

STATE OF MAINE
BOARD OF DENTAL PRACTICE

**14 DAY NOTIFICATION
SEDATION APPLICATION**

- **REQUIRED WHEN A DENTIST INTENDS TO UTILIZE THE SERVICES OF A SEDATION/GENERAL ANESTHESIA PROVIDER**
- **REQUIRED WHEN A DENTIST WHO HOLDS AN ITINERANT PERMIT INTENDS TO PROVIDE SEDATION/GENERAL ANESTHESIA SERVICES IN AGREEMENT WITH AN OPERATING DENTIST**



Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333-0143

Office Telephone: (207) 287-3333
Office Facsimile: (207) 287-8140
TTY users call Maine Relay 711
Website: www.maine.gov/dental

USEFUL INFORMATION / RESOURCES

Board Rule, Chapter 14 Section XIII requires licensed dentists to notify the Board 14 days prior to utilizing the services of another sedation/general anesthesia provider. Board Rule, Chapter 14 Section IX requires licensee who hold an Itinerant Permit to notify the Board 14 days prior to providing services. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO LICENSEE

- Information Guide and Checklist
- 14 Day Notification Form
- Sample Forms -attached to the certification form are the following anesthesia related documents:
 - ✓ Anesthesia Record and Modified Aldrete Scoring System
 - ✓ Common Dental Practice Emergency cases
- Maine's Prescription Monitoring Program website
- Maine's Mandated Reporter Requirements for Suspected Child Abuse website
- Maine's Medical Professionals Health Program website

ADDITIONAL RESOURCES

- Board of Dental Practice Statute, Title 32, Chapter 143

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> or call (207) 287-3333.

- Board of Dental Practice Rules

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/dental/statutes-rules/statutes-rules.html> or call (207) 287-3333.

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

- Mandated Reporter Requirements for Suspected Child Abuse: Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the licensee knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Mandated Reporter Training and additional information regarding mandated reporting can be found at: <https://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information>
- Maine's Medical Professionals Health Program (MPHP): The MPHP works cooperatively with six Maine boards of licensure, hospitals, medical staffs, and professional associations to ensure that professionals in need of treatment and services get the help they need. The MPHP is not a treatment program, but their staff will help professionals to find the resources they need, to better understand the treatment and recovery process, and to implement strategies for return to safe practice. <https://www.mainemph.org/>
- 10 Day Reporting Requirement: Please be advised, pursuant to 32 MRS §18352, licensees and applicants are to report to the Office, in writing, any change of name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:
- Please submit the forms to the Board by USPS mail to our office. **Faxed submissions will not be accepted.** Your form will be reviewed and processed in the order that it was received. You may not utilize the services of a provider, or provide services in agreement with an operating dentist without first obtaining approval of the 14 Day Notification Form from the Board.
- Pursuant to M.R.S. Chapter 143 §18341 (3), An applicant has 90 days after being notified of the materials needed to complete the application to submit those materials to the board. You will be notified by mail if there are deficiencies with your application. You may also check the Board's website at www.maine.gov/dental. It is the responsibility of the applicant to see that all documentation is completed and returned to the Board for consideration. Failure to complete the application within that 90-day period may result in a denial of the application.

Check List

14 Day Notification – Board Rule, Chapter 14: Notification to the Board is required 14 days prior to either utilizing the services of another provider to administer sedation/general anesthesia; or when an itinerant permit holder seeks to provide services in agreement with an operating dentist. Complete this form and submit it to the Board – services cannot be provided without first obtaining an approval from the Board.

- Completed and signed 14 Day Notification Form (pgs. 1 - 9)
- Payment of the required fees: application fee \$100.00
- Copy of sedation and/or general anesthesia provider licensing credentials; as applicable
- Copy of current BLS certifications of personnel
- Copy of current ACLS or PALS certification (PALS required for pediatric services)

STATE OF MAINE / BOARD OF DENTAL PRACTICE

Mailing Address: 143 State House Station, Augusta, Maine 04333-0143

Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine Relay 711 Website: www.maine.gov/dental

Frequently Asked Questions:

- **Where do I send my form?** Our mailing address is 143 State House Station, Augusta, Maine 04333- 0143.
- **Can I come to Augusta to obtain approval?** No. The approval letter will be mailed to you.
- **How can I check the status of my form?** You can check our website: www.maine.gov/dental
- **Can I fax my form?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Maine Board of Dental Practice requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA§175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the form?
- Sign and date the notification form?
- Make a copy of your notification form to keep for your records?.



