

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

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

PARENTERAL CONSCIOUS SEDATION 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. 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

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/HYDROCHLOROTHIAZIDE 75/50	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