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Article XIII ANALGESIA, SEDATION, AND GENERAL ANESTHESIA RULES FOR A DENTIST IN AN AMBULATORY FACILITY

6 **A. DEFINITIONS**

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- 8 **1. Analgesia-** The diminution of pain or production of increased tolerance to pain in
9 the conscious patient.
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- 11 **2. Anesthesia-** Partial or complete loss of sensation with or without the loss of
12 consciousness.
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- 14 **3. Anesthesia Period-** The period of time beginning with the placement of a needle,
15 mask, or solution into or onto the body until the patient has met the criteria
16 which are appropriate for dismissal.
- 17
- 18 **4. Levels of Supervision For Qualified Staff-**
- 19 a. Direct Supervision - The dentist is in the dental office, authorizes the
20 procedure, and remains in the dental office while the procedures are being
21 performed by the auxiliary.
- 22
- 23 b. Personal Supervision - The dentist is in the dental office, personally
24 authorizes the procedure, and before the dismissal of the patient, evaluates
25 the patient.
- 26
- 27 c. Operative Supervision- The dentist is personally operating on the patient and
28 authorizes the auxiliary to aid the treatment by concurrently performing a
29 supportive procedure.
- 30
- 31 **5. Nitrous Oxide/Oxygen Inhalation Analgesia -** The administration, by inhalation,
32 of a combination of nitrous oxide and oxygen producing an altered level of
33 consciousness that retains the patient's ability to independently and
34 continuously maintain an airway and respond appropriately to physical
35 stimulation and/or verbal command. Nitrous Oxide/ Oxygen inhalation analgesia,
36 when used alone, is not considered a form of sedation but is considered to be an
37 analgesic only.
- 38
- 39 **6. Qualified Staff -** An individual trained to monitor appropriate physiological
40 parameters and to help in any supportive or resuscitating measures.
- 41 a. For dentists using Minimal or Moderate Sedation, qualified staff must have a
42 current Nitrous Oxide permit from the Board and be currently certified in
43 health care provider CPR.
- 44 b. For dentists using Deep or General Sedation, qualified staff must have a
45 current Nitrous Oxide permit from the Board and be currently certified in

46 health care provider CPR AND have completed a Board approved course as
47 outlined in Section G. of this rule and be registered with the Board as a
48 Sedation Assistant.
49

- 50 **7. Minimal Sedation-** a minimally depressed level of consciousness produced by a
51 pharmacological method, that retains the patient's ability to independently and
52 continuously maintain an airway and respond normally to tactile stimulation and
53 verbal command. The patient should be oriented to person, place and time.
54 Although cognitive function and coordination may be modestly impaired,
55 ventilatory and cardiovascular functions are unaffected. In accordance with this
56 particular definition, the drug(s) and/or techniques used should carry a margin
57 of safety wide enough never to render unintended loss of consciousness.
58 Further, patients whose only response is reflex withdrawal from repeated painful
59 stimuli would not be considered to be in a state of minimal sedation. When the
60 intent is minimal sedation for adults, the appropriate initial dosing of a single
61 enteral drug is no more than the maximum recommended dose of a drug that
62 can be prescribed for unmonitored home use.
63

64 Pediatric Considerations: In addition to the physiologic parameters for Minimal
65 Sedation in children < 12 years of age, when the intent is Minimal Sedation,
66 only one drug can be given in addition to nitrous oxide. A drug CANNOT be from
67 the scheduled category of drugs II, III or IV. If a child < 12 years of age is
68 given any drug for sedation from Schedule II, III or IV, that child is considered
69 more than minimally sedated.
70

- 71 **8. Moderate Sedation-** a drug-induced depression of consciousness during which
72 patients respond purposefully to verbal commands, either alone or accompanied
73 by light tactile stimulation. No interventions are required to maintain a patent
74 airway and spontaneous ventilation is adequate. Cardiovascular function is
75 usually maintained. In accordance with this particular definition, the drugs
76 and/or techniques used should carry a margin of safety wide enough to render
77 unintended loss of consciousness unlikely. Repeated dosing of an agent before
78 the effects of previous dosing can be fully appreciated may result in a greater
79 alteration of the state of consciousness than is the intent of the dentist.
80 Further, a patient whose only response is reflex withdrawal from a painful
81 stimulus is not considered to be in a state of moderate sedation.
82