STATE OF MAINE BOARD OF DENTAL PRACTICE

14 DAY NOTIFICATION SEDATION APPLICATION SEDATION / GENERAL ANESTHESIA SERVICES

The purpose of the 14 Day Notification Form is for dentists to demonstrate compliance with the equipment, personnel, procedures, techniques and documents; and to provide a signed, written agreement in accordance with the following:

- Board Rule, Chapter 14 Section XIII – notification required prior to utilizing the services of another provider to administer sedation/general anesthesia; or
- Board Rule, Chapter 14 Section IX – notification required prior to an itinerant permit holder providing services in agreement with an operating dentist.

Complete this form and submit it to the Board – services cannot be provided without first obtaining approval from the Board.

IMPORTANT REMINDERS:

NOTIFICATIONS REQUIRED:

- 1) 14 day notification pursuant to Board Rule, Chapter 14:
 - a. If providing sedation and/or general anesthesia services in agreement with an operating dentist, or if utilizing the services of a provider then a 14 Day Notification Form must be submitted and approved by the Board prior to providing services.
- 2) New agreements; changes to existing agreements pursuant to Board Rule, Chapter 14:
 - a. Operating dentists and Itinerant permit holders are responsible for reporting any changes to existing written agreements previously approved by the Board.
 - b. Operating dentists are required to file a separate 14 Day Notification Form for approval prior to utilizing the services of each individual provider.
 - c. Itinerant permit holders are required to file a separate 14 Day Notification Form for approval prior to providing services in agreement with each individual operating dentist.
- 3) 30 day notification pursuant to Board Rule, Chapter 15
 - a. Submit a written report to the Board within 30 days from the date of occurrence of any mortality or significant incident requiring medical care as a sequel of dental care.

SAMPLE FORMS

Attached to the certification form are the following anesthesia related documents:

- 1) Anesthesia Record and Modified Aldrete Scoring System
- 2) Common Dental Practice Emergency cases

DENTIST RESPONSIBILITIES

- 1) Levels of Anesthesia. The operating dentist or permit holder must be prepared to manage deeper than intended levels of sedation and/or anesthesia. If a patient enters a deeper level of sedation than the provider is qualified to provide, then the dental procedure must stop until the patient returns to the intended level of sedation.
- 2) Completeness/Accuracy. The dentist submitting this notification is responsible for completing the form. Failure to complete the form may result in a preliminary denial, and failure to accurately complete the form may result in disciplinary action.



**STATE OF MAINE
BOARD OF DENTAL PRACTICE**

143 State House Station, Augusta, ME 04333-0143

14 DAY NOTIFICATION SEDATION APPLICATION (Revised 9/2021)

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

Since your last application filed with the Board, have you been charged, summonsed, indicted, arrested or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution?

(circle one) NO YES

If yes, enclose a detailed description of what happened (including dates), police report and a copy of the court judgment.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Maine Board of Dental Practice will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE	DATE
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Board of Dental Practice	
Required Fee: \$100.00	
<u>Please Select Permit Type:</u>	Office Use Only
<input type="checkbox"/> Moderate Sedation – Level I (Enteral) <input type="checkbox"/> Moderate Sedation – Level II (Parenteral) <input type="checkbox"/> Deep Sedation / General Anesthesia	1446 - \$100.00 <i>Office Use Only</i> Check # _____ Amount: _____ Cash #: _____ License #: _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Maine Board of Dental Practice to charge my			
<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	the following amount: \$		
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>		
SIGNATURE	DATE		

SECTION 1 – REQUIRED TO BE COMPLETED

Dentist Name: _____ License #: _____
Dental Practice Name: _____ Address: _____
Email: _____ Telephone #: _____

SECTION 2 – REQUIRED TO BE COMPLETED

Type of Notification: (Check either "A" or "B" below):

