



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
General Anesthesia – Initial Inspection**



File #
Insp #

NAME	PERMIT NUMBER	DATE OF INSPECTION	
DOING BUSINESS AS			
STREET ADDRESS		TELEPHONE #	EXT
CITY	COUNTY	STATE/ZIP	

Additional Information

Sedation Procedure Information

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Others Auth to Perform Sedation at Loc

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Basic License Data - PSD

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General Anesthesia Requirements

**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 back up 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.	
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**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	

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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.	

**Has the applicant met all requirements above?
If no, do not move forward with technique demonstration.**

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SIMULATION – Rule 64B5-14.007(2)(a) - Were the following simulated emergency responses demonstrated correctly:

Airway obstruction	
Bronchospasm	
Aspiration of foreign object	
Angina pectoris	
Myocardial infarction	

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Hypotension	
Hypertension	
Cardiac arrest	
Allergic reaction	
Convulsions	
Hypoglycemia	
Syncope	
Respiratory depression	

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	

Was the sedation procedure performed adequately?

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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?	
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Anesthesia Office Team

Anesthesia office team has current CPR with AED Training; Dentist – Current ACLS/ATLS [64b5-14.003(1)]	
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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.

Inspector Signature

Representative:

Date:

Date: