

CLINICAL ON-SITE INSPECTION FOR DENTISTS ADMINISTERING  
MODERATE SEDATION

**APPLICANT:** Give these instructions, the attached Inspector Report Form—Moderate Sedation, and a current copy of Board Rule XIV (available online at [www.dora.state.co.us/dental](http://www.dora.state.co.us/dental)) to the person performing the clinical on-site anesthesia inspection.

**INSPECTOR: Conflict of Interest and Payment for Inspection.** Pursuant to Board Rule XIV.L.8, you shall not have an unethical agreement or conflict of interest with the applicant. Your receipt of payment from the applicant for services as an inspector is acceptable and does not constitute an unethical agreement or conflict of interest. The dentist requiring the anesthesia inspection is responsible for paying all fees associated with the inspection.

**Purpose of Inspection.** It is the intent of the State Board of Dental Examiners (“Board”) that dentists be screened for the safe practice in the administration of anesthesia to the extent it can be assessed through a clinical on-site inspection in compliance with Colorado Revised Statutes section 12-35-107(1)(i).

**Board Approval and Temporary Permit.** Prior to the clinical on-site inspection being started, the dentist’s education and training must be approved by the Board in compliance with Board Rule XIV. Any dentist applying for Moderate Sedation privileges or a Deep Sedation/General Anesthesia permit will initially be issued a temporary permit upon successfully meeting the educational and/or experience requirements as provided in Rule XIV. Unless otherwise authorized by the Board, a clinical on-site inspection must be successfully completed within ninety (90) days of a temporary permit being issued in order to receive Moderate Sedation privileges or a Deep Sedation/General Anesthesia permit.

**INSPECTOR CHECKLIST**

- Review Rule XIV prior to conducting the clinical on-site anesthesia inspection.** You must assure that the dentist is using medications and dosages that are commonly accepted to induce the appropriate level of sedation. An adequate pre-operative evaluation and sedation record should also be present.
- Conduct the inspection of the dentist’s office in compliance with Board Rule XIV.** The inspection shall consist of four parts:
  - Part I** Review of the office equipment, records and emergency medications required in sections N, O, P.3 and P.4 of Rule XIV.
  - Part II** Surgical/Anesthetic Techniques. The inspector shall observe at least one (1) case while the dentist administers anesthesia at the level he/she is making application to the Board. The inspector may require additional cases to observe at his/her discretion.
  - Part III** Simulated Emergencies. The dentist and his/her team must be able to demonstrate their expertise in managing emergencies as required in the application.
  - Part IV** Discussion Period. Make sure the anesthesia provider and his/her team know how to provide anesthesia in a safe manner at the level he/she is applying.
- Offer suggestions** to the dentist regarding improvements if you feel they are warranted.
- Report any concerns** you have regarding the dentist’s ability to administer anesthesia safely to the Board office immediately.
- Return the completed Inspector Report Form directly to the Board.**

Division of Registrations  
State Board of Dental Examiners—Anesthesia  
1560 Broadway, Suite 1350  
Denver, CO 80202

If you have questions regarding this information, contact the State Board of Dental Examiners at (303) 894-7691.

**State Board of Dental Examiners  
INSPECTOR REPORT FORM  
Moderate Sedation  
Rule XIV**

**DENTIST**

|  |        |                          |         |
|--|--------|--------------------------|---------|
| <b>Colorado Dentist License Number:</b>              |        | <b>Expiration Date:</b>  |         |
| <b>Name:</b> Last:                                   | First: | Middle:                  | Suffix: |
| <b>Address:</b> PO Box, Street:<br>City, State, Zip: |        |                          |         |
| <b>Daytime Telephone Number:</b> (     )             |        | <b>Area of Practice:</b> |         |
| <b>Date of Inspection:</b>                           |        |                          |         |

**INSPECTOR**

|   |        |                                 |         |
|---|--------|---------------------------------|---------|
| <b>Name:</b> Last:  | First: | Middle:                         | Suffix: |
| <b>Address:</b> PO Box, Street:<br>City, State, Zip:  |        |                                 |         |
| <b>Daytime Telephone Number:</b> (     )  |        |                                 |         |
| <b>I swear or affirm that I am a Colorado-licensed (check one):</b><br><input type="checkbox"/> Anesthesiologist<br><input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA)<br><input type="checkbox"/> Dentist with an active Deep Sedation/General Anesthesia Permit |        | <b>Colorado License Number:</b> |         |
|   |        | <b>Expiration Date:</b>         |         |
| <b>Signature:</b>   |        | <b>Date:</b>                    |         |

**PART I—OFFICE EQUIPMENT, RECORDS, AND EMERGENCY MEDICATIONS**

**Moderate Sedation Checklist**

(See Rule XIV M.2, M.3, N, O, P.3, and P.4)

1. **OFFICE FACILITIES AND EQUIPMENT (REQUIRED).** Any dentist whose practice includes the administration of moderate sedation by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times.

