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Article XIII

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

6 **A. DEFINITIONS**

- 7
8 **1. Analgesia-** The diminution of pain or production of increased tolerance to pain in
9 the conscious patient.
- 10
11 **2. Anesthesia-** Partial or complete loss of sensation with or without the loss of
12 consciousness.
- 13
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 and/or techniques used should carry a margin of
57 safety wide enough never to render unintended loss of consciousness. Further,
58 patients whose only response is reflex withdrawal from repeated painful stimuli
59 would not be considered to be in a state of minimal sedation. When the intent is
60 minimal sedation for adults, the appropriate initial dosing of a single enteral
61 drug is no more than the maximum recommended dose of a drug that can be
62 prescribed for unmonitored home use. When the intent is Minimal Sedation, only
63 one drug can be given in addition to nitrous oxide.
64

65 Pediatric Considerations: In addition to the physiologic parameters for Minimal
66 Sedation in children under 12 years of age, when the intent is Minimal
67 Sedation, only one drug can be given in addition to nitrous oxide. A drug
68 CANNOT be from the scheduled category of drugs II, III or IV. If a child under
69 12 years of age is given any drug for sedation from Schedule II, III or IV, that
70 child is considered more than minimally sedated.
71

72 **8. Moderate Sedation-** a drug-induced depression of consciousness during which
73 patients respond purposefully to verbal commands, either alone or accompanied
74 by light tactile stimulation. No interventions are required to maintain a patent
75 airway and spontaneous ventilation is adequate. Cardiovascular function is
76 usually maintained. In accordance with this particular definition, the drugs
77 and/or techniques used should carry a margin of safety wide enough to render
78 unintended loss of consciousness unlikely. Repeated dosing of an agent before
79 the effects of previous dosing can be fully appreciated may result in a greater
80 alteration of the state of consciousness than is the intent of the dentist.
81 Further, a patient whose only response is reflex withdrawal from a painful
82 stimulus is not considered to be in a state of moderate sedation.
83

84 **9. Deep Sedation-** a drug-induced depression of consciousness during which
85 patients cannot be easily aroused but respond purposefully following repeated or
86 painful stimulation. The ability to independently maintain ventilatory function
87 may be impaired. Patients may require assistance in maintaining a patent
88 airway, and spontaneous ventilation may be inadequate. Cardiovascular
89 function is usually maintained.
90

91 **10. General Anesthesia** - a drug-induced loss of consciousness during which
92 patients are not arousable, even by painful stimulation. The ability to
93 independently maintain ventilatory function is often impaired. Patients often

94 require assistance in maintaining a patent airway, and positive pressure
95 ventilation may be required because of depressed spontaneous ventilation or
96 drug-induced depression of neuromuscular function. Cardiovascular function
97 may be impaired.
98

99 **11. Titration-** administration of incremental doses of a drug until a desired effect is
100 reached. Knowledge of each drug's time of onset, peak response and duration
101 of action is essential to avoid over sedation. Although the concept of titration
102 of a drug to effect is critical for patient safety, when the intent is moderate
103 sedation one must know whether the previous dose has taken full effect before
104 administering an additional drug increment.
105

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

- 107 a. Enteral: any technique of administration in which the agent is absorbed
108 through the gastrointestinal tract or oral mucosa (i.e. oral, rectal,
109 sublingual).
110 b. Parenteral: a technique of administration in which the drug bypasses the
111 gastrointestinal tract (i.e. intramuscular, intravenous, intranasal,
112 submucosal, subcutaneous, intraosseous).
113 c. Transdermal: a technique of administration in which the drug is
114 administered by patch or iontophoresis through skin.
115 d. Transmucosal: a technique of administration in which the drug is
116 administered across mucosa such as intranasal, sublingual or rectal.
117 e. Inhalation: a technique of administration in which a gaseous or volatile
118 agent is introduced into the lungs and whose primary effect is due to
119 absorption through the gas/blood interface.
120