- A. I am a Maine licensed dentist notifying the use of a provider as indicated below:**
- Maine licensed dentist with the following permit:**
 Moderate Level I Moderate Level II Deep / Gen. Anesthesia Itinerant
Name: _____ License #: _____
 - Maine licensed physician or Maine licensed anesthesiologist (attach copy of license)**
Name: _____ License #: _____
 - Maine certified registered nurse anesthetist (attach copy of license)**
Name: _____ License #: _____

- B. I am a Maine licensed dentist with an itinerant permit notifying an agreement with the following operating dentist:**
- Dentist Name: _____ License #: _____
Dental Practice Name: _____ Address: _____ Telephone #: _____

SECTION 3 – REQUIRED TO BE COMPLETED ONLY IF UTILIZING A PROVIDER UNDER "A" NOTED ABOVE

Attach a copy of provider's current BLS Certification

Proof of BLS certification Expiration Date: _____

Attach a copy of provider's current ACLS or PALS Certification

Proof of ACLS Certification Expiration Date: _____

OR

Proof of PALS Certification* Expiration Date: _____

(*PALS required for dentists providing pediatric services)

SECTION 4 – REQUIRED TO BE COMPLETED

List personnel and verification of credentials and/or certifications – use additional page if needed.

Name	Profession	License #	BLS Certification Expiration Date	Trained in Emergency Procedures? (Check Yes or No)
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
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				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

INSTRUCTIONS FOR COMPLETING SECTIONS 5 THROUGH 7:

Place “OD” for Operating Dentist and “SP” for Sedation and/or General Anesthesia Provider in each category to indicate the individual providing the required item.

SECTION 5 – REQUIRED TO BE COMPLETED ONLY IF PROVIDER HOLDS A MODERATE SEDATION PERMIT**A. Equipment Requirements – Moderate Level I (Enteral) and Moderate Level II (Parenteral) Permits.**

Initial each of the following boxes to indicate compliance.

1. EMERGENCY EQUIPMENT	INITIAL	OD / SP
a) Bag-valve-mask apparatus (appropriate size) or equivalent with an oxygen hook up		
b) Oral and nasopharyngeal airway device		
c) External defibrillator – manual or automatic		
d) ACLS algorithms card		
e) Broselow pediatric measuring tape		
f) Emergency medications		
2. EQUIPMENT TO MONITOR VITAL SIGNS AND OXYGENATION/VENTILATION		
a) Continuous pulse oximeter		
b) Blood pressure cuff (appropriate size) and stethoscope, or equivalent blood pressure monitoring device		
3. RECOVERY – Must be immediately available during recovery period		
a) Oxygen		
b) Suction		
c) Pulse oximeter		
4. BACK UP EQUIPMENT		
a) Back up suction equipment		
b) Back up lighting system		
5. ACCESS EQUIPMENT (at least one is needed)		
a) Equipment to establish intravenous (IV) access		
b) Equipment to establish intraosseous (IO) access		
c) Equipment to establish sublingual (SL) access		
6. OTHER		
a) Electrocardiograph (only if patients with classification of ASA III or higher)		
b) Ventilation monitoring system – capnography required by 7/1/2018		

B. Drugs – Moderate Level I (Enteral) and Moderate Level II (Parenteral) Permits.

Initial each of the following boxes to indicate compliance.

1. CARDIAC DRUGS	EXPIRATION DATE	INITIAL	OD/SP
Moderate Level I and Moderate Level II			
a) Vasopressor (e.g. Epinephrine)			
b) Nitroglycerin (spray or tablets)			
c) Anticoagulant (aspirin)			
d) Glucose (D50 or liquid glucose)			
Moderate Level II only			
e) Lidocaine			
f) Atropine			
g) Adenosine			
h) Diltiazem			
i) Beta Blocker (e.g. Labetalol, Esmolol)			
2. REVERSAL AGENTS – AS APPLICABLE (Required only for the administration of benzodiazepines or narcotics)			
Moderate Level I and Moderate Level II			
a) Flumazenil (benzodiazepine reversal agent)			
b) Narcan (narcotic reversal agent)			
Moderate Level II only			
c) Dantrolene, Ryanodex (volatile gas reversal agent)			
3. OTHER			
Moderate Level I and Moderate Level II			
a) Antihistamine (e.g. Benadryl IV or PO)			
b) Bronchodilator (e.g. Albuterol inhaler)			
Moderate Level II only			
c) Corticosteroid (e.g. Solu-Medrol)			
d) Muscle Relaxant (e.g. Succinylcholine)			
e) Narcotics (e.g. morphine, fentanyl)			
f) Antihypertensive drugs (e.g. Propranolol, Verapamil)			