- 83 **9. Deep Sedation-** a drug-induced depression of consciousness during which
84 patients cannot be easily aroused but respond purposefully following repeated or
85 painful stimulation. The ability to independently maintain ventilatory function
86 may be impaired. Patients may require assistance in maintaining a patent
87 airway, and spontaneous ventilation may be inadequate. Cardiovascular
88 function is usually maintained.
89

- 90 **10. General Anesthesia** - a drug-induced loss of consciousness during which
91 patients are not arousable, even by painful stimulation. The ability to
92 independently maintain ventilatory function is often impaired. Patients often
93 require assistance in maintaining a patent airway, and positive pressure

94 ventilation may be required because of depressed spontaneous ventilation or
95 drug-induced depression of neuromuscular function. Cardiovascular function
96 may be impaired.
97

98 **11. Titration-** administration of incremental doses of a drug until a desired effect is
99 reached. Knowledge of each drug's time of onset, peak response and duration
100 of action is essential to avoid over sedation. Although the concept of titration
101 of a drug to effect is critical for patient safety, when the intent is moderate
102 sedation one must know whether the previous dose has taken full effect before
103 administering an additional drug increment.
104

105 **12. Routes of Administration Defined-**

- 106 a. Enteral: any technique of administration in which the agent is absorbed
107 through the gastrointestinal tract or oral mucosa (i.e. oral, rectal,
108 sublingual).
- 109 b. Parenteral: a technique of administration in which the drug bypasses the
110 gastrointestinal tract (i.e. intramuscular, intravenous, intranasal,
111 submucosal, subcutaneous, intraosseous).
- 112 c. Transdermal: a technique of administration in which the drug is
113 administered by patch or iontophoresis through skin.
- 114 d. Transmucosal: a technique of administration in which the drug is
115 administered across mucosa such as intranasal, sublingual or rectal.
- 116 e. Inhalation: a technique of administration in which a gaseous or volatile
117 agent is introduced into the lungs and whose primary effect is due to
118 absorption through the gas/blood interface.
119

120 **13. Patient Physical Status Classification** (as defined by the American Society of
121 Anesthesiologists)-

- 122 a. ASA I: A normal healthy patient
- 123 b. ASA II: A patient with mild systemic disease
- 124 c. ASA III: A patient with severe systemic disease
- 125 d. ASA IV: A patient with severe systemic disease that is a constant threat to
126 life
- 127 e. ASA V: A moribund patient who is not expected to survive without the
128 operation
- 129 f. ASA VI: A declared brain-dead patient whose organs are being removed for
130 donor purposes
- 131 g. E: Emergency operation of any variety (used to modify one of the above
132 classifications, i.e. ASA III-E)
133

134 **14. Maximum Recommended Dose (MRD)** - maximum FDA- recommended dose of
135 a drug as printed in FDA-approved labeling for unmonitored home use.
136

137 **15. Incremental Dosing-** administration of multiple doses of a drug until a desired
138 effect is reached, but not to exceed the MRD.
139

140 **16. Supplemental Dosing-** during minimal sedation, supplemental dosing is a
141 single additional dose of the initial drug that may be necessary for prolonged

142 procedures. The supplemental dose should not exceed one-half of the initial
143 total dose and should not be administered until the dentist has determined the
144 clinical half-life of the initial dosing has passed. The total aggregate dose must
145 not exceed 1.5 x the MRD on the day of treatment.
146

147 **17. Pediatric Sedation-** Any level above Nitrous Oxide analgesia on patients under
148 the age of twelve (12) years.
149

150 **B. EDUCATIONAL REQUIREMENTS**

151
152 **1. Nitrous Oxide/Oxygen Analgesia**
153 a. Any dentist licensed in Arkansas may administer nitrous oxide/oxygen
154 inhalation analgesia.
155 b. A current certification in health-care provider level of CPR is required.
156

157 **2. Minimal Sedation**
158 a. Any dentist administering Minimal Sedation must have training to the level of
159 competency in minimal sedation consistent with that prescribed in the *ADA*
160 *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental*
161 *Students* OR an equivalent course approved by the Arkansas State Board of
162 Dental Examiners.
163 b. Dentists administering Minimal Sedation to children under the age of 12 must
164 hold a current Pediatric Advanced Life Support (PALS) certification OR a Deep
165 Sedation or General Anesthesia permit.
166 c. Dentists administering Minimal Sedation to patients 12 years of age or older
167 must hold current certification in Advanced Cardiac Life Support (ACLS) or an
168 appropriate dental sedation/anesthesia emergency management course.
169