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

- 123 a. ASA I: A normal healthy patient
124 b. ASA II: A patient with mild systemic disease
125 c. ASA III: A patient with severe systemic disease
126 d. ASA IV: A patient with severe systemic disease that is a constant threat to
127 life
128 e. ASA V: A moribund patient who is not expected to survive without the
129 operation
130 f. ASA VI: A declared brain-dead patient whose organs are being removed for
131 donor purposes
132 g. E: Emergency operation of any variety (used to modify one of the above
133 classifications, i.e. ASA III-E)
134

135 **14. Maximum Recommended Dose (MRD)** - maximum FDA- recommended dose of
136 a drug as printed in FDA-approved labeling for unmonitored home use.
137

138 **15. Incremental Dosing-** administration of multiple doses of a drug until a desired
139 effect is reached, but not to exceed the MRD.
140

- 141 **16. Supplemental Dosing-** during minimal sedation, supplemental dosing is a
142 single additional dose of the initial drug that may be necessary for prolonged
143 procedures. The supplemental dose should not exceed one-half of the initial
144 total dose and should not be administered until the dentist has determined the
145 clinical half-life of the initial dosing has passed. The total aggregate dose must
146 not exceed 1.5 x the MRD on the day of treatment.
147
- 148 **17. Pediatric Sedation-** Any level above nitrous oxide analgesia on patients under
149 the age of twelve (12) years.
150
- 151 **18. Permit reclassification-** All Level 3 permits currently held by any dentists on
152 the date of adoption of this rule will be reclassified to Moderate Sedation
153 permits. All Level 4- General Anesthesia permits currently held by any
154 dentists on the date of adoption of this rule will be reclassified to Deep
155 Sedation-General Anesthesia permits.
156

157 **B. EDUCATIONAL REQUIREMENTS**

158 **1. Nitrous Oxide/Oxygen Analgesia**

- 159 a. Any dentist licensed in Arkansas may administer nitrous oxide/oxygen
160 inhalation analgesia.
161
162 b. A current certification in health-care provider level of CPR is required.
163

164 **2. Minimal Sedation**

- 165 a. Any dentist administering Minimal Sedation must have training to the level of
166 competency in minimal sedation consistent with that prescribed in the *ADA*
167 *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental*
168 *Students, Section IV "Enteral and/or Combination Inhalation-Enteral Minimal*
169 *Sedation"* OR an equivalent continuing education course approved by the
170 Arkansas State Board of Dental Examiners and which may be completed in
171 either a pre-doctoral dental curriculum or a post-doctoral continuing
172 education course.
173
174 b. Dentists administering Minimal Sedation to children under the age of 12 must
175 hold a current Pediatric Advanced Life Support (PALS) certification OR a Deep
176 Sedation or General Anesthesia permit.
177
178 c. Dentists administering Minimal Sedation to patients 12 years of age or older
179 must hold current certification in healthcare provider level of basic life
180 support.

180 **3. Moderate Sedation**

- 181 a. Any dentist administering Moderate Sedation must have successfully
182 completed a comprehensive training program in moderate sedation that
183 satisfies the requirements described in the Moderate Sedation training
184 section of the *ADA Guidelines for Teaching Pain Control and Sedation to*
185 *Dentists and Dental Students* OR an equivalent continuing education course
186 approved by the Arkansas State Board of Dental Examiners.

- 187 b. Dentists administering Moderate Sedation to patients under the age of 12
- 188 years must have current certification in Pediatric Advanced Life Support
- 189 (PALS) certification OR a Deep Sedation or General Anesthesia permit.
- 190 c. Dentists administering Moderate Sedation to patients 12 years of age or
- 191 older must hold current certification in Advanced Cardiac Life Support (ACLS)
- 192 or an appropriate dental sedation/anesthesia emergency management
- 193 course.
- 194 d. Dentists administering Moderate Sedation to adult patients who are deemed
- 195 to be patients with special health care needs (e.g. ASA III) must complete
- 196 additional hours of additional training related to sedation of complex patients
- 197 per the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists*
- 198 *and Dental Students*.

