

# MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Suite 100, 600 East Amite Street • Jackson, Mississippi 39201-2801 • (601) 944-9622 • www.msbde.state.ms.us

## GENERAL ANESTHESIA PERMIT SITE VISIT FORM

DENTIST \_\_\_\_\_ DATE \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_  
SITE VISIT TEAM MEMBERS \_\_\_\_\_

### MINIMUM REQUIREMENTS

#### I. CERTIFICATIONS

- \_\_\_\_\_  
\_\_\_\_\_  
A. ACLS, PALS, or Equivalent Certification for Dentist  
B. CPR for Staff

#### II. REQUIRED EQUIPMENT

- \_\_\_\_\_  
\_\_\_\_\_  
A. Source of Oxygen and Equipment to Deliver Positive Pressure Ventilation  
B. Respiratory Support Equipment  
    1. Oral Airway/Nasal Airway  
    2. Laryngoscope (McGill Forceps or Other Suitable Instruments)  
    3. Endotracheal Tubes (Adult and Children)  
    4. Full Face Mask  
    5. Supra-Glottic Airway Adjunct, i.e., Laryngeal Mask Airway, King Tube, Combi-Tube, Etc.  
C. Stethoscope  
D. Blood Pressure Cuff (Manual or Automatic)  
E. Defibrillator (Manual or Automatic) AED  
F. Equipment to Establish Intravenous Infusion  
G. Pulse Oximeter  
H. Capnography  
I. Back-Up Suction and Lighting Equipment (Non-AC Powered)  
J. Electrocardiographic Monitoring Unit  
K. Adequate Recovery Area  
L. Body Temperature Measuring Device

#### III. REQUIRED DRUGS

**(MUST HAVE AT LEAST ONE IN EACH CATEGORY UNLESS OTHERWISE NOTED)**

- \_\_\_\_\_  
\_\_\_\_\_  
A. Intravenous Fluids  
    1. Water for Injections and/or Mixing or Dilution of Drugs  
    2. Intravenous Fluids  
B. Cardiotonic Drugs/Anti-Arrhythmic Agents\*  
C. Vasopressors\*  
D. Antihypertensive Agents (Immediate)\*  
E. Antagonist (Reversal Drugs): **BOTH ARE REQUIRED\***  
F. Accessory Drugs\*  
\* See reverse for examples

#### IV. WRITTEN DOCUMENTATION

- \_\_\_\_\_  
\_\_\_\_\_  
A. Acceptable Written Protocols and/or Standards of Care for Managing Complications/Emergencies  
B. Time-Oriented Anesthetic Record

#### V. NOTES AND COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
PASS \_\_\_\_\_ FAIL \_\_\_\_\_ REVISIT (DATE) \_\_\_\_\_

#### VI. SIGNATURE(S) OF BOARD MEMBER(S) AND TEAM MEMBER(S)

\_\_\_\_\_  
\_\_\_\_\_

# EXAMPLES OF DRUGS MUST HAVE AT LEAST ONE IN EACH CATEGORY

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## CARDIOTONIC DRUGS/ANTI-ARRHYTHMIC AGENTS

<u>DRUG</u>	<u>BRAND NAME</u>
• DIGOXIN	LANOXIN
• NF DIGOXIN	LANOXICAPS
• QUINIDINE SULFATE	QUINIDINE SULFATE
• PROCAINAMIDE	PRONESTYL
• DISOPYRAMIDO	NORPACE
• QUINIDINE GLUCONATE EXT-REL	QUINAGLUTE
• PROCAINAMIDE EXT-REL(6HR)	PROCAINAMIDE
• DISOPYRAMIDE EXT-REL	NORPACE CR
• MEXLLETINE	MEXITIL
• QUINIDINE SULFATE EXT-REL	QUINIDEX
• PROPALENONE	RYTHMOL
• SL NITROGLYCERIN	ISORDIL SC
• ATROPINE	

## VASOPRESSORS

- ANGIOTENSIN
- ANGIOTONIN
- HYPERTENSIN
- METHOXAMINE
- PHENYLEPHRINE
- DOPAMINE
- VASOPRESSIN
- NOREPINEPHRINE

## ANTI-HYPERTENSIVE AGENTS (IMMEDIATE)

<u>DRUG</u>	<u>BRAND NAME</u>
• HYDROCHLOROTHIAZIDE	HYDRODIURIL
• CHLORTHALIDONE	HYGROTON
• TRIAMTERENE/HYDROCHLOROTHIAZIDE75/50	MAXZIDE
• FUROSEMIDE	LASIX
• AMILORIDE/HYDROCHLOROTHIAZIDE	MODURETIC
• INDAPAMIDE	LOXOL
• BUMETANIDE	BUMEX
• TRIAMTERENE/HYDROCHLOROTHIAZIDE 37.5/25 TABS	MAXIDE-25
• NF TRIAMTERENE /HYDROCHLOROTHIAZIDE 50/25	TRIAMTERENE/HYDROCHLOROTHIAZIDE
• TRIAMTERENE/HYDROCHLOROTHIAZIDE 37.5/25 CAPS	DYAZIDE
• AMILORIDE	MIDAMO

## ANTAGONIST (REVERSAL DRUGS): BOTH ARE REQUIRED

<u>DRUG</u>	<u>BRAND NAME</u>
• FLUMAZENIL	ROMAZICON
• NALOXONE	NARCAN

## ACCESSORY DRUGS

- PHERNERGAN
- BENADRYL