will depend on technique used)

1. Vasopressor
2. Narcotic antagonist
3. Antihistaminic
4. Anticonvulsant
5. Atropine
6. Oxygen
7. Antiemetic
8. Antihypertensive
9. Nitroglycerine or Amyl Nitrate

C. Drugs: (continued)

10. IV concentrated sugar
11. Ancetine
12. Adrenalin 1:10,000
13. Lidocaine
14. Bronchodilator
15. Cortical steroids
16. Ammonia
17. Any others that are pertinent to the technique used.

D. **Demonstration of Conscious Sedation/General Anesthesia Technique:**

1. Observation of one case of conscious sedation/general anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care.
2. Confirmation that all personnel directly associated with the administration of conscious sedation/general anesthesia or assisting during such procedures are adequately trained to perform those functions including emergency functions which they may be called upon to perform.
3. Determination that dentist and staff can recognize and treat all cited emergencies consistent with sound therapeutic principles. The dentist will be asked to respond to five (5) of the simulated emergencies listed below.

Emergency Consideration of

1. Respiratory depression and arrest	Recognition Patient position Positive pressure oxygen Narcotic antagonist Monitor
2. Laryngospasm	Prompt treatment Airway checked Suction Positive pressure oxygen Anectine Supplemental airways
3. Bronchospasm (acute bronchial asthma)	Bronchodilator Positive pressure oxygen
4. Emesis	Patient position Prompt treatment Vomitus evacuated Secure airway
5. Aspiration	Evaluation (auscultation and observation) Positive pressure oxygen Bronchospasm Activate EMS (911)
6. Angina pectoris	Nitroglycerin or Amyl nitrate Oxygen

Emergency (continued)	Consideration of (continued)
7. Myocardial infarction	Differential diagnosis Oxygen Pain reliever Activate EMS (911)
8. Hypotension	Pre op blood pressure and pulse Oxygen Drugs Position Sequential blood pressure
9. Hypertension	Pre op blood pressure and pulse Evaluation Antihypertensive agents
10. Syncope	Oxygen Patient position Vasopressor
11. Allergic reaction (anaphylaxis)	Oxygen Antihistamine Epinephrine Vasopressor Bronchodilator
12. Convulsions	Etiology Supportive measures Anticonvulsant drugs
13. Bradycardia	Monitor Atropine
14. Insulin Shock	Diagnosis Concentrated sugar (oral or IV)
15. Cardiac arrest	Rapid diagnosis Immediate therapy Adequate ventilation Adequate compressions Drug therapy Activate EMS (911)