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

- 200 a. Any dentist administering Deep Sedation or General Anesthesia must have
- 201 successfully completed an advanced education program in a facility
- 202 accredited by the ADA Commission on Dental Accreditation that affords
- 203 comprehensive and appropriate training necessary to administer and manage
- 204 deep sedation or general anesthesia as set forth in the *ADA Guidelines for*
- 205 *the Use of Sedation and General Anesthesia by Dentists, Section IV. C.*
- 206 OR
- 207 b. A residency in general anesthesia at an institution certified by the American
- 208 Society of Anesthesiology, the American Medical Association, or the Joint
- 209 Commission on Hospital Accreditation, resulting in the dentist becoming
- 210 clinically competent in the administration of general anesthesia. The
- 211 residency must include a minimum of 390 hours of didactic study, 1040
- 212 hours of clinical anesthesiology, and 260 cases of administration of General
- 213 Anesthesia to an ambulatory outpatient.
- 214 c. Dentists administering Deep Sedation or General Anesthesia must hold
- 215 current certification in Advanced Cardiac Life Support (ACLS) or an
- 216 appropriate dental sedation/anesthesia emergency management course.
- 217

218 **C. STANDARD OF CARE**

219 These guidelines are designed to encourage a high level of quality care in the dental

220 office setting. It should be recognized that emergency situations may require that

221 these standards be modified based on the judgment of the clinician(s) responsible

222 for the delivery of anesthesia care services. Changing technology and Arkansas

223 rules, regulations or laws may also modify the standards listed herein.

224

- 225
- 226 1. Before the administration of sedation or general anesthesia, a complete written
- 227 medical history must be obtained which shall include previous and current
- 228 medications, vital signs, allergies and sensitivities. The recording of appropriate
- 229 vital signs is required for all levels of sedation. The patient's weight should be
- 230 recorded when appropriate. Patients with significant medical considerations
- 231 (ASA III or IV) may require consultation with their primary care physician or
- 232 consulting medical specialist as well as written clearance for treatment from
- 233 that physician.

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2. During the anesthesia period the oxygenation, ventilation, and circulation of the patient must be continuously evaluated and documented by qualified staff assigned by the dentist.
 3. Each licensed dentist administering Deep Sedation or General Anesthesia must provide for training in emergency procedures to his or her qualified staff personnel. Emergency preparedness updates or drills for all staff must be held at least annually.
 4. A dentist who administers any type of sedation or general anesthesia shall maintain emergency equipment and medications appropriate for patient resuscitation. That dentist shall be proficient in handling emergencies and complications to include the maintenance of respiration, circulation, and the immediate establishment of a patent airway, and cardiopulmonary resuscitation. The dentist shall maintain appropriate emergency equipment and medications in the dental facility.
 5. All scheduled medications shall be stored and inventoried in accordance with all applicable state and federal regulations.
 6. The patient must be continuously observed during the anesthesia period either by the dentist or qualified staff.
 7. Personal supervision is required for monitoring patients under nitrous oxide/oxygen analgesia for registered dental assistants holding a current Nitrous Oxide Permit from the Board.
 8. Direct supervision is required for monitoring patients under nitrous oxide/oxygen analgesia for dental hygienists holding a current Nitrous Oxide Permit from the Board.
 9. Supervision of dental auxiliaries monitoring sedated patients-
 - a. Personal supervision is required for Minimal and Moderate Sedation
 - b. Operative supervision is required for Deep Sedation and General Anesthesia.
 - c. Personal supervision is required for Qualified Staff who continuously monitor post-surgical patients before final evaluation and discharge by the dentist.
 10. For Pediatric Sedation, all drugs from Schedule II, III or IV for sedations must be administered in the dental office.

