

**DENTAL ANESTHESIA SUPPLEMENT**

Applicant's Name \_\_\_\_\_

**A. If you perform conscious sedation and/or general anesthesia, do you administer sedation for medical procedures?**  Yes  No

**B. Please indicate who administers Conscious Sedation:**

**Where is Conscious Sedation performed?**

- I Do
- Oral Surgeon
- Nurse Anesthetist/CRNA
- Other (Please explain) \_\_\_\_\_
- RN/LPN
- Dental Anesthesiologist
- MD/DO Anesthesiologist

- In My Office
- Hospital
- Licensed JCAHO or AAAHC Approved Surgical Center
- Other (Please explain) \_\_\_\_\_

**C. Please indicate who administers General Anesthesia:**

**Where is General Anesthesia performed?**

- I Do
- Oral Surgeon
- Nurse Anesthetist/CRNA
- Other (Please explain) \_\_\_\_\_
- RN/LPN
- Dental Anesthesiologist
- MD/DO Anesthesiologist

- In My Office
- Hospital
- Licensed JCAHO or AAAHC Approved Surgical Center
- Other (Please explain) \_\_\_\_\_

**D. Do you accept referrals for the administration of anesthesia?**  Yes  No

**E. Do you prescribe Benzodiazepine type oral sedation agents?** (Halcion, Triazolam, Ativan, Valium or similar anesthetic agent)  Yes  No

**If yes, do you exceed the maximum recommended dosage ("MRD")?**  Yes  No

If yes, are you trained and is your office prepared to administer reversal agents such as flumazinil intravenously?  Yes  No

**F. How often do you update health histories?**

Every:  3 Months  6 Months  12 Months  Other \_\_\_\_\_

**G. Is your office certified for general anesthesia by a state organization?**  Yes  No

If yes, date of issuance: (MM/YYYY) \_\_\_\_\_

**H. If conscious sedation or general anesthesia is performed outside of a hospital, JCAHO or AAAHC approved facility, how often do you and your staff participate in simulated emergency training?**

Every:  3 Months  6 Months  12 Months  Other \_\_\_\_\_

**I. Are you or the individual administering the sedation, certified in one or more of the following?**  Yes  No

If yes, please mark the applicable boxes:  CPR  ACLS  ATLS  PALS

**J. Do you utilize the following equipment?** (Please "X" equipment used)  
**Checking the box indicates this equipment will be available during all anesthesia procedures performed outside a hospital, JCAHO or AAAHC approved facility.**

**Basic Airway Equipment:**

- Oral and Nasopharyngeal Airways
- Full Face Mask Resuscitator
- Endotracheal Tubes (adult/child size)
- Laryngoscope
- Direct Current Defibrillator
- Tracheostomy/Coniotomy Equipment
- Sphygmomanometer/Stethoscope
- Electrocardiographic Monitoring Equipment
- Pulse Oximeter
- CO2 Monitor
- Internal/External Temperature Monitor
- Portable Suction
- Capnography
- Auxiliary Lighting
- Emergency Pharmaceutical Kit
- Fail safe mechanisms on anesthesia machines

**K. If you are hosting anesthesia provider(s), outside of a hospital, JCAHO or AAAHC approved facility, have you and will you ensure those anesthesia provider(s) have:**

The equipment indicated (checked) above?  Yes  No

Professional liability limits equal to or greater than your policy limits?  Yes  No