

OFFICE ANESTHESIA EVALUATION

Date Sent to Society _____

Name of Practitioner Evaluated

General Anesthesia Permit Number (if applicable)

Location Inspected

Telephone Number

Date of Evaluation

Time of Evaluation

Names of Evaluators

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 National Dental Board of Anesthesiology, Diplomate of the American Board of Oral and Maxillofacial Surgery, eligible for examination by American Board of Oral and Maxillofacial Surgery, or Fellow of the American Association of Oral and Maxillofacial Surgeons.
4. List of assisting staff's credentials/CV/training:
 - a. _____
 - b. _____
 - c. _____

B. RECORDS

Have available three charts of patients who have been treated in your office with intravenous sedation or general anesthesia.

1. An adequate medical history of the patient.
2. An adequate physical evaluation of the patient.
3. Anesthesia records showing: continuous monitoring of heart rate, blood pressure, and respiration using electrocardiographic monitoring and pulse oximetry.
4. Recording of monitoring every 5 minutes.
5. Evidence of continuous recovery monitoring, with notation of patient's condition upon discharge and person to whom the patient was discharged.
6. Accurate recording of medications administered, including amounts and time administered.
7. Records illustrating length of procedure.
8. Records reflecting any complications of anesthesia.

C. OFFICE FACILITY AND EQUIPMENT

1. Noninvasive Blood Pressure Monitor
2. Electrocardiograph
3. Defibrillator/Automated External Defibrillator
4. Pulse Oximeter
5. End-tidal Carbon Dioxide Monitor (required by January 2014)
6. Operating Theater
 - a. Is the operating theater large enough to adequately accommodate the patient on a table or in an operating chair?
 - b. Does the operating theater permit an operating team consisting of at least three individuals to move freely about the patient?
7. Operating Chair or Table
 - a. Does the operating chair or table permit the patient to be positioned so the operating team can maintain the airway?
 - b. Does the operating chair or table permit the team to alter the patient's position quickly in an emergency?
 - c. Does the operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?
8. Lighting System
 - a. Does the lighting system permit evaluation of the patient's skin and mucosal color?
 - b. Is there a battery-powered backup lighting system?
 - c. Is the backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?
9. Suction Equipment
 - a. Does the suction equipment permit aspiration of the oral and pharyngeal cavities?
 - b. Is there a backup suction device available?
10. Oxygen Delivery System
 - a. Does the oxygen delivery system have adequate full-face masks and appropriate connectors, and is it capable of delivering oxygen to the patient under positive pressure? Low pressure alarm?
 - b. Is there an adequate backup oxygen delivery system?
11. Recovery Area (recovery area can be the operating theater)
 - a. Does the recovery area have available oxygen?
 - b. Does the recovery area have available adequate suction?
 - c. Does the recovery area have adequate lighting?
 - d. Does the recovery area have adequate electrical outlets?
 - e. Can the patient be observed by a member of the staff at all times during the recovery period?
12. Ancillary Equipment
 - a. Is there a working laryngoscope complete with an adequate selection of blades, spare batteries, and bulbs?
 - b. Are there endotracheal tubes and appropriate connectors?
 - c. Are there oral airways?
 - d. Are there any laryngeal mask airways? Cricothyrotomy kit?
 - e. Is there a tonsillar or pharyngeal type suction tip adaptable to all office outlets?

- f. Are there endotracheal tube forceps?
- g. Is there a sphygmomanometer and stethoscope?
- h. Are there an electrocardioscope and defibrillator/automated external defibrillator?
- i. Is there a pulse oximeter?
- j. Is there adequate equipment for the establishment of an intravenous infusion?
- k. Adequate gas storage facility?

D. DRUGS

- | | |
|--|---------------------------|
| 1. Vasopressor drug available? _____ | 15. Aspirin? _____ |
| 2. Corticosteroid drug available? _____ | 16. Antiemetic? _____ |
| 3. Bronchodilator drug available? _____ | 17. Anticonvulsant? _____ |
| 4. Muscle relaxant drug available? _____ | 18. 50% Dextrose? _____ |
| 5. Intravenous medication for treatment of cardiopulmonary arrest available? Epinephrine dose forms? _____ | |
| 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. Analgesic? _____ | |
| 14. Ammonia Inhalant? _____ | |

OVERALL EQUIPMENT – FACILITY _____ **ADEQUATE** _____ **INADEQUATE**

COMMENTS

RECOMMENDATIONS

Signature(s) of Evaluators _____

Printed Name(s) of Evaluators _____