279 **D. PERMITS, QUALIFIED STAFF, EQUIPMENT, DOCUMENTATION,**
280 **EMERGENCY CARE & PATIENT MONITORING**

281
282 **1. Nitrous Oxide Inhalation Analgesia**

- 283 a. Permit: A permit is not required for the dentist.
284
285 b. Qualified Staff: All patients shall be monitored continuously by personnel who
286 hold a current permit with the Board to induce and monitor nitrous
287 oxide/oxygen inhalation analgesia and a current certification in health-care
288 provider level CPR.
289
290 c. Equipment: Fail safe nitrous oxide equipment with nitrous oxide scavenging.
291
292 d. Documentation: The use of nitrous oxide and oxygen analgesia must be
293 properly recorded on each individual patient's record.
294
295 e. Emergency care: The dental office shall maintain emergency equipment and
296 medications to perform basic life support.
297
298 f. Patient Monitoring: The dentist or qualified staff must remain in the
299 operatory while a patient is receiving nitrous-oxide inhalation analgesia.

300 **2. Minimal Sedation**

- 301
302 a. Permit: A permit from the Board is not required for Minimal Sedation.
303
304 b. Qualified Staff: All patients shall be monitored continuously by qualified staff
305 who hold a current permit with the Board to induce and monitor nitrous
306 oxide/oxygen inhalation analgesia and a current certification in health-care
307 provider level CPR.
308
309 c. Equipment:
310 1) The nitrous oxide and patient monitoring equipment listed below must be
311 used for every patient being sedated. If multiple patients are being
312 sedated simultaneously, each piece of equipment listed must be available
313 for every patient being sedated.
314 (a) Fail safe nitrous oxide equipment
315 (b) Scavenging system for nitrous oxide
316 (c) Pulse oximeter for pediatric minimal sedation
317 (d) Blood pressure cuff and stethoscope
318 2) The emergency equipment listed below must be available in any office
319 where minimal sedation is administered:
320 (a) Oral air-ways
321 (b) Appropriate emergency drugs
322 (c) Automated External Defibrillators
323 (d) Positive pressure oxygen delivery system with appropriately sized
324 mask
325

- 326 d. Documentation: The use of minimal sedation must be properly recorded on
327 each individual patient's record. Documentation should include but not be
328 limited to:
329 1) Informed consent
330 2) Health history
331 3) For pediatric minimal sedation, heart rate and respiratory rate must be
332 recorded preoperatively, intraoperatively and postoperatively as
333 necessary. Blood pressure must be recorded preoperatively,
334 intraoperatively and postoperatively as necessary unless the patient is
335 unable to tolerate such monitoring (i.e. a small child with a blood
336 pressure cuff). Oxygen saturation must also be recorded preoperatively,
337 intraoperatively and postoperatively.
338 4) Names of all drugs administered including dosages and the weight of
339 patients under the age of 12.
340 5) Local anesthetic record
341 6) Record of all procedures
342 7) Post operative instructions
343 8) Record that level of consciousness was satisfactory prior to
344 discharge
345
346 e. Emergency care: The dental office shall maintain emergency equipment and
347 medications to perform basic life support. Dentists intending to produce
348 Minimal Sedation must be able to diagnose and manage the physiologic
349 consequences (rescue) for patients whose level of sedation enters that of a
350 higher level than Minimal. The dentist must have the training to identify and
351 manage such an occurrence until either assistance arrives (emergency
352 medical services) or the patient returns to the intended level of Minimal or
353 lower level of sedation without airway or cardiovascular complications
354
355 f. Patient Monitoring: The dentist or qualified staff must remain in the
356 operatory during active dental treatment to monitor the patient continuously
357 until the patient meets the criteria for discharge to the recovery area. The
358 dentist or qualified staff must monitor the patient during recovery until the
359 patient is ready for discharge by the dentist. The dentists must determine
360 and document that levels of consciousness, oxygenation, ventilation and
361 circulation are satisfactory prior to discharge.

