



ANESTHESIA / SEDATION FACILITY INSPECTION REVIEW FORM

Oral Moderate Sedation

Parenteral Conscious Sedation – 1 Sedative Agent Only

Parenteral Conscious Sedation – 2 Sedative Agents (Annual – P-2)

Deep Sedation / General Anaesthesia

Contact person:	
Practitioner performing Sedation and/or Anaesthesia:	
Telephone:	
Date of Inspection:	
Inspected By:	
Case File #	

CALL CONTACT / REQUEST FOR INFORMATION LOG

Date	Contact Name	Description

A) Sedation Team Review

Who supplies auxiliaries for sedation team?

Facility

Visiting Practitioner

Both

	Name of Practitioner Administering	Y	No with Reason	NR
Does each <u>Facility Based</u> Practitioner who administers sedation and/or general anesthesia have current HCP level CPR as minimum? If no state reason If visiting check NR		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
		<input type="checkbox"/> Y		
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Does the facility have an Operative Assistant?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Does the facility have an Office Administrator?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR

Does the dentist administer sedation and carry out the dental treatment?

Yes No

Who supplies the Qualified Sedation Assistant/ Recovery Supervisor? (Not required for Oral Moderate)

Facility Visiting Practitioner

If the facility does,

a) Does the Qualified Sedation Assistant/ Recovery Supervisor have current registration with regulatory authority?

Yes No

b) Does the Qualified Sedation Assistant/ Recovery Supervisor have current HCP level CPR as a minimum?

Yes No

Additional Information, if necessary

B) Facility Records Review

Written Instructions	Y	N
Were the Pre-operation Sedation / Anaesthetic Instructions present and complete	<input type="checkbox"/> Y	<input type="checkbox"/> N
Were the Post-operation Sedation / Anaesthetic Instructions present and complete	<input type="checkbox"/> Y	<input type="checkbox"/> N
Vital Statistics		
Patient name, address, emergency telephone number and name	<input type="checkbox"/> Y	<input type="checkbox"/> N
Core Medical History		
Past and Current Health (respiratory, cardiac, circulatory, neurological, hepatic, renal)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Hospitalizations (illness, surgery)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Medications (names, doses, durations)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Allergies (adverse reactions to drugs, food and other substances)	<input type="checkbox"/> Y	<input type="checkbox"/> N
ASA Status	<input type="checkbox"/> Y	<input type="checkbox"/> N
Weight	<input type="checkbox"/> Y	<input type="checkbox"/> N
Core Physical Examination		
B.P., pulse (recorded at consultation OR pre-operatively)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Other (should be an area on the chart for positive physical findings)	<input type="checkbox"/> Y	<input type="checkbox"/> N
Chart Review		
Complete and Legible	<input type="checkbox"/> Y	<input type="checkbox"/> N

CHART REVIEW PARENTERAL AND DEEP AND GENERAL

Patient name					
Date of Procedure					
Verification of NPO status					
Verification of Accompaniment for Discharge					
ASA Status					
Names of all drugs administered					
Doses of all drugs administered					
Route of administration of drugs					
IV type, location of venipuncture, type and amount of fluids administered					
List of Monitors used					
Record of BP, HR, O ₂ Sat at 5 minute intervals					
Start and completion times of Sedation / GA					
Start and completion times of dental procedure					
Recovery period					
Record that discharge criteria were met as per Standard(Record of BP, HR, O ₂ Sat)					
Time of discharge and name of responsible person					
Name of practitioner responsible for case					
Notes of any complications					

At the time of the chart review:

Was the information in the chart complete?					
Was the dose and manner in which the sedative was administered appropriate?					
Was the management of cases appropriate?					

CHART REVIEW ORAL MODERATE

Patient name					
Date of Procedure					
Verification of NPO status					
Verification of Accompaniment for Discharge					
ASA Status					
Names of all drugs administered					
Doses of all drugs administered					
List of Monitors used (only pulse ox/cuff)					
Record of BP, HR, O ₂ Sat at 15 minute intervals					
Start and completion times of Sedation					
Record that discharge criteria were met as per Standard (Record of BP, HR, O ₂ Sat)					
Time of discharge and name of responsible person					
Name of DDS / MD responsible for case					
Notes of any complications					

At the time of the chart review:

Was the information in the chart complete?					
Was the dose and manner in which the sedative was administered appropriate?					
Was the management of cases appropriate?					

C) Facility Review

	Y	N
Adequate number for case load	<input type="checkbox"/> Y	<input type="checkbox"/> N
Main suction and light	<input type="checkbox"/> Y	<input type="checkbox"/> N
Adequate access for Emergency Stretchers	<input type="checkbox"/> Y	<input type="checkbox"/> N
Portable auxiliary E sized Oxygen tank in good working order	<input type="checkbox"/> Y	<input type="checkbox"/> N
How many Oxygen tanks does the office have?		