170 **3. Moderate Sedation**
171 a. Any dentist administering Moderate Sedation must have successfully
172 completed a comprehensive training program in moderate sedation that
173 satisfies the requirements described in the Moderate Sedation section of the
174 *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and*
175 *Dental Students* OR an equivalent course approved by the Arkansas State
176 Board of Dental Examiners.
177 b. Dentists administering Moderate Sedation to patients under the age of 12
178 years must have current certification in Pediatric Advanced Life Support
179 (PALS) certification OR a Deep Sedation or General Anesthesia permit.
180 c. Dentists administering Moderate Sedation to patients 12 years of age or
181 older must hold current certification in Advanced Cardiac Life Support (ACLS)
182 or an appropriate dental sedation/anesthesia emergency management
183 course.
184 d. Dentists administering Moderate Sedation to adult patients who are deemed
185 to be patients with special health care needs (e.g. ASA III) must complete
186 additional hours of additional training related to sedation of complex patients
187 per the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists*
188 *and Dental Students*.

189 **4. Deep Sedation or General Anesthesia**

190 a. Any dentist administering Deep Sedation or General Anesthesia must have
191 successfully completed an advanced education program in a facility
192 accredited by the ADA Commission on Dental Accreditation that affords
193 comprehensive and appropriate training necessary to administer and manage
194 deep sedation or general anesthesia as set forth in the *ADA Guidelines for*
195 *the Use of Sedation and General Anesthesia by Dentists, Section IV. C.*

196 OR

197 b. A residency in general anesthesia at an institution certified by the American
198 Society of Anesthesiology, the American Medical Association, or the Joint
199 Commission on Hospital Accreditation, resulting in the dentist becoming
200 clinically competent in the administration of general anesthesia. The
201 residency must include a minimum of 390 hours of didactic study, 1040
202 hours of clinical anesthesiology, and 260 cases of administration of General
203 Anesthesia to an ambulatory outpatient.

204 c. Dentists administering Deep Sedation or General Anesthesia must hold
205 current certification in Advanced Cardiac Life Support (ACLS) or an
206 appropriate dental sedation/anesthesia emergency management course.
207

208 **C. STANDARD OF CARE**

209
210 These guidelines are designed to encourage a high level of quality care in the dental
211 office setting. It should be recognized that emergency situations may require that
212 these standards be modified based on the judgment of the clinician(s) responsible
213 for the delivery of anesthesia care services. Changing technology and Arkansas
214 rules, regulations or laws may also modify the standards listed herein.
215

216 1. Before the administration of analgesia, sedation, or general anesthesia, a
217 complete written medical history must be obtained which shall include previous
218 and current medications, vital signs, allergies and sensitivities. The recording of
219 appropriate vital signs is required for all levels of sedation. The patient's weight
220 should be recorded when appropriate. Patients with significant medical
221 considerations (ASA III or IV) may require consultation with their primary care
222 physician or consulting medical specialist.
223

224 2. During the anesthesia period the oxygenation, ventilation, and circulation of the
225 patient must be continuously evaluated and documented by qualified staff
226 assigned by the dentist.
227

228 3. Each licensed dentist must provide for training in emergency procedures to his
229 or her qualified staff personnel. Emergency preparedness updates or drills for
230 all staff must be held at least annually.
231

232 4. A dentist who administers any type of sedation or general anesthesia shall
233 maintain emergency equipment and medications appropriate for patient
234 resuscitation. That dentist shall be proficient in handling emergencies and
235 complications to include the maintenance of respiration, circulation, and the

236 immediate establishment of a patent airway, and cardiopulmonary
237 resuscitation. The dentist shall maintain appropriate emergency equipment and
238 medications in the dental facility.
239

- 240 5. All scheduled medications shall be stored and inventoried in accordance with all
241 applicable state and federal regulations.
242
- 243 6. The patient must be continuously observed during the anesthesia period either
244 by the dentist or qualified staff.
245
- 246 7. Personal supervision is required for monitoring patients under nitrous
247 oxide/oxygen analgesia for registered dental assistants holding a current
248 Nitrous Oxide permit from the Board.
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- 250 8. Direct supervision is required for monitoring patients under nitrous
251 oxide/oxygen analgesia for dental hygienists holding a current Nitrous Oxide
252 permit from the Board.
253
- 254 9. Supervision of dental auxiliaries monitoring sedated patients-
255 a. Personal supervision is required for Minimal and Moderate Sedation
256 b. Operative supervision is required for Deep Sedation and General Anesthesia.
257 c. Personal supervision is required for Qualified Staff who continuously monitor
258 post-surgical patients before final evaluation and discharge by the dentist.
259
- 260 10. For Pediatric Sedation, all drugs from Schedule II, III or IV for sedations are to
261 be administered in the dental office.