SECTION 6 – REQUIRED TO BE COMPLETED ONLY IF THE PROVIDER IS ONE OF THE FOLLOWING: A DEEP SEDATION / GENERAL ANESTHESIA PERMIT HOLDER, AN ITINERANT PERMIT HOLDER, A LICENSED ANESTHESIOLOGIST, OR A LICENSED CERTIFIED REGISTERED NURSE ANESTHETIST

A. Equipment Requirements

Initial each of the following boxes to indicate compliance.

1. EMERGENCY EQUIPMENT	INITIAL	OD/SP
a) Bag-valve-mask apparatus (appropriate size) or equivalent with an oxygen hook up		

EMERGENCY EQUIPMENT (cont.)	INITIAL	OD/SP
b) Oral and nasopharyngeal airway device		
c) External defibrillator – manual or automatic		
d) ACLS algorithms card		
e) Broselow pediatric measuring tape		
f) Emergency medications		
2. EQUIPMENT TO MONITOR VITAL SIGNS AND OXYGENATION/VENTILATION		
a) Continuous pulse oximeter		
b) Blood pressure cuff (appropriate size) and stethoscope, or equivalent blood pressure monitoring device		
3. RECOVERY – Must be immediately available during recovery period		
a) Oxygen		
b) Suction		
c) Pulse oximeter		
4. BACK UP EQUIPMENT		
a) Back up suction equipment		
b) Back up lighting system		
5. ACCESS EQUIPMENT (at least one is needed)		
a) Equipment to establish intravenous (IV) access		
b) Equipment to establish intraosseous (IO) access		
c) Equipment to establish sublingual (SL) access		
6. EMERGENCY EQUIPMENT TO MANAGE DIFFICULT AIRWAYS		
a) Laryngeal mask airway; and/or endotracheal tubes; and/or LMA suitable for patients		
b) Laryngoscope with reserve batteries and bulbs		
c) Endotracheal tube forceps (e.g. Magill)		
d) One additional airway management device		
e) Equipment to establish surgical airway		
7. OTHER		
a) Electrocardiograph		
b) Ventilation monitoring system – capnography required by 7/1/2018		

B. Drugs

Initial each of the following boxes to indicate compliance.

1. CARDIAC DRUGS	EXPIRATION DATE	INITIAL	OD/SP
a) Vasopressor (e.g. Epinephrine)			
b) Nitroglycerin (spray or tablets)			
c) Anticoagulant (aspirin)			
d) Glucose (D50 or liquid glucose)			
e) Lidocaine			
f) Atropine			

CARDIAC DRUGS (cont.)	EXPIRATION DATE	INITIAL	OD/SP
g) Adenosine			
h) Diltiazem			
i) Beta Blocker (e.g. Labetalol, Esmolol)			
2. REVERSAL AGENTS – AS APPLICABLE (Required only for the administration of benzodiazepines, narcotics, or triggering agents of malignant hypothermia)			
a) Flumazenil (benzodiazepine reversal agent)			
b) Narcan (narcotic reversal agent)			
c) Dantrolene, Ryanodex (volatile gas reversal agent)			
3. OTHER			
a) Antihistamine (e.g. Benadryl IV or PO)			
b) Bronchodilator (e.g. Albuterol inhaler)			
c) Corticosteroid (e.g. Solu-Medrol)			
d) Muscle Relaxant (e.g. Succinylcholine)			
e) Narcotics (e.g. morphine, fentanyl)			
f) Antihypertensive drugs (e.g. Propranolol, Verapamil)			

SECTION 7 – REQUIRED TO BE COMPLETED

A. Anesthesia Gas Delivery Systems

Initial each of the following boxes to indicate compliance.

