

Figure: 22 TAC §110.18(d)

ANESTHESIA LEVELS 2-4 INSPECTION FORM

Dentist Name and License Number:	Date of Evaluation:
Address:	Telephone Number:
Anesthesia Level Inspected (Circle): 2 3 4	Time of Evaluation: <i>Start Time: Completion Time:</i>
Evaluators Name / Telephone Number:	Type of Inspection: <i>Prior Inspection date (s):</i> <i>Tier 1: Tier 2:</i>

INSTRUCTIONS FOR COMPLETING TSBDE ANESTHESIA INSPECTION FORM:

1. Prior to inspection, review criteria found in TSBDE Rules and Regulations related to Level of Anesthesia being inspected. Specifically, see Rule 110.5 for levels 2 and 3, 110.6 for level 4, and Rules 110.9 and 110.13 – 110.18 for all permit levels.
2. Each inspector should complete an **Anesthesia Levels 2-4 Inspection Form** independently by checking the appropriate answer box to the corresponding question or by filling in a blank space. The inspector shall not identify violations outside the applicable sedation/anesthesia rules in effect for each permit level.
3. The inspector shall identify all violations and inform the permit holder for remediation as soon as possible. A delay of more than thirty (30) days to remediate any violation shall trigger a risk-based inspection of the permit holder.
4. Sign the **Anesthesia Levels 2-4 Inspection Form** and return to the Board office within ten (10) days after inspection has been completed.
5. IF RISK-BASED: Collect five (5) sedation/anesthesia records documenting procedures at the permit holder’s highest permit level for review by DRP.

ANESTHESIA PERMIT INSPECTION

A. Office Equipment	YES	NO
1. Adequate and unexpired supply of drugs and anesthetic agents sufficient for the emergency treatment of any patient reasonably expected in the practice (e.g., adequate dose for a single patient of the largest weight expected in the practice), or proof of backorder status for the drugs. This supply must include, but is not limited to, pharmacologic antagonists and resuscitative drugs appropriate for the sedation/anesthesia drugs used. Specifically, the drugs below or their functional equivalents: LEVEL 2 – Naloxone, Epinephrine, Nitroglycerin LEVEL 3 – The above drugs, plus Flumazenil LEVEL 4 – The above drugs, plus appropriate pharmacologic agents if known triggering agents of malignant hyperthermia are administered		
2. Automated external defibrillator as required by Rule 110.15.		
3. Positive pressure ventilation device as required by Rule 110.15.		
4. Supplemental oxygen as required by Rule 110.15.		
5. Stethoscope as required by Rule 110.15.		
6. Sphygmomanometer or automatic blood pressure monitor as required by Rule 110.15.		
7. Pulse oximeter as required by Rule 110.15.		
8. Oxygen delivery system with various full face masks capable of connection to supplemental oxygen and providing positive pressure ventilation, together with an adequate backup system as required by Rule 110.15.		
9. Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure as required by Rule 110.15.		
10. Lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure as required by Rule 110.15.		
11. Pre-cordial/pre-tracheal stethoscope, size and shape appropriate advanced airway device, intravenous fluid administration equipment, and/or electrocardiogram consistent with permit requirements as required by Rule 110.15 and 110.6, as applicable.		
12. Capnography if level 4 as required by Rule 110.15.		
Notes/Recommendations:		

B. Documentation	YES	NO
1. Emergency preparedness policies and procedures specific to the practice setting, with documentation of specific protocols and annual review logs as required by Rule 110.14.		
2. Proof of continuing education required for most recent permit renewal (8 hours every 2 years for level 2 and 3, 12 hours every 2 years for level 4) as required by Rule 110.9.		
3. Proof of satisfaction of the requirements of 110.16 if providing sedation/anesthesia to patients with ASA III and IV		
4. Proof of satisfaction of the requirements of 110.17 if providing sedation/anesthesia to patients under 13		
5. Current BLS for assistant staff (if applicable) - Levels 2-3, one additional person present with BLS as required by Rule 110.5. - Level 4, two (2) additional individuals present with BLS as required by Rule 110.6.		
6. Current BLS (Expiration date: _____), and ACLS (Expiration date: _____) and/or PALS (Expiration date: _____) for dentist.	_____	_____
Notes/Recommendations:		
C. Patient Record Audit	YES	NO
1. Pre-operative checklist in accordance with Rule 110.13.		
2. Written time-oriented anesthetic record including the names and dosages of all drugs administered and the names of individuals present during the administration of drugs as required by Rules 110.5 and 110.6.		
3. Pulse oximetry, heart rate, respiratory rate, and blood pressure continually monitored and documented at appropriate intervals of no more than 10 minutes for Levels 2 and 3 as required by Rule 110.5.		
4. Pulse oximetry, heart rate, end-tidal CO2 measurements, respiratory rate, and blood pressure continually monitored and documented at appropriate intervals of no more than 5 minutes for Level 4 as required by Rule 110.6.		

5. Proper recovery and discharge, including documentation of continuous monitoring of consciousness, oxygenation, ventilation, and circulation, as well as post-procedure verbal and written instructions to the patient or their escort.		
Notes/Recommendations:		

Number of violations found: _____

Detailed Description of Violations _____

 Signature of Inspector

 Date