362 **3. Moderate Sedation**

- 363
364
365 a. Permit: A permit from the Board is required. A Facility Permit is also
366 required. In facilities where more than one dentist provides services to
367 moderately sedated patients, the dentist who is personally providing the
368 dental service to the moderately sedated patient must personally hold a valid
369 moderate sedation permit, unless the sedation is being provided by a
370 contracted anesthesia provider under Section D.6 of this rule.
371
372 b. Qualified Staff: All patients shall be monitored continuously by qualified staff
373 who hold a current permit with the Board to induce and monitor nitrous

374 oxide/oxygen inhalation analgesia and a current certification in health-care
375 provider level CPR.

376
377 c. Equipment:

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

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

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

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

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

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

399 7) Ancillary equipment must include the following:

400 (a) The nitrous oxide and patient monitoring equipment listed below must
401 be used for every patient being sedated. If multiple patients are being
402 sedated simultaneously, each piece of equipment listed must be
403 available for every patient being sedated.

- 404 (i) Fail safe nitrous oxide equipment
- 405 (ii) Scavenging system for nitrous oxide
- 406 (iii) Pulse oximeter
- 407 (iv) Blood pressure cuff and stethoscope

408 (b) The emergency equipment listed below must be available in any office
409 where moderate sedation is administered:

- 410 (i) Oral air-ways
- 411 (ii) Appropriate emergency drugs
- 412 (iii) Automated External Defibrillators
- 413 (iv) Positive pressure oxygen delivery system with appropriately
414 sized mask.

415
416 d. Documentation: The use of moderate sedation must be properly recorded on
417 each individual patient's record. Documentation should include but not be
418 limited to:

- 419 1) Informed consent
- 420 2) Health history

- 421 3) Heart rate, oxygen saturation and respiratory rate must be recorded
422 preoperatively, intraoperatively and postoperatively as necessary. Blood
423 pressure must be recorded preoperatively, intraoperatively and
424 postoperatively as necessary unless the patient is unable to tolerate such
425 monitoring (i.e. a small child with a blood pressure cuff).
426 4) Names of all drugs administered including dosages and the weight of any
427 patient under 12 years of age.
428 5) Local anesthetic record
429 6) Record of all procedures
430 7) Post operative instructions
431 8) Record that level of consciousness was satisfactory prior to
432 discharge
433 9) Time-oriented anesthetic record
434
435 e. Emergency care: The dental office shall maintain emergency equipment and
436 medications to perform basic life support. Dentists intending to produce
437 Moderate Sedation must be able to diagnose and manage the physiologic
438 consequences (rescue) for patients whose level of sedation enters that of a
439 higher level than Moderate. The dentist must have the training to identify
440 and manage such an occurrence until either assistance arrives (emergency
441 medical services) or the patient returns to the intended level of Moderate or
442 lower level of sedation without airway or cardiovascular complications. The
443 dentist must be trained in and capable of providing, at the minimum, bag-
444 valve-mask ventilation so as to be able to oxygenate any patient who
445 develops airway obstruction or apnea. The equipment listed in Section D. 3.
446 c. of this Article is the minimal requirement for offices where Moderate
447 Sedation is provided.
448
449 f. Patient Monitoring: The dentist must remain in the operatory to monitor the
450 patient continuously until the patient meets the criteria for recovery. When
451 active treatment concludes and the patient recovers to a minimally sedated
452 level, qualified staff may remain with the patient and continue to monitor
453 them until they are discharged from the facility. The dentists must not leave
454 the facility until the patient meets the criteria for discharge and is discharged
455 from the facility. The dentist must determine and document that levels of
456 consciousness, oxygenation, ventilation and circulation are satisfactory prior
457 to discharge.
458
459 **4. Deep Sedation**
460 a. Permit: A permit issued to the dentist from the Board to administer Deep
461 Sedation is required as well as a Facility Permit.
462
463 b. Qualified Staff: The technique for Deep Sedation requires the following three
464 individuals:
465 1) A dentist holding a current permit for Deep Sedation from the Board
466 2) An individual to assist with observation and monitoring of the patient and
467 who may administer drugs if appropriately licensed; and