D) Sedation / Anaesthetic Equipment Review

1. Who supplies the requisite sedation equipment?

Facility Visiting Practitioner

Equipment required	Y	N	N/R
Portable apparatus for intermittent positive pressure resuscitation	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Monitors	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Stethoscope	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Sphygmomanometers of appropriate sizes	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Portable auxiliary systems for light and suction	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Full face masks of appropriate sizes and connectors (state sizes if missing)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Tonsil suction (Yankauer) adaptable to the suction outlet P, D/G	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Adequate selection of endotracheal tubes or laryngeal mask airways and appropriate connectors P (state sizes if missing)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Adequate selection of endotracheal tubes and also laryngeal mask airways and appropriate connectors must have both for D/G (state sizes if missing)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Laryngoscope with an adequate selection of blades, spare batteries and bulbs P, D/G	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR

Magill forceps P, D/G	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Adequate selection of oral airways P, D/G	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Apparatus for emergency tracheotomy or cricothyroid membrane puncture P, D/G	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Needles – IV P, D/G	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Electrocardioscope and defibrillator D/G	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Capnometer, if endotracheal intubation is used to administer general anaesthesia G	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
<u>ONLY For patients who are Intubated or for which a laryngeal mask airway is used:</u>			
Is monitoring by capnometry / capnography carried out?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Is monitoring by oxygen analyzer done?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
ONLY If a volatile inhalational anaesthetic agent is used to maintain anaesthesia (e.g. isoflurane, sevoflurane, desflurane)			
Is anaesthetic agent analyzer utilized?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
<u>If a Vaporizer is fitted to the Gas Delivery System:</u>			
It shall have an agent-specific, keyed filling device.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
The connection of the inlet and outlet ports of the vaporizer to the gas machine shall be such that an inadvertent incorrect attachment cannot be made.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
All vaporizer control knobs must open counter-clockwise and be marked to indicate vapour concentration in volume percent.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR

Equipment Service Records	Maintenance date	Maintenance date	Maintenance date	Y	N	N/R
Monitors-				<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Second monitor, if back to back D/G cases				<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
N ₂ O /O ₂ Delivery System				<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Defibrillator(s) D/G				<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Vaporizer(s) D/G				<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Anaesthetic machines D/G				<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Were Cases Performed with Maintenance Overdue				<input type="checkbox"/> Y	<input type="checkbox"/> N	

N₂O / O₂ Delivery System Review	Y	N	NR
Is N ₂ O / O ₂ used in this office? (optional)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Fail-safe mechanism (minimum 30% O ₂)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
DISS or OHMEDA Quick Connect	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Full face mask connectors, tubing, bag (resuscitation)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Oxygen ("E" size tank as minimum)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Scavenging system	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Pin Indexing (vaporizers)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR

Please attach charts of cases performed with equipment whose maintenance was overdue

E) Drugs for the Management of Emergencies

Oral Moderate Sedation

Parenteral Conscious Sedation – 1 sedative agent only

Parenteral Conscious Sedation – 2 sedative agents (Annual P-2)

Deep Sedation / General Anaesthesia

Who supplies the requisite drugs?

Facility

Visiting Practitioner

Drug	Expiry Date	Y	N	N/R
Oxygen		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Epinephrine		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Nitroglycerin		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Parenteral diphenhydramine		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Salbutamol		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Acetylsalicylic Acid (ASA)		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Flumazenil		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Naloxone D/G		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
***OM, P (if opioids are used)				
Parenteral vasopressor(ephedrine) P, D/G		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Parenteral atropine P, D/G		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Parenteral corticosteroid P, D/G		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Intravenous fluids P, D/G		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Succinylcholine D/G		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Parenteral Amiodarone D/G		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
Parenteral Beta-blocker D/G		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR

Dantrolene, if triggering agents for malignant hyperthermia are being used <u>-consistent with MHAUS Guidelines</u> Volatile GASES ONLY GA- 36 vials for adult/18 for child		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR
If expired, were cases performed after the expiry date?		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NR

Please attach charts of cases performed with expired drugs

Since the last re-inspection, have there been any adverse events? If yes, list the type and dates of adverse events.

Suggestions Deep Sedation and/or General Anaesthesia only:

Does the office have an emergency protocol? Yes No

Emergency Manual – please suggest to all modalities, strongly suggest to all facilities administering Deep Sedation and/or General Anaesthesia

OVERALL COMMENTS



**ANESTHESIA / SEDATION FACILITY
INSPECTION REVIEW FORM**