262 **D. PERMITS, QUALIFIED STAFF, EQUIPMENT, DOCUMENTATION,**
263 **EMERGENCY CARE & PATIENT MONITORING**

264
265 **1. Nitrous Oxide Inhalation Analgesia**

- 266 a. Permit: A permit is not required for the dentist.
267
- 268 b. Qualified Staff: All patients shall be monitored continuously by personnel who
269 hold a current permit with the Board to induce and monitor nitrous
270 oxide/oxygen inhalation analgesia and a current certification in health-care
271 provider level CPR.
272
- 273 c. Equipment: Fail safe N₂O₂ equipment with N₂O₂ scavenging.
274
- 275 d. Documentation: The use of nitrous oxide and oxygen analgesia must be
276 properly recorded on each individual patient's record.
277
- 278 e. Emergency care: The dental office shall maintain the necessary emergency
279 equipment and medications to perform basic life support.
280
- 281 f. Patient Monitoring: The dentist or qualified staff must remain in the
282 operatory while a patient is receiving nitrous oxide inhalation analgesia.

283 **2. Minimal Sedation**

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- a. Permit:
 - 1) A permit from the Board is required for Minimal Pediatric Sedation.
 - 2) A permit is not required for Minimal Sedation in patients 12 year of age or older.

- b. Qualified Staff: All patients shall be monitored continuously by qualified staff who hold a current permit with the Board to induce and monitor nitrous oxide/oxygen inhalation analgesia and a current certification in health-care provider level CPR.

- c. Equipment:
 - 1) The nitrous oxide and patient monitoring equipment listed below must be used for every patient being sedated. If multiple patients are being sedated simultaneously, each piece of equipment listed must be available for every patient being sedated.
 - (a) Fail safe N₂O₂ equipment
 - (b) Scavenging system for nitrous oxide
 - (c) Pulse oximeter
 - (d) Blood pressure cuff and stethoscope
 - 2) The emergency equipment listed below must be available in any office where minimal sedation is administered:
 - (a) Oral air-way
 - (b) Appropriate emergency drugs
 - (c) Automated External Defibrillators
 - (d) Positive pressure oxygen delivery system

- d. Documentation: The use of minimal sedation must be properly recorded on each individual patient's record. Documentation should include but not be limited to:
 - 1) Informed consent
 - 2) Health history
 - 3) Vital signs recorded preoperatively
 - 4) Names of all drugs administered including dosages
 - 5) Local anesthetic record
 - 6) Record of all procedures
 - 7) Post operative instructions
 - 8) Record that level of consciousness was satisfactory prior to discharge

- e. Emergency care: The dental office shall maintain the necessary emergency equipment and medications to perform basic life support. Dentists intending to produce Minimal Sedation must be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation enters that of Moderate Sedation. The dentist must have the training, skills, drugs and equipment to identify and manage such an occurrence until either

331 assistance arrives (emergency medical services) or the patient returns to the
332 intended level of Minimal or lower level of sedation without airway or
333 cardiovascular complications
334

335 f. Patient Monitoring: The dentist or qualified staff must remain in the
336 operatory during active dental treatment to monitor the patient continuously
337 until the patient meets the criteria for discharge to the recovery area. The
338 dentist or qualified staff must monitor the patient during recovery until the
339 patient is ready for discharge by the dentist. The dentists must determine
340 and document that levels of consciousness, oxygenation, ventilation and
341 circulation are satisfactory prior to discharge.
342

343 **3. Moderate Sedation**
344

345 a. Permit: A permit from the Board is required. A Facility Permit is also
346 required.
347

348 b. Qualified Staff: All patients shall be monitored continuously by qualified staff
349 who hold a current permit with the Board to induce and monitor nitrous
350 oxide/oxygen inhalation analgesia and a current certification in health-care
351 provider level CPR.
352

353 c. Equipment:

354 1) An operating theater large enough to adequately accommodate the
355 patient on a table or in an operating chair and allow an operating team
356 consisting of at least three individuals to freely move about the patient.