- 468 3) Qualified staff to assist the operator as necessary. All individuals assisting
469 at this level must:
470 (a) hold a current permit from the Board to monitor and administer
471 nitrous oxide
472 (b) hold a current permit from the Board as a Sedation Assistant,
473 (c) hold a current certification in health-care provider level of CPR
474
- 475 c. Equipment:
476 Requirements are the same as the first six requirements for Moderate
477 Sedation listed in Section D. 3. c. of this Article. In addition to those
478 previously listed requirements, the following ancillary equipment is required:
479
- 480 1) The nitrous oxide and patient monitoring equipment listed below must be
481 used for every patient being sedated. If multiple patients are being
482 sedated simultaneously, each piece of equipment listed must be available
483 for every patient being sedated.
484 a. Fail safe nitrous oxide equipment
485 b. Scavenging system for nitrous oxide
486 c. Pulse oximeter
487 d. Blood pressure cuff and stethoscope
488 e. Electrocardioscope
489 f. Automatic blood pressure monitoring device
490
- 491 2) The emergency equipment listed below must be available in any office
492 where deep sedation or general anesthesia is administered:
493 a. Oral air-way
494 b. Appropriate emergency drugs
495 c. Automated External Defibrillators
496 d. Positive pressure oxygen delivery system
497 e. Tonsillar and pharyngeal type suction tip
498 f. Laryngoscope complete with adequate selection of blades, batteries
499 and bulb
500 g. Endotracheal tubes and appropriate connectors
501 h. Adequate equipment for the establishment of an intravenous
502 infusion
503 i. McGill forceps
504 j. Appropriate emergency drugs for ACLS
505 k. Thermometer
506
- 507 d. Records: Anesthesia records must be maintained as a permanent portion of
508 the patient file and shall include at a minimum:
509
- 510 1) Informed consent
511 2) Health history
512 3) Vital signs, recorded preoperative, intraoperative and
513 postoperative
514 4) Names of all drugs administered including dosages
515 5) Local anesthetic record

- 516 6) Record of all procedures
517 7) Post operative instructions
518 8) Record that level of consciousness was satisfactory prior to discharge
519 9) Time-oriented anesthetic record
520 10) Pulse oximetry readings
521
522 e. Emergency care: The dental office shall maintain emergency equipment and
523 medications to perform advanced cardiac life support (ACLS). Dentists
524 intending to produce Deep Sedation must be able to diagnose and manage
525 the physiologic consequences (rescue) for patients whose level of sedation
526 enters that of General Anesthesia. The dentist must have the training, skills,
527 drugs and equipment to identify and manage such an occurrence until either
528 assistance arrives (emergency medical services) or the patient returns to the
529 intended level of Deep or lower level of sedation without airway or
530 cardiovascular complications.
531
532 f. Patient Monitoring: The dentist must remain in the operatory to monitor the
533 patient continuously until the patient meets the criteria for recovery. When
534 active treatment concludes and the patient recovers to a minimally sedated
535 level, qualified staff may remain with the patient and continue to monitor
536 them until they are discharged from the facility. The dentists must not leave
537 the facility until the patient meets the criteria for discharge and is discharged
538 from the facility. The dentists must determine and document that levels of
539 consciousness, oxygenation, ventilation, circulation and temperature are
540 satisfactory prior to discharge.
541
542 **5. General Anesthesia**
543 All requirements for permits, qualified staff, equipment, records, emergency
544 care, and patient monitoring are exactly the same as for Deep Sedation.
545
546 **6. Contracting Anesthesia**
547 a. A dentist whose dental office meets the facility requirements and has
548 obtained a Facility Permit from the Board may contract with a licensed
549 physician (MD) with a specialty in anesthesiology, certified registered nurse
550 anesthetist (CRNA), or a dentist holding an anesthesia permit for in office
551 Deep Sedation or General Anesthesia. The Arkansas State Board of Dental
552 Examiners holds the contracting dentist ultimately responsible for the quality
553 of the anesthesia given and the patient care delivered.
554
555 b. A dentist may admit or have a patient admitted to an outpatient surgery
556 center approved by the Arkansas Department of Health, JCAH (out-patient
557 facilities), AAAHC, or other nationally recognized accreditation agency or a
558 hospital and utilize any appropriate level of sedation or general anesthesia as
559 provided by a licensed physician (MD) with a specialty in anesthesiology or a
560 certified registered nurse anesthetist (CRNA) without the dentist holding a
561 Board permit for that level of anesthesia, sedation or a Facility Permit.
562
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564 **E. OBTAINING PERMITS FOR NITROUS OXIDE ANALGESIA, MINIMAL,**
565 **MODERATE AND DEEP SEDATION, GENERAL ANESTHESIA AND**
566 **FACILITIES**

