

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