357 2) An operating table or chair which permits the patient to be positioned so
358 the operating team can maintain the airway, quickly alter patient position
359 in an emergency, and provide a firm platform for the management of
360 cardiopulmonary resuscitation.

361 3) A lighting system which is adequate to permit evaluation of the patient's
362 skin and mucosal color and a back up lighting system which is battery
363 powered and of sufficient intensity to permit completion of any operation
364 underway at the time of general power failure.

365 4) Suction equipment which permits aspiration of the oral and pharyngeal
366 cavities and accepts a tonsillar suction. A backup suction device must also
367 be available

368 5) An oxygen delivery system with adequate full face masks and appropriate
369 connectors that are capable of delivering oxygen to a patient under
370 positive pressure, together with an adequate backup system.

371 6) A recovery area that has available oxygen, adequate lighting, suction, and
372 electrical outlets. The recovery area can be the operating theater. The
373 patient must be able to be observed by qualified staff at all times during
374 the recovery period.

375 7) Ancillary equipment must include the following:

376 (a) The nitrous oxide and patient monitoring equipment listed below must
377 be used for every patient being sedated. If multiple patients are being

- 378 sedated simultaneously, each piece of equipment listed must be
379 available for every patient being sedated.
- 380 (i) Fail safe N₂O₂ equipment
 - 381 (ii) Scavenging system for nitrous oxide
 - 382 (iii) Pulse oximeter
 - 383 (iv) Blood pressure cuff and stethoscope
- 384 (b) The emergency equipment listed below must be available in any office
385 where moderate sedation is administered:
- 386 (i) Oral air-way
 - 387 (ii) Appropriate emergency drugs
 - 388 (iii) Automated External Defibrillators
 - 389 (iv) Positive pressure oxygen delivery system
- 390
- 391 d. Documentation: The use of moderate sedation must be properly recorded on
392 each individual patient's record. Documentation should include but not be
393 limited to:
- 394 1) Informed consent
 - 395 2) Health history
 - 396 3) Vital signs, recorded preoperative, intraoperative (when possible) and
397 postoperative
 - 398 4) Names of all drugs administered including dosages
 - 399 5) Local anesthetic record
 - 400 6) Record of all procedures
 - 401 7) Post operative instructions
 - 402 8) Record that level of consciousness was satisfactory prior to
403 discharge
 - 404 9) Time-oriented anesthetic record
- 405
- 406 e. Emergency care: The dental office shall maintain the necessary emergency
407 equipment and medications to perform basic life support. Dentists intending
408 to produce Moderate Sedation must be able to diagnose and manage the
409 physiologic consequences (rescue) for patients whose level of sedation enters
410 that of Deep Sedation. The dentist must have the training, skills, drugs and
411 equipment to identify and manage such an occurrence until either assistance
412 arrives (emergency medical services) or the patient returns to the intended
413 level of Moderate or lower level of sedation without airway or cardiovascular
414 complications. The equipment listed in Section D. 3. c. of this Article is
415 considered sufficient to rescue a patient from an unintended deeper level of
416 sedation than moderate.
- 417
- 418 f. Patient Monitoring: The dentist must remain in the operatory to monitor the
419 patient continuously until the patient meets the criteria for recovery. When
420 active treatment concludes and the patient recovers to a minimally sedated
421 level, qualified staff may remain with the patient and continue to monitor
422 them until they are discharged from the facility. The dentists must not leave
423 the facility until the patient meets the criteria for discharge and is discharged
424 from the facility. The dentist must determine and document that levels of

425 consciousness, oxygenation, ventilation and circulation are satisfactory prior
426 to discharge.

427

428 **4. Deep Sedation**

429 a. Permit: A permit issued to the dentist from the Board to administer Deep
430 Sedation is required as well as a Facility Permit.

431

432 b. Qualified Staff: The technique for Deep Sedation requires the following three
433 individuals:

434 1) A dentist holding a current permit for Deep Sedation from the Board

435 2) An individual to assist with observation and monitoring of the patient and
436 who may administer drugs if appropriately licensed; and

437 3) Qualified staff to assist the operator as necessary. All individuals assisting
438 at this level must:

439 (a) hold a current permit from the Board to monitor and administer
440 Nitrous Oxide

441 (b) hold a current permit from the Board as a Sedation Assistant,

442 (c) hold a current certification in health-care provider level of CPR

443

444 c. Equipment:

445 Requirements are the same as the first six requirements for Moderate
446 Sedation listed in Section D. 3. c. of this Article. In addition to those
447 previously listed requirements, the following ancillary equipment is required:

448

449 1) The nitrous oxide and patient monitoring equipment listed below must be
450 used for every patient being sedated. If multiple patients are being
451 sedated simultaneously, each piece of equipment listed must be available
452 for every patient being sedated.

453 a. Fail safe N₂O₂ equipment

454 b. Scavenging system for nitrous oxide

455 c. Pulse oximeter

456 d. Blood pressure cuff and stethoscope

457 e. Electrocardioscope

458 f. Automatic blood pressure monitoring device

459

460 2) The emergency equipment listed below must be available in any office
461 where deep sedation or general anesthesia is administered:

462 a. Oral air-way

463 b. Appropriate emergency drugs

464 c. Automated External Defibrillators

465 d. Positive pressure oxygen delivery system

466 e. Tonsillar and pharyngeal type suction tip

467 f. Laryngoscope complete with adequate selection of blades, batteries
468 and bulb

469 g. Endotracheal tubes and appropriate connectors

470 h. Adequate equipment for the establishment of an intravenous
471 infusion

472 i. McGill forceps

- 473 j. Appropriate emergency drugs for ACLS
- 474 k. Thermometer
- 475
- 476 d. Records: Anesthesia records must be maintained as a permanent portion of
- 477 the patient file and shall include at a minimum:
- 478
- 479 1) Informed consent
- 480 2) Health history
- 481 3) Vital signs, recorded preoperative, intraoperative and
- 482 postoperative
- 483 4) Names of all drugs administered including dosages
- 484 5) Local anesthetic record
- 485 6) Record of all procedures
- 486 7) Post operative instructions
- 487 8) Record that level of consciousness was satisfactory prior to discharge
- 488 9) Time-oriented anesthetic record
- 489 10) Pulse oximetry readings
- 490
- 491 e. Emergency care: The dental office shall maintain the necessary emergency
- 492 equipment and medications to perform advanced cardiac life support (ACLS).
- 493 Dentists intending to produce Deep Sedation must be able to diagnose and
- 494 manage the physiologic consequences (rescue) for patients whose level of
- 495 sedation enters that of General Anesthesia. The dentist must have the
- 496 training, skills, drugs and equipment to identify and manage such an
- 497 occurrence until either assistance arrives (emergency medical services) or
- 498 the patient returns to the intended level of Deep or lower level of sedation
- 499 without airway or cardiovascular complications.
- 500
- 501 f. Patient Monitoring: The dentist must remain in the operatory to monitor the
- 502 patient continuously until the patient meets the criteria for recovery. When
- 503 active treatment concludes and the patient recovers to a minimally sedated
- 504 level, qualified staff may remain with the patient and continue to monitor
- 505 them until they are discharged from the facility. The dentists must not leave
- 506 the facility until the patient meets the criteria for discharge and is discharged
- 507 from the facility. The dentists must determine and document that levels of
- 508 consciousness, oxygenation, ventilation, circulation and temperature are
- 509 satisfactory prior to discharge.

511 **5. General Anesthesia**

512 All requirements for permits, qualified staff, equipment, records, emergency
513 care, and patient monitoring are exactly the same as for Deep Sedation.

514

515 **6. Contracting Anesthesia**

516 a. A dentist whose dental office meets the facility requirements and has
517 obtained a Facility Permit from the Board may contract with a licensed
518 physician (MD) with a specialty in anesthesiology, certified registered nurse
519 anesthetist (CRNA), or a dentist holding an anesthesia permit for in office
520 Deep Sedation or General Anesthesia. The Arkansas State Board of Dental

521 Examiners holds the contracting dentist ultimately responsible for the quality
522 of the anesthesia given and the patient care delivered.