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1. **Sedation & Anesthesia Permits:**

- a. Nitrous oxide/oxygen inhalation analgesia: Does not require a permit or registration with the Board.
- b. Minimal Sedation: No permit is required for Minimal Sedation.
- c. Moderate Sedation, Deep Sedation and General Anesthesia:
 - 1) Requires a permit for the dentist administering sedation /anesthesia.
 - 2) Requires a Facility Permit.

2. **Obtaining a Permit:**

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

612 **3. Facility Permits:**

- 613 a. Every dental office, clinic or facility where Moderate Sedation is to be
614 administered to patients must have a Moderate Sedation Facility Permit
615 issued by the Board. The dentist/owner of the practice or the dentist who is
616 the primary provider of dental care in the office must complete a self-
617 inspection Facility Permit application. Said application will be kept on file by
618 the Board. The Board may, on a random basis, inspect any facility holding a
619 Moderate Sedation Facility Permit. No Moderate Sedation shall be performed
620 until the facility self-inspection form is received by the Board and a facility
621 permit issued. Facility permits are required for all office where Level 3
622 permits are converted to Moderate Sedation permits on the date of adoption
623 of this rule. Dentists being reclassified from Level 3 to Moderate Sedation will
624 have 90 days from the date of adoption of this rule to submit their self-
625 inspection forms and have a facility permit issued. Any dentist providing
626 Moderate Sedation without a facility permit after the 90 day grace period will
627 be subject to having charges filed with the Board for providing Moderate
628 Sedation without a facility permit.
- 629 b. Every dental office, clinic, or facility where Deep Sedation or General
630 Anesthesia is to be administered to patients must be inspected and meet the
631 standards for a facility listed in this Article and have a Facility Permit issued
632 by the Board. No Deep Sedation or General Anesthesia shall be performed
633 until the facility has been inspected and a facility permit issued.
- 634
- 635 c. To obtain a Deep Sedation-General Anesthesia Facility Permit, the dentist
636 owning said Facility must apply on an application form to the Arkansas State
637 Board of Dental Examiners, and submit the required application fee to have
638 the Facility inspected.
- 639
- 640 d. All Facility Permits must be renewed at the same time each year that a
641 dentist renews his license to practice dentistry. Failure to renew the permit
642 will cause the forfeiture of the permit and once forfeited, re-application and
643 re-inspection will be required. Forfeiture of a Facility Permit will immediately
644 terminate the authority of a dentist to have Moderate Sedation, Deep
645 Sedation or General Anesthesia administered in the Facility.
- 646

647 **F. ON-SITE FACILITY INSPECTION AND EVALUATION/RE-EVALUATION FOR**
648 **MODERATE SEDATION, DEEP SEDATION, GENERAL ANESTHESIA**
649 **FACILITIES**

650
651 An evaluation or re-evaluation shall consist of a review of the following:

- 652
- 653 1. Office facilities, equipment, dental records and staff to include documentation of
654 review of emergency preparedness with staff at least annually, written protocol
655 for office emergencies and current appropriate licenses & permits for dentist(s)
656 and staff.

- 657 2. Demonstration of the anesthesia technique for the level of sedation/anesthesia
658 permit for which the dentist has applied. Dental procedures utilizing Deep
659 Sedation or General Anesthesia must be observed.
- 660 3. Emergency Protocols - Knowledge of and a method of treatment for the
661 following emergencies:
662
663 a. Laryngospasm
664 b. Bronchospasm
665 c. Angina pectoris
666 d. Myocardial infarction
667 e. Hypotension
668 f. Hypertension
669 g. Cardiac Arrest
670 h. Allergic reaction
671 i. Seizures
672 j. Emesis and aspiration of foreign material under anesthesia
673 k. Syncope
674 l. Airway obstruction
675 m. Abnormal psychological responses
676
- 677 4. Composition of On-site Inspection and Evaluation/Re-evaluation Teams:
678 a. Teams shall consist of two or more dentists chosen and approved by the
679 Board.
680
681 b. The evaluators must hold a current permit of the same level or higher as the
682 permit of the dentist being inspected and must have practiced with that level
683 of sedation permit for a minimum of one year. Whenever possible, if the
684 dentist being inspected is a dental specialist the evaluators will also be
685 licensed in that same specialty.
686
687 c. The Board must appoint a dentist member of the Board to serve as an
688 observer at any evaluation.
689
690 d. Grading of the Inspection and Evaluation:
691 1) The inspection and evaluation shall be graded on a pass/fail system. An
692 evaluation form provided by the Board shall be used. The grade shall be
693 determined by the Board, based upon results provided by the evaluators.
694
695 2) If there is not a recommendation for pass or fail by the evaluators,
696 another evaluation will be made with either two different evaluators or
697 with a third evaluator whose function would be to cast the deciding vote
698 on the evaluation.
699
700 3) The sedation or anesthesia permit of a dentist who fails the evaluation will
701 be suspended by the Board. A dentist who has received such a negative
702 evaluation may appeal that decision to the Arkansas State Board of
703 Dental Examiners and request a re-evaluation. This appeal must be made
704 in writing to the Board stating the grounds for the appeal within 90 days

705 from the evaluation. During the suspension and appeal process, the
706 practitioner is prohibited from utilizing any sedation and/or General
707 Anesthesia. Upon receipt of the appeal request, the Board will decide the
708 matter and may grant or deny a permit, or request re-evaluation of the
709 appellant by a different evaluation team. An additional evaluation fee will
710 be required for this re-evaluation. Said re-evaluation inspection must be
711 completed within 60 days of receiving the appeal if the Board views that
712 re-inspection is appropriate.

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

714
715 There are certain situations when a dentist must entrust the monitoring of a
716 sedated patient to a staff member. The Board recognizes this need and has
717 developed an expanded function permit for certain dental assistants, hygienists or
718 other staff members who meet the following minimal criteria and have applied for
719 and received a permit from the board.

720
721 Staff monitoring patients undergoing any level of sedation must hold a current
722 Nitrous Oxide Permit from the Board and a current certification in health care
723 provider level of CPR.

724
725 Staff monitoring patients undergoing Deep Sedation or General Anesthesia must
726 hold a current permit from the Board as a Sedation Assistant.

727
728 To qualify as a Sedation Assistant, an person must:

- 729
730 1. Be a Certified Dental Assistant, Registered Dental Assistant, Registered Nurse or
731 Licensed Practical Nurse
732 2. Hold a current certification in health care provider level CPR
733 3. Hold a current permit from the Board to monitor and induce nitrous oxide
734 analgesia
735 4. Successfully complete the American Association of Oral and Maxillofacial
736 Surgeons Anesthesia Assistant's Training Program or a Board approved
737 equivalent course within the two year period immediately previous to submitting
738 an application to be a Sedation Assistant.

739
740 Exemptions: Licensed physicians with a specialty in anesthesiology and Certified
741 Registered Nurse Anesthetists are exempt from the educational and permit
742 requirements listed in this section. Other licensed health care providers, who can
743 show proof of successful completion of a course which meets or exceeds those
744 listed in this regulation, may obtain an exemption from the Board on a case by case
745 basis.

746
747 Amended ? / ? / 2009