

## **GUIDELINES FOR GENERAL ANESTHESIA/CONSCIOUS SEDATION 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 patient positions quickly 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 device 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. Adequate suction apparatus
  - c. Sphygmomanometer
  - d. Stethoscope
  - e. Syringes – IV needles
  - f. Continuous IV drip equipment
  - g. EKG monitoring equipment (\*)
  - h. Oximetry
  - i. AED Defibrillator
  - j. Laryngoscope and tubes (\*)

### **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
5. Informed Consent

### **C. Drugs (not all agents necessary in each office – will depend of technique used):**

1. Vasopressor
2. Narcotic antagonist

3. Benzodiazepine antagonist (Romazicon)
4. Ammonia
5. Atropine
6. Oxygen
7. Antihistaminic
8. Anticonvulsant
9. Antiemetic
10. Antihypertensive
11. Nitroglycerine or Amyl Nitrate
12. IV concentrated sugar
13. Anectine
14. Adrenalin 1:10,000
15. Lidocaine
16. Bronchodilator
17. Cortical steroids
18. Any other pertinent to technique

**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.

Respiratory depression and arrest	Recognition Patient position Positive pressure oxygen Narcotic antagonist Benzodiazepine antagonist Monitor
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Laryngospasm	Prompt treatment Airway checked Suction Positive pressure oxygen Anectine Supplemental airways
Bronchospasm (acute bronchial asthma)	Brochodilator Positive pressure oxygen
Emesis	Patient position Prompt treatment Vomitus evacuated Secure airway
Aspiration	Evaluation (auscultation and observation) Positive pressure oxygen Bronchospasm Activate EMS (911)
Angina pectoris	Nitroglycerin or Amyl nitrate Oxygen
Myocardial infarction	Differential diagnosis Oxygen Pain reliever Activate EMS (911)
Hypotension	Pre-op blood pressure and pulse Oxygen Drugs Position Sequential blood pressure
Hypertension	Pre-op blood pressure and pulse Evaluation Antihypertensive agents
Syncope	Oxygen Patient position Vasopressor
Allergic reaction (anaphylaxis)	Oxygen Antihistamine Epinephrine Vasopressor Bronchodilator
Convulsions	Etiology Supportive measures Anticonvulsant drugs
Bradycardia	Monitor Atropine
Insulin Shock	Diagnosis Concentrated sugar (oral or IV)
Cardiac arrest	Rapid diagnosis Immediate therapy Adequate ventilation Adequate compressions Drug therapy Activate EMS (911)