



South Dakota State Board of Dentistry
 P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079
 Ph: 605-224-1282 Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com www.sdboardofdentistry.org

FORM 2 - FULL INSPECTION OFFICE ANESTHESIA INSPECTION RESULTS CHECKLIST AND RECORDS REVIEW

Instructions - For each assigned inspection:

- The inspector will receive a copy of a practitioner's completed checklist and three redacted anesthesia records.
- The inspector should review these documents, complete the form below, and email this completed form to the board office at contactus@sdboardofdentistry.com.

Inspection (Practitioner Name): _____

Inspector: _____ Date of Review: _____

PERMIT – Please check only one:	
General Anesthesia and Deep Sedation	<input type="checkbox"/>
Moderate Sedation (Patients 12 years and Older)	<input type="checkbox"/>
Pediatric Moderate Sedation	<input type="checkbox"/>
Host	<input type="checkbox"/>

PRACTITIONER INSPECTION CHECKLIST REVIEW – <i>Please review practitioner inspection checklist and complete the question below:</i>	YES	NO
Practitioner Checklist is complete and satisfactory	<input type="checkbox"/>	<input type="checkbox"/>
If no, please list deficiencies or concerns:		

1. RECORD REVIEW	YES	NO
<i>Please review the first anesthesia record to verify the following:</i>		
An adequate medical history of the patient including all drug allergies, current medications, previous surgery, and any other pertinent medical history.	<input type="checkbox"/>	<input type="checkbox"/>
Consent form appropriate for the level of anesthesia being administered.	<input type="checkbox"/>	<input type="checkbox"/>
Base line vital signs, including blood pressure and pulse.	<input type="checkbox"/>	<input type="checkbox"/>
An adequate physical evaluation of the patient, including airway evaluation, auscultation of heart and lungs, height, weight and age of the patient.	<input type="checkbox"/>	<input type="checkbox"/>
ASA Classification appropriate based on medical history.	<input type="checkbox"/>	<input type="checkbox"/>
Indication of nothing by mouth or time of last intake of food or water.	<input type="checkbox"/>	<input type="checkbox"/>
Patient was NPO an adequate length of time according to the Patient's medical	<input type="checkbox"/>	<input type="checkbox"/>

history, age, height, weight and following the current ASA guidelines.		
Electrocardiograph documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Pulse oximeter documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Blood pressure and vital sign documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Capnography - continuous monitoring.		
If general anesthetic gases were administered, continuous temperature monitoring was documented. <i>If not applicable, leave blank.</i>		
Drugs administered, dosage, time, and route of administration.		
Type of IV catheter or port with gauge and IV access site.		
Documentation of start and finish times for the anesthesia or sedation.		
Recovery and discharge information, including continuous recovery monitoring, discharge vital signs, the patient's condition at discharge, the criteria for discharge, how the patient was discharged, whom the patient was discharged to, that the appropriate home care instructions were given written and verbally and an emergency contact was given to the patient.		
Names of personnel assisting with anesthesia care.		
Space to document abnormal occurrences during the procedure or complications of anesthesia.		
Record Notes:		

2. RECORD REVIEW	YES	NO
<i>Please review the second anesthesia record to verify the following:</i>		
An adequate medical history of the patient including all drug allergies, current medications, previous surgery, and any other pertinent medical history.		
Consent form appropriate for the level of anesthesia being administered.		
Base line vital signs, including blood pressure and pulse.		
An adequate physical evaluation of the patient, including airway evaluation, auscultation of heart and lungs, height, weight and age of the patient.		
ASA Classification appropriate based on medical history.		
Indication of nothing by mouth or time of last intake of food or water.		
Patient was NPO an adequate length of time according to the Patient's medical history, age, height, weight and following the current ASA guidelines.		
Electrocardiograph documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Pulse oximeter documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Blood pressure and vital sign documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Capnography - continuous monitoring.		
If general anesthetic gases were administered, continuous temperature monitoring		

was documented. <i>If not applicable, leave blank.</i>		
Drugs administered, dosage, time, and route of administration.		
Type of IV catheter or port with gauge and IV access site.		
Documentation of start and finish times for the anesthesia or sedation.		
Recovery and discharge information, including continuous recovery monitoring, discharge vital signs, the patient's condition at discharge, the criteria for discharge, how the patient was discharged, whom the patient was discharged to, that the appropriate home care instructions were given written and verbally and an emergency contact was given to the patient.		
Names of personnel assisting with anesthesia care.		
Space to document abnormal occurrences during the procedure or complications of anesthesia.		
Record Notes:		