1. Anesthesia Gas Delivery Systems	INITIAL	OD/SP
a) Deliver oxygen under positive pressure, including a back-up oxygen system		
b) Gas outlets that meet safety standards; prevent accidental administration of inappropriate gases or gas mixture		
c) Fail-safe mechanism for inhalation of nitrous oxide analgesia		
d) Inhalation equipment with appropriate scavenging system		
e) Gas storage facilities that meet safety standards		
f) Engineering controls and maintenance procedures to ensure safety of inhalation equipment		

B. Emergency Protocols

Initial each of the following boxes to indicate compliance.

1. Emergency Protocols – Must have written emergency protocols for the following clinical emergencies. Annual training to personnel required.	INITIAL	OD/SP
a) Laryngospasm		
b) Bronchospasm		
c) Emesis and aspiration		
d) Airway blockage by foreign body		
e) Angina pectoris		

Emergency Protocols (cont.)	INITIAL	OD/SP
f) Myocardial infarction		
g) Hypertension/Hypotension		

C. Patient Documentation

Initial each of the following boxes to indicate compliance.

1. PATIENT DOCUMENTATION	INITIAL	OD/SP
a) Medical history – current and comprehensive		
b) Height and Weight		
c) ASA Classification		
d) Dental Procedure(s)		
e) Informed Consent		
f) Physical examination <ul style="list-style-type: none"> i. Airway assessment ii. Baseline heart rate, blood pressure, respiratory rate, oxygen saturation 		
g) Time oriented anesthesia record, which includes <ul style="list-style-type: none"> i. Time anesthesia commenced and ended ii. 5 minute intervals of recording blood pressure, heart rate, oxygen saturation, and respiratory rate iii. Continuous ECG and documentation of changes in rhythm if clinically indicated iv. Parenteral access site and method, if utilized v. Medications administered – including oxygen, dosage, route, and time given vi. Vital signs before and after anesthesia is utilized vii. Intravenous fluids, if utilized viii. Response to anesthesia – including complications 		
h) Condition of patient at discharge charted with objective data (Modified Aldrete scoring system)		

D. PATIENT MONITORING

Initial each of the following boxes to indicate compliance.

1. PATIENT MONITORING -	INITIAL	OD/SP
Check only if Moderate Level I and Moderate Level II Sedation Services		
a) Continuous heart rate, respiratory status, and oxygen saturation		
b) Intermittent blood pressure taken at least every 5 minutes		
c) Continuous electrocardiograph of patients with significant cardiovascular disease		
d) End-tidal carbon dioxide monitoring (capnography required by 7/1/2018)		
e) Continuous monitoring of level of consciousness		
Check only if Deep Sedation / General Anesthesia Level Services		
f) Continuous heart rate, respiratory status, and oxygen saturation		
g) Intermittent blood pressure taken at least every 5 minutes		
h) Continuous electrocardiograph		

PATIENT MONITORING (cont.)	INITIAL	OD/SP
i) End-tidal carbon dioxide monitoring (capnography required by 7/1/2018)		
j) Continuous monitoring of level of consciousness		

E. MISCELLANEOUS/PERSONNEL

Initial each of the following boxes to indicate compliance.

1. MISCELLANEOUS/PERSONNEL-	INITIAL	OD/SP
a) Life Support – all dental personnel must successfully complete BLS certification to monitor minimal, moderate, and deep sedation/general anesthesia		
b) Moderate Sedation – When providing moderate sedation at a dental practice location, the dentist and at least one other individual who is experienced in patient monitoring and documentation, and trained to handle emergency situations must be present.		
c) Deep Sedation / General Anesthesia - During the administration of deep sedation or general anesthesia, the operating dentist and at least two other individuals, one of whom is experienced in patient monitoring and documentation, and trained to handle emergency situations, must be present.		

SECTION 8 – REQUIRED TO BE COMPLETED

1. SIGNED, WRITTEN AGREEMENT BETWEEN THE OPERATING DENTIST AND THE SEDATION PROVIDER
<p>Submit a signed, written agreement between the operating dentist and the sedation/general anesthesia provider that demonstrates the following:</p> <ul style="list-style-type: none"> A. Describe how emergency response training and protocols will be developed and practiced. B. Describe procedures for verifying qualifications of personnel who assist in the care and monitoring of patients. C. Describe who will be responsible for assessing and monitoring patients pre-operatively, intra-operatively, and post-operatively. D. Describe who will provide informed consent form to patients, include a copy of informed consent form. E. Describe the roles/responsibilities of the operating dentist (OD) versus the sedation provider (SP) in complying with the Board’s statutes and rules when administering sedation/general anesthesia to patients.

