

## Equipment, Records, Drugs, and Facility

Pursuant to Ohio Administrative Code 4715-5-05 (B)(4) you must provide evidence that you have a properly equipped facility(s), whether fixed, mobile, or portable, for the administration of general anesthesia or deep sedation in which the permit holder agrees to have available and utilize adequate monitoring, personnel, emergency equipment and drugs as recommended in the "Guidelines for the Use of Sedation and General Anesthesia by Dentists" as adopted by the October 2007 American Dental Association House of Delegates and/or the American Association of Oral and Maxillofacial Surgeon's "Office Anesthesia Evaluation Manual", 8th edition.

Initial all that are or will be in place and functional in your office during the office general anesthesia evaluation.

\_\_\_\_\_ Drug Control Program (Give a brief description on separate page. Please include methods of storage, security measures, tracking of outdates, and reorder protocol.)

\_\_\_\_\_ Reserve Oxygen Supply

Automatic Switchover?

Manual Switchover?

\_\_\_\_\_ Electrocardiogram

(Hard copy available?)

YES

NO

\_\_\_\_\_ Pulse Oximeter

(Hard copy available?)

YES

NO

\_\_\_\_\_ Blood Pressure Apparatus

Automatic

Manual

(Hard copy available?)

YES

NO

\_\_\_\_\_ Reserve Suction

Battery Powered

Water Powered

Oxygen Powered

Manual

\_\_\_\_\_ Laryngoscope

(Bulbs and batteries checked regularly?)

YES

NO

\_\_\_\_\_ Endotracheal Tubes and Connectors

(Adult and Pediatric sizes?)       YES       NO

\_\_\_\_\_ Oropharyngeal Airways

(Adult and Pediatric sizes?)       YES       NO

\_\_\_\_\_ Anesthesia Record (Attach a copy)

\_\_\_\_\_ Preoperative medical history, blood pressure, pulse rate, body weight

(Attach a copy to this application)

\_\_\_\_\_ Safety-indexed fittings on all piped gas connections and outlets

\_\_\_\_\_ Steam, Dry Heat, ChemClave, or Gas Sterilizer

\_\_\_\_\_ Hepatitis Inoculations for all "patient contact" personnel

\_\_\_\_\_ At least two (2) assistants with doctor during general anesthesia or deep sedation.

\_\_\_\_\_ Crash Cart

\_\_\_\_\_ Positive Pressure Oxygen Delivery System

\_\_\_\_\_ Vaporizer(s)

Agents? \_\_\_\_\_

\_\_\_\_\_ Defibrillator

\_\_\_\_\_ Method of checking accuracy of oxygen source and other anesthetic agents delivery systems.

\_\_\_\_\_ Auxiliary lighting available in each operatory

What type of practice?

General Practice

Specialty Practice (Type) \_\_\_\_\_