3. RECORD REVIEW	YES	NO
<i>Please review the third anesthesia record to verify the following:</i>		
An adequate medical history of the patient including all drug allergies, current medications, previous surgery, and any other pertinent medical history.		
Consent form appropriate for the level of anesthesia being administered.		
Base line vital signs, including blood pressure and pulse.		
An adequate physical evaluation of the patient, including airway evaluation, auscultation of heart and lungs, height, weight and age of the patient.		
ASA Classification appropriate based on medical history.		
Indication of nothing by mouth or time of last intake of food or water.		
Patient was NPO an adequate length of time according to the Patient's medical history, age, height, weight and following the current ASA guidelines.		
Electrocardiograph documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Pulse oximeter documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Blood pressure and vital sign documentation - continuous monitoring and recording of monitoring every 5 minutes.		
Capnography - continuous monitoring.		
If general anesthetic gases were administered, continuous temperature monitoring was documented. <i>If not applicable, leave blank.</i>		
Drugs administered, dosage, time, and route of administration.		
Type of IV catheter or port with gauge and IV access site.		
Documentation of start and finish times for the anesthesia or sedation.		
Recovery and discharge information, including continuous recovery monitoring, discharge vital signs, the patient's condition at discharge, the criteria for discharge, how the patient was discharged, whom the patient was discharged to, that the appropriate home care instructions were given written and verbally and an emergency contact was given to the patient.		

Names of personnel assisting with anesthesia care.		
Space to document abnormal occurrences during the procedure or complications of anesthesia.		
Record Notes:		

INSPECTION RESULT: <i>Please select one</i>	
PASS -- The inspection form and anesthesia records are complete. I recommend practitioner pass the inspection.	
RECTIFY DEFICIENCIES – I recommend that the practitioner be notified of the deficiencies noted below and have _____ days to rectify the deficiencies. I recommend the practitioner’s anesthesia permit remain active during this time.	
FAIL – I recommend that the practitioner’s host, moderate, or general anesthesia and deep sedation permit be suspended until the deficiencies noted below are rectified.	
DEFICIENCIES:	

Name of Practitioner Inspected: _____

Signature of Inspector _____

Printed Name of Inspector _____

Phone: _____ Email: _____

Please email this completed form to contactus@sdboardofdentistry.com.

\$250 Anesthesia Inspector Fee will be paid for all inspections.

If this inspection required travel, please complete and submit the Anesthesia Inspector Travel Voucher.

FULL INSPECTION (FORM 1)

CHECKLIST AND RECORDS REVIEW CRITERIA FOR PASS/FAIL

1. Category One Deficiencies
 - a. Minor drug missing or expired. Minor drug includes: anti-emetic or corticosteroids. *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
 - b. Minor equipment missing or dysfunctional. Minor equipment includes: precordial stethoscope or manual blood pressure cuff.
 - c. Missing or inaccurate consent forms.
 - d. Missing a component of an anesthesia record.
 - e. Minor deficiency that would not pose a significant risk for patient harm.
2. Category Two Deficiencies
 - a. Major drug missing or expired. Any drug not listed under category one deficiency would be considered a major drug (category two deficiency). *Having an expired drug because its replacement is currently backordered is not considered a deficiency.*
 - b. Major equipment missing or dysfunctional. Any equipment not listed under category one deficiency would be considered major equipment (category two deficiency).
 - c. Absence of appropriate oxygen or oxygen delivery system.
 - d. Inadequate preoperative evaluation.
 - e. Major deficiency that would pose a significant risk for patient harm.
3. Evaluation criteria for pass/fail and rectification of deficiencies
 - a. Category One Deficiencies
 - i. Up to three deficiencies can be rectified within a specified time and can be proven by receipt of purchase or other requirements.
 - ii. Four or more deficiencies will be an automatic failure.
 - b. Category Two Deficiencies
 - i. Any one deficiency will be automatic failure.
 - c. All deficiencies resulting in failure will be mailed to the practitioner by certified mail for date of receipt. No anesthesia will be delivered from that time until a new inspection can be completed, which may be conducted in-person.