523
524 b. A dentist may admit or have a patient admitted to an outpatient surgery
525 center approved by the Arkansas Department of Health, JCAH (out-patient
526 facilities), AAAHC, or other nationally recognized accreditation agency or a
527 hospital and utilize any appropriate level of sedation or general anesthesia as
528 provided by a licensed physician (MD) with a specialty in anesthesiology or a
529 certified registered nurse anesthetist (CRNA) without the dentist holding a
530 Board permit for that level of anesthesia, sedation or a Facility Permit.
531

532 **E. OBTAINING PERMITS FOR NITROUS OXIDE ANALGESIA, MINIMAL,**
533 **MODERATE AND DEEP SEDATION, GENERAL ANESTHESIA AND**
534 **FACILITIES**

535
536 **1. Sedation & Anesthesia Permits:**
537 a. Nitrous oxide/oxygen inhalation analgesia: Does not require a permit or
538 registration with the Board.
539

540 b. Minimal Sedation:
541 1) A permit is required for Pediatric Sedation.
542 2) No permit is required for Minimal Sedation in patients over the age of
543 twelve (12).
544 3) No Facility Permits are required.
545

546 c. Moderate Sedation, Deep Sedation and General Anesthesia:
547 1) Requires a permit for the dentist administering sedation /anesthesia.
548 2) Requires a Facility Permit.
549

550 **2. Obtaining a Permit:**
551 a. Minimal (for Pediatric Sedation only) Permits:
552 1) In order to receive a Minimal Sedation Permit (required for Pediatric
553 Sedation only), the dentist must apply on an application form to the
554 Arkansas State Board of Dental Examiners, submit the required
555 application fee and submit documentation showing that the educational
556 and equipment requirements have been met.
557

558 2) Applicants who have applications approved by the Board will be issued a
559 Minimal Sedation Permit (required for Pediatric Sedation only) which must
560 be renewed at the same time each year a dentist renews his license to
561 practice dentistry. Failure to renew a permit will cause the forfeiture of
562 the permit and once forfeited, re-application will be required. Forfeiture of
563 a permit will immediately terminate the authority of a dentist to
564 administer Minimal Sedation to patients under the age of twelve (12).
565

566 b. Moderate Sedation, Deep Sedation and General Anesthesia Permits:

- 567 1) In order to receive a Moderate Sedation Permit, Deep Sedation Permit or
568 a General Anesthesia Permit, the dentist must apply on an application
569 form to the Arkansas State Board of Dental Examiners, submit the
570 required application fee, and submit documentation showing that the
571 educational requirements have been met.
572
- 573 2) Applicants who have applications approved by the Board are issued a
574 permit. A self-evaluation and compliance form (available from the Board)
575 must be completed and submitted before any Moderate Sedation, Deep
576 Sedation or General Anesthesia usage can begin.
577
- 578 3) After the permit has been issued, the Board requires an on-site inspection
579 of the facility, equipment and credentials of the personnel to determine if,
580 in fact, the personnel, equipment and facility requirements have been
581 met. The evaluation shall be conducted as outlined in this document.
582
- 583 4) At the discretion of the Board, a re-evaluation of an office, dentist, and
584 staff may be scheduled at any time. The Board shall consider such factors
585 as it deems pertinent including, but not limited to, patient complaints and
586 reports of adverse occurrences.
587
- 588 5) Moderate Sedation, Deep Sedation and General Anesthesia permits must
589 be renewed at the same time each year a dentist renews his license to
590 practice dentistry. Failure to renew a permit will cause the forfeiture of
591 the permit and once forfeited, re-application and re-evaluation will be
592 required. Forfeiture of a permit will immediately terminate the authority of
593 a dentist to administer Moderate Sedation, Deep Sedation or General
594 Anesthesia.
595

596 **3. Facility Permits:**

- 597 a. Every dental office, clinic, or facility where Moderate Sedation, Deep Sedation
598 or General Anesthesia is to be administered to patients must be inspected
599 and meet the standards for a facility listed in this Article and have a Facility
600 Permit issued by the Board.
601
- 602 b. To obtain a Facility Permit, the dentist owning said Facility must apply on an
603 application form to the Arkansas State Board of Dental Examiners, and
604 submit the required application fee to have the Facility inspected.
605
- 606 c. Facility Permits must be renewed at the same time each year that a dentist
607 renews his license to practice dentistry. Failure to renew the permit will
608 cause the forfeiture of the permit and once forfeited, re-application and re-
609 inspection will be required. Forfeiture of a Facility Permit will immediately
610 terminate the authority of a dentist to have Moderate Sedation, Deep
611 Sedation or General Anesthesia administered in the Facility.
612

613 **F. ON-SITE FACILITY INSPECTION AND EVALUATION/RE-EVALUATION FOR**
614 **MODERATE SEDATION, DEEP SEDATION, GENERAL ANESTHESIA**
615 **FACILITIES**

616
617 An evaluation or re-evaluation shall consist of a review of the following:
618

- 619 1. Office facilities, equipment, dental records and staff to include documentation of
620 review of emergency preparedness with staff at least annually, written protocol
621 for office emergencies and current appropriate licenses & permits for dentist(s)
622 and staff.
- 623 2. Demonstration of the anesthesia technique for the level of sedation/anesthesia
624 permit for which the dentist has applied. Dental procedures utilizing Deep
625 Sedation or General Anesthesia must be observed.
- 626 3. Emergency Protocols - Knowledge of and a method of treatment for the
627 following emergencies:
 - 628 a. Laryngospasm
 - 629 b. Bronchospasm
 - 630 c. Angina pectoris
 - 631 d. Myocardial infarction
 - 632 e. Hypotension
 - 633 f. Hypertension
 - 634 g. Cardiac Arrest
 - 635 h. Allergic reaction
 - 636 i. Seizures
 - 637 j. Emesis and aspiration of foreign material under anesthesia
 - 638 k. Syncope
 - 639 l. Airway obstruction
 - 640 m. Abnormal psychological responses
- 641 4. Composition of On-site Inspection and Evaluation/Re-evaluation Teams:
 - 642 a. Teams shall consist of two or more dentists chosen and approved by the
643 Board.
 - 644 b. The evaluators must hold a current permit of the same level or higher as the
645 permit of the dentist being inspected and must have practiced with that level
646 of sedation permit for a minimum of one year. Whenever possible, if the
647 dentist being inspected is a dental specialist the evaluators will also be
648 licensed in that same specialty.
 - 649 c. The Board must appoint a dentist member of the Board to serve as an
650 observer at any evaluation.
 - 651 d. Grading of the Inspection and Evaluation:
 - 652 1) The inspection and evaluation shall be graded on a pass/fail system. An
653 evaluation form provided by the Board shall be used. The grade shall be
654 determined by the Board, based upon results provided by the evaluators.

- 661 2) If there is not a recommendation for pass or fail by the evaluators,
662 another evaluation will be made with either two different evaluators or
663 with a third evaluator whose function would be to cast the deciding vote
664 on the evaluation.
665
- 666 3) The sedation or anesthesia permit of a dentist who fails the evaluation will
667 be suspended by the Board. A dentist who has received such a negative
668 evaluation may appeal that decision to the Arkansas State Board of
669 Dental Examiners and request a re-evaluation. This appeal must be made
670 in writing to the Board stating the grounds for the appeal within 90 days
671 from the evaluation. During the suspension and appeal process, the
672 practitioner is prohibited from utilizing any sedation and/or General
673 Anesthesia. Upon receipt of the appeal request, the Board will decide the
674 matter and may grant or deny a permit, or request re-evaluation of the
675 appellant by a different evaluation team. An additional evaluation fee will
676 be required for this re-evaluation. Said re-evaluation inspection must be
677 completed within 60 days of receiving the appeal if the Board views that
678 re-inspection is appropriate.

679 **G. QUALIFIED STAFF: Sedation Monitoring Requirements**

680
681 There are certain situations when a dentist must entrust the monitoring of a
682 sedated patient to a staff member. The Board recognizes this need and has
683 developed an expanded function permit for certain dental assistants, hygienists or
684 other staff members who meet the following minimal criteria and have applied for
685 and received a permit from the board. Staff monitoring patients undergoing any
686 level of sedation must hold a current Nitrous Oxide permit from the Board and a
687 current certification in health care provider level of CPR. Staff monitoring Deep
688 Sedation or General Anesthesia patients must additionally have:
689

690 **(NOTE: THE CRITERIA FOR OBTAINING A SEDATION PERMIT**
691 **FOR DENTAL ASSISTANTS MONITORING SEDATED PATIENTS**
692 **WILL BE DEVELOPED BY THE ORAL AND MAXILLOFACIAL**
693 **SURGEONS AND PRESENTED TO THE BOARD FOR**
694 **CONSIDERATION.)**

695
696
697 Exemptions: Licensed physicians with a specialty in anesthesiology and Certified
698 Registered Nurse Anesthetists are exempt from the educational and permit
699 requirements listed in this section. Other licensed health care providers, who can
700 show proof of successful completion of a course which meets or exceeds those
701 listed in this regulation, may obtain an exemption from the Board on a case by case
702 basis.

703
704 Amended ? / ? / 2008