F. SIGNATURE/ATTESTATION

By my signature, I hereby attest to adhering to the requirements of Board Rule, Chapter 14 and that the information provided on this certification form is true and accurate to the best of my knowledge and belief. By submitting this form, I affirm that the Maine Board of Dental Practice will rely upon this information to grant approval to the notification, and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

_____ **Date**

_____ **Signature of Dentist**

ANESTHESIA RECORD

Patient's Name _____ DOB _____ Date _____

Escort Present: Yes No Name: _____ NPO: NA Y N

Weight _____ lbs Height _____ Airway Class I II III IV
 Consent form reviewed and signed:

Past Medical History: _____
ASA (circle) I II III IV

Medications: _____

Allergies: _____ NKDA

Pregnant: NA Y N

Times

Pt arrived in office ____:____ Procedure Start ____:____ Procedure Finish ____:____

Oral Premedication: Medication: _____ Dose: _____ Time: ____:____

Pre-op vitals: P _ BP ___ / ___ SaO₂% _____

Monitors: Pulse Oxim. BP ECG (cardiac issues) Capnography

Staff: Assistant #1: _____ Assistant #2: _____

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Pulse = <input type="radio"/> BP $\begin{matrix} \vee \\ \wedge \end{matrix}$ SaO ₂ = x Procedure Start = <input type="checkbox"/>	<table border="1" style="width: 100%; height: 150px; border-collapse: collapse;"> <tr><td>220</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>200</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>180</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>160</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>140</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>120</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>100</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>80</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>60</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>40</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>										220											200											180											160											140											120											100											80											60											40											20										
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Medications

- Oxygen L/min
- Nitrous Oxide L/min

LIST OTHER MEDICATIONS GIVEN

Sedation Complications: _____ None _____

Modified Aldrete Score for Discharge to Home

Aldrete scoring system

Respiration
Able to take deep breath and cough = 2
Dyspnea/shallow breathing = 1
Apnea = 0
Oxygen saturation
S _a O ₂ >95 percent on room air = 2
S _a O ₂ = 90-95 percent on room air = 1
S _a O ₂ <90 percent even with supplemental O ₂ = 0
Consciousness
Fully awake = 2
Arousable on calling = 1
Not responding = 0
Circulation
BP ± 20 mm Hg baseline = 2
BP ± 20-50 mm Hg baseline = 1
BP ± 50 mm Hg baseline = 0
Activity
Able to move 4 extremities = 2
Able to move 2 extremities = 1
Able to move 0 extremities = 0

Monitoring may be discontinued and patient discharged to home or appropriate unit when Aldrete score is 9 or greater.

Reproduced with permission from: Aldrete JA, Kroulik D. A postanesthetic recovery score. Anesth Analg 1970; 49:924. Copyright © 1970 Lippincott Williams & Wilkins.



Time Pt discharged home _____

Doctor's Signature _____

Common Dental Emergency Cases

HYPOVENTILATION / AIRWAY OBSTRUCTION

Ask patient to take deep breath at the same time check your pulse oximeter to ensure it is properly placed.

Turn off the nitrous oxide if it is being used, and increase the oxygen flow rate to 10L/min

If the patient does not respond to the request to take a deep breath, apply a painful stimulus (i.e. local anesthesia in the palate if they have not had local anesthesia applied in that area or pinch their ear lobe).

Change the mask to a full face mask with an oxygen flow rate of 10L/min

Is there spontaneous breathing? If the patient is breathing, and the oxygen saturation continues to be low reposition the patient's jaw with a jaw thrust. Allow patient to lighten enough to be able to follow commands

If there is NO spontaneous breathing turn off the nitrous oxide, ensure the oxygen tanks are full and delivering oxygen (especially if the tanks are portable).

Recheck vital signs at this point.

