OPERATORY – Rule 64B5-14.008(1) The operatory where anesthesia is administered must:

- Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management.
- Be equipped with a chair or table adequate for emergency treatment, including a chair or cardiopulmonary resuscitation (CPR) board suitable for CPR.
- Be equipped with suction and backup suction equipment, also including suction catheters and tonsil suction.

RECOVERY ROOM – Rule 64B5-14.008(2) If a recovery room is present, it shall be equipped with suction and backup suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated to allow the patient to be observed by the dentist or an office team member at all times.

STANDARD EQUIPMENT – Rule 64B5-14.008(3) The following equipment must be readily available to the operatory and recovery room and maintained in good working order:

- A positive pressure oxygen delivery system and backup system, including full face mask for adults and for pediatric patients, if pediatric patients are treated.
- Oral and nasal airways of various sizes.
- Blood pressure cuff and stethoscope.
- Cardioscope – electrocardiograph (EKG) machine, pulse oximeter, and capnograph.
- Precordial stethoscope.
- Suction with backup suction, including suction catheters and tonsil suction.
- Thermometer (Continuous temperature monitoring device, if volatile gases are used).
- A backup lighting system.
- A scale to weigh patients.

EMERGENCY EQUIPMENT – Rule 64B5-14.008(4) The following emergency equipment must be present, readily available and maintained in good working order:

- Appropriate I.V. set-up, including appropriate supplies and fluids.
- Laryngoscope with spare batteries and spare bulbs.
- McGill forceps, endotracheal tubes, and stylet.
- Appropriate syringes.
- Tourniquet and tape.
- CPR board or chair suitable for CPR.
- Defibrillator equipment appropriate for the patient population being treated.
- Cricothyrotomy equipment.
A Supraglottic Airway Device (SAD) or a Laryngeal Mask Airway (LMA)

MEDICINAL DRUGS – Rule 64B5-14.008(5) The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room:

- Epinephrine
- A narcotic (e.g., Naloxone) and benzodiazepine (e.g., Flumazenil) antagonist, if these agents are used
- An antihistamine (e.g., Diphenhydramine)
- A corticosteroid (e.g., Dexamethasone)
- Nitroglycerin
- A bronchodilator (e.g., Albuterol inhaler)
- An antihypoglycemic agent (e.g., D50W IV solution)
- Amiodarone
- A vasopressor (e.g., Ephedrine)
- An anticonvulsant (e.g., Valium or Versed)
- Antihypertensive (e.g., Labetalol)
- Anticholinergic (e.g., atropine)
- Antiemetic
- A muscle relaxant (e.g., Succinylcholine)
- An appropriate antiarrhythmic medication (e.g., Lidocaine)
- Adenosine
- Dantrolene, if volatile gases are used

EMERGENCY PROTOCOLS – Rule 64B5-14.008(6) The applicant shall provide written emergency protocols, and shall provide training to familiarize office personnel in the treatment of the following clinical emergencies:

- Laryngospasm
- Bronchospasm
- Emesis and aspiration
- Airway blockage by foreign body
- Angina pectoris
- Myocardial infarction
- Hypertension/Hypotension
- Hypertensive crisis
- Allergic and toxicity reactions
- Seizures
- Syncope
- Phlebitis
- Intra-arterial injection
- Hyperventilation/Hypoventilation
- Cardiac arrest
- Cardiac arrhythmias

The applicant or permit holder shall maintain for inspection a permanent record, which reflects the date, time, duration, and type of training provided to named personnel.

Required Anesthesia Records – Rule 64B5-14.008(7) Were the following records adequate during administration of general anesthesia:

- Patient’s current written medical history, including known allergies and previous surgery
- Base line vital signs, including blood pressure, and pulse
- Continuous monitoring of vital signs taken at appropriate intervals during the procedure
- Drugs administered during the procedure, including route of administration, dosage, time and sequence of administration
- Duration of the procedure
- Documentation of complications or morbidity
- Status of patient upon discharge, and to whom the patient is discharged
- Names of participating personnel

Rule 64B5-14.008(8) Continuous Monitoring: The patient who is administered drug(s) for general anesthesia or deep sedation must be continuously monitored intra-operatively by electrocardiograph (EKG), pulse oximeter, and capnograph to provide heart rhythm and rate, oxygen saturation of the blood, and ventilations (endtidal carbon dioxide). This equipment shall be used for each procedure.

Do the records reflect that the patient was monitored adequately?

Anesthesia office team
Pediatric General Anesthesia - Routine Inspection

Anesthesia office team – Current CPR – Rule 64b5-14.003(1)

I agree that no general anesthesia or deep sedation or moderate sedation will be performed until such deficiencies have been corrected and such corrections are verified by the anesthesia consultant and a passing grade has been assigned.

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:  
Representative: 

Date:  
Date: