South Dakota State Board of Dentistry

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ADVERSE CONDITION REPORT

Pursuant to § 20:43:09:09, all dentists must notify the board within 72 hours after any death or any incident which results in temporary or permanent physical or mental injury requiring medical treatment of the patient during, or as a result of, general anesthesia, and deep sedation, moderate sedation, or nitrous oxide inhalation analgesia. It is not necessary to report incidents such as nausea, a single episode of emesis, or a mild allergic reaction. **A complete written report must be submitted to the Board within 30 days of the incident.** *Please attach an additional sheet if additional space is needed.*

LICENSEE INFORMATION

Name (please print): License Number:

Address:

City: State: Zip:

I. REACTION INFORMATION

PATIENT ID/INITIALS *(In Confidence)*	AGE (YRS)	SEX	REACTION ONSET MO	DA	YR	CHECK ALL APPROPRIATE

DESCRIBE INCIDENT (Attach additional sheets if necessary)

RELEVANT TESTS/LABORATORY DATA

- ☐ PATIENT DIED
- ☐ REACTION TREATED WITH RX DRUG
- ☐ RESULTED IN TREATMENT BY PHYSICIAN AND/OR HOSPITALIZATION
- ☐ RESULTED IN PERMANENT DISABILITY
- ☐ NONE OF THE ABOVE

II. SUSPECT DRUG(s) INFORMATION

SUSPECT DRUG(s) *(Indicate manufacturer and lot # for vaccines/biologics)*

DOSE	ROUTE OF ADMINISTRATION

DID REACTION ABATE AFTER STOPPING DRUG?

☐ YES ☐ NO ☐ N/A

INDICATION(s) FOR USE

DATES OF ADMINISTRATION *(From/To)*	DURATION OF ADMINISTRATION

DID REACTION REAPPEAR AFTER REINTRODUCTION?

☐ YES ☐ NO ☐ N/A

III. CONCOMITANT DRUGS AND HISTORY

CONCOMITANT DRUGS AND DATES OF ADMINISTRATION *(Exclude those used to treat reaction)*

OTHER RELEVANT HISTORY *(e.g., diagnoses, allergies, pregnancy with LMP, etc.)*

IV. SIGNATURE

SIGNED: **DATE:**