If oxygen is flowing and the patient is not breathing perform jaw thrust or chin head lift. Assess for chest rise and airflow.

Get your positive pressure oxygen bag mask ready to use and hooked up to oxygen if not already attached.

If there is no chest rise or you cannot feel breath on the back of your hand perform positive ventilation until the oxygen saturation returns to normal. Once normal reassess the patient and ensure that you now have spontaneous ventilation. If you do not have spontaneous ventilation, continue ventilating the patient.

If you need to continue to perform positive ventilation then consider reversal agents naloxone or flumazenil to correct over sedation. Be aware flumazenil is contraindicated in a patient with seizure disorder since it may precipitate grand mal seizures.

It may take a minute or two for the reversal agent to work before patient is spontaneously breathing. Be prepared to continue to ventilate the patient. If you are not seeing chest rise, reposition the patient and reattempt the positive pressure ventilation.

If you are needing to ventilate this patient beyond 5 minutes or if the oxygen saturation is persistently low after trying repositioning or 2 person mask ventilation. CALL 911.

Sources: www.uptodate.com

Office Anesthesia Manual. American Association of Oral and Maxillofacial Surgeons. 2006. Rosemont, IL.

ALLERGIC REACTION

These reactions are rare. It could be from the antibiotic premedication, latex rubber if your office is not latex free, or possibly the local anesthetic.

The mild form with only a skin reaction can be treated with benadryl and albuterol.

ANAPHYLAXIS is a true medical emergency do not hesitate to call 911 or give epinephrine. Delay in recognition or treatment can lead to cardiac arrest.

Signs and Symptoms

1. Cutaneous symptoms, which occur in up to 90 percent of episodes, including flushing, itching, urticaria, and angioedema (including periorbital edema and conjunctival swelling)
2. Respiratory symptoms, which occur in up to 70 percent of episodes, including nasal discharge, nasal congestion, change in voice quality, sensation of throat closure or choking, cough, wheeze, and dyspnea
3. Gastrointestinal symptoms, which occur in up to 40 percent of episodes, including nausea, vomiting, diarrhea, and cramping abdominal pain

Cardiovascular symptoms, which occur in up to 35 percent of episodes, including dizziness, tachycardia, hypotension, and collapse.

Treatment

Give the patient full oxygen:

Dosing and administration – There is persistent confusion among clinicians regarding the optimal epinephrine dose and route of administration for the treatment of anaphylaxis.

Intramuscular injection – Intramuscular injection is recommended over subcutaneous injection because it provides a more rapid increase in the plasma and tissue concentrations of epinephrine. Epinephrine is commercially available in several dilutions, and great care must be taken to use the correct dilution. The epinephrine dilution for intramuscular injection contains 1 mg per mL and may also be labeled as 1:1000 or 0.1 percent. For adults, the recommended dose of epinephrine (1 mg per mL) is 0.3 to 0.5 mg per single dose, injected intramuscularly into the mid-anterolateral thigh (vastus lateralis muscle). This treatment may be repeated at 5 to 15 minute intervals, based upon clinical experience and consensus opinion. For infants and children, the recommended dose of epinephrine (1 mg per mL) is 0.01 mg per kilogram (up to 0.5 mg per dose), injected intramuscularly into the mid-anterolateral thigh (vastus lateralis muscle). The dose should be drawn up using a 1 mL syringe. This treatment may be repeated at 5 to 15 minute intervals. Epinephrine can also be administered into the mid-anterolateral thigh using an auto-injector. These are available in 0.15 mg and 0.3 mg doses. Children weighing less than 25 to 30 kilograms should receive the 0.15 mg dose EpiPen® 0.3 mg or EpiPen Jr® 0.15 mg (pediatric dose).

Benadryl - For adults: diphenhydramine 25 to 50 mg intravenously; may be repeated up to a maximum daily dose of 400 mg per 24 hours. For children: 1 mg per kg (maximum 50 mg) intravenously, which may be repeated up to a maximum daily dose of 5 mg per kg or 300 mg per 24 hours

Bronchodilators – For the treatment of bronchospasm not responsive to epinephrine, inhaled bronchodilators, such as albuterol should be administered by nebulizer/compressor as needed. They are adjunctive treatment to epinephrine because they do not prevent or relieve mucosal edema in the upper airway or shock, for which the alpha-1 adrenergic effects of epinephrine are required.

