

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

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

ENTERAL 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. Back-Up Suction and Lighting Equipment (Non-AC Powered)
- _____ I. Body Temperature Measuring Device

III. SUGGESTED DRUGS

- _____ A. Intravenous Fluids
 - 1. Water for Injections and/or Mixing or Dilution of Drugs
 - 2. Intravenous Fluids
- _____ B. Cardiotonic Drugs
- _____ C. Vasopressors
- _____ D. Anti-Arrhythmic Agents
- _____ E. Antihypertensive Agents (Immediate)
- _____ F. Antagonist (Reversal Drugs)
- _____ G. Accessory Drugs (e.g., Isuprel, Phenergan, Atropine, Benadryl)

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)