- a. Emergency equipment and facilities, including:
  - I. An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;
  - II. Oral and nasopharyngeal airways;
  - III. Appropriate emergency medications; and
  - IV. External defibrillator – manual or automatic.
- b. Equipment to monitor vital signs and oxygenation/ventilation, including:
  - I. A continuous pulse oximeter; and
  - II. A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
- c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
- d. Back-up suction equipment.
- e. Back-up lighting system.
- f. Parenteral access or the ability to gain parenteral access, if clinically indicated.
- g. Electrocardiograph, if clinically indicated.

2. **VOLATILE ANESTHESIA DELIVERY SYSTEMS (IF APPLICABLE).** If utilized by a dentist whose practice includes the administration of moderate sedation, volatile anesthesia delivery systems shall include:

- a. Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
- b. Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
- c. Fail-safe mechanisms for inhalation of nitrous oxide analgesia;
- d. The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and
- e. Gas storage facilities, which meet generally accepted safety standards

3. **DOCUMENTATION (REQUIRED).** The following apply to the administration of moderate sedation:

- a. Medical History – current and comprehensive;
- b. Weight;
- c. Height for any patient over the age of 12;
- d. American Society of Anesthesiology (ASA) Classification;
- e. Dental Procedure(s);
- f. Informed Consent;
- g. Anesthesia Record which includes:
  - I. Parenteral access site and method, if utilized;
  - II. Medication(s) administered – medication (including oxygen), dosage, route, time given;
  - III. Vital signs before and after anesthesia is utilized;
  - IV. Intravenous fluids, if utilized; and
  - V. Response to anesthesia – including any complications; and
- h. Condition of Patient at Discharge.

3. **DOCUMENTATION (REQUIRED) Continued.**

- i. Physical examination:
  - I. Airway assessment;
  - II. Baseline heart rate;
  - III. Blood pressure;
  - IV. Respiratory rate; and
  - V. Oxygen saturation.
  
- j. Anesthesia record, which includes:
  - I. Time anesthesia commenced and ended;
  - II. At least every 5 minutes – blood pressure, heart rate; and
  - III. At least every 15 minutes – oxygen saturation (SAO<sub>2</sub>); respiratory rate; electrocardiograph (ECG), if clinically indicated by patient history, medical condition(s), or age; and ventilation status (spontaneous, assisted, or controlled).

4. **PATIENT MONITORING (REQUIRED).** Shall include, but is not limited to, the following for the administration of moderate sedation:

- a. Continuous heart rate, respiratory status, and oxygen saturation;
- b. Intermittent blood pressure every 5 minutes or more frequently;
- c. Continuous electrocardiograph, if clinically indicated by patient history, medical condition(s), or age; and
- d. Level of anesthesia on the continuum.

**PART II—SURGICAL/ANESTHETIC TECHNIQUES**

**Anesthesia Utilized:**

- Moderate Sedation
- Deep Sedation/General Anesthesia

**Note: The authority granted will be at the demonstrated level of anesthesia observed.**



I certify that I have evaluated the above office and certify that the equipment, records, and emergency medications are in order. I also certify that I do not have an unethical agreement or conflict of interest other than payment for service as an inspector with the dentist I inspected.

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date

**Upon completion of the inspection, return the Inspector Report Form to the Board at the following address:**

Division of Registrations  
**State Board of Dental Examiners—Anesthesia**  
1560 Broadway, Suite 1350  
Denver, CO 80202

**NOTE:** The most current version of the Board's Statutes, Rules, and Policies is available online at:  
[www.dora.state.co.us/dental/statutesrulespolicies.htm](http://www.dora.state.co.us/dental/statutesrulespolicies.htm)

**OFFICE USE ONLY:**

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_