Glucocorticoids – The onset of action of glucocorticoids takes hours; therefore, these medications do not relieve the initial symptoms and signs of anaphylaxis. They are given on an empirical basis with the rationale that they may help to prevent the biphasic or protracted reactions that occur in up to 23 percent of individuals, although there is no satisfactory published evidence that they actually have this effect.

If given, a dose of methylprednisolone of 1 to 2 mg per kilogram per day is sufficient. If glucocorticoid treatment is instituted, it can be stopped after three or four days without a taper.

Hypoglycemia

In the general dental office this patient is usually being treated for diabetes by their physician. I would ask the patient to bring their glucometer to the office and document the blood sugar prior to starting the case. The blood sugar could be low (less than 100 mg/dl) if they took their full AM does of insulin or oral agent.

Signs and Symptoms

Confusion, agitation, anxiety, diaphoresis, cold clammy skin

Mildly elevated blood pressure or heart rate, changes in mental status

May progress to loss of consciousness or seizures.

Treatment

Recognize early so patient can cooperate to take oral concentrated glucose or drink orange juice. Recheck blood glucose when the patient reports they feel better. Consider consultation with the patient's physician for decision if they need to be referred on for care. Consider ending treatment at this point.

If patient uncooperative call 911.

If unable to cooperate start IV if available and give 50% dextrose.

Be prepared to treat seizures if the patient remains unconscious.

Myocardial infarction

This is due to blockage of one of coronary arteries. Once this happens the heart muscle is deprived of oxygen and the patient starts to complain of chest pain. Remember many advanced diabetic patients might not complain of chest pain.

Signs and Symptoms

Pallor, ashen look, nausea vomiting, diaphoretic

Weak pulse (you might not feel a radial pulse), irregular beats.

Chest pain, arm, back or jaw pain.

Treatment

911 to be called first then:

100% oxygen by full face mask rebreather if available. Make sure the flow is at least 10L/min.

Nitroglycerin tablet under the tongue 1-2 tablets every 5 minutes. Until chest pain gone. Warn patient that they will have a terrible headache. Make sure you take regular blood pressures while giving nitroglycerin since the patient can drop their pressure.

Make sure the nitro tablets are not expired. If the patient's personal tablets are being used ensure that they have not been open for more than a couple of months. Once the tablets are exposed to air they degrade, and lose potency and efficacy.

Have the patient chew a full 4 chewable baby aspirin tablets if they are not allergic to it.

If you have morphine give it by IM injection or IV if available monitor for respirator depression especially if the patient is elderly.

The patient might pull off the oxygen mask saying they can't catch their breath reassure them that they are getting oxygen with the mask and to keep it on.

Bring your AED/defibrillator to the area since this patient could go into cardiac arrest awaiting EMS.

If you have considered an EKG and have one available apply it. Capture rhythm strips; this is helpful for cardiologists or ER treating providers.

Seizure

Seizures may result from underlying systemic disease, occur in reaction to various anesthetic agents, or be in reaction to a combination of factors. The most common seizure in the dental office is related to syncope. Patients often have seizure like activity after full vasovagal episode. Epilepsy is the next most common cause. The other causes can be tumor, prior head trauma, hypoglycemia, or intravascular injection of local anesthesia.

If this is related to vasovagal the trendelenburg position and oxygen will quickly resolve this.

Treatment

CALL 911 if not short and syncope related

Ensure the patient is safe by clearing the area.

Give 100% oxygen by mask

Start IV

Give Diazepam

Once the patient is post-ictal they may need airway support with ventilation have a bag mask available.

Syncope

Occurs as a result of a strong emotional stimulus. The vagus nerve over corrects slowing the body down, hence the term vasovagal. The patients often become bradycardic.

Signs and Symptoms

Rapid deep breathing, Dizzy light headed or nauseated

Loss of color pallor

Loss of consciousness possible seizure like activity.

Treatment

Place the patient supine and elevate the legs

Give 100% oxygen by mask.

Reassure patient and remove stressful stimulus.