



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Dentistry

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Sedation Permit Facility Checklist

Permit Credential #: _____ Date of Inspection: _____ Initial Re-inspection

Facility Name: _____

Facility Address: _____

Physical Address different that listed: _____

Practitioners for the Site: _____

Type of Sedation: _____
 Dental Administration Licensed Anesthetist Administration

I. RECORDS

Have sample forms or current patient charts available for Inspectors to review.

- 1. Patient chart contains:
a. identification of the patient
b. diagnosis and justification for the treatment
c. identification of procedure (code preferred) or narrative of procedure
d. documentation of outcome and follow up care
2. Informed consent where the patient, parent, guardian, or caregiver is advised of the procedure associated with the delivery of any sedative agents and the proposed sedation
3. Baseline vital signs
If vital signs are not documented, justification of patient's behavior prohibiting the determination must be documented.
4. Documentation of physical examination to support diagnosis.
5. Preoperative dietary restrictions based upon sedative techniques
6. Postoperative verbal and written instructions - required to be given to the patient, parent, escort, guardian, or caregiver.
7. Time-oriented Anesthesia Record:
a. Pulse Oximetry
b. Heart Rate
c. Respiratory Rate

- d. Continuous documentation of patient ventilation
If using volatile anesthetic agents, End-tidal CO2 measurements must be documented
- e. Blood Pressure
- f. Patient Weight
- g. All drugs and dosages
 - a. Intravenous, Inhalation or Oral
 - b. Type of Anesthesia
- h. Duration of Procedure: start and end times

II. EQUIPMENT

- 1. Non-Invasive blood pressure monitor Serial #: _____
- 2. Pulse Oximeter Serial #: _____
- 3. Defibrillator/Automated External Defibrillator Serial #: _____
- 4. Suctioning and back-up Suctioning Device
- 5. Back up lighting
- 6. Body temperature monitoring device
- 7. Chair or operating table to allow for performance of CPR
- 8. Equipment to establish and maintain IV access
- 9. Positive Pressure Oxygen Delivery System
- 10. Inhalation equipment with appropriate fail-safe system that are checked and calibrated: Serial #: _____
 - a. Functioning device that prohibits the delivery of less than thirty percent oxygen;
 - or**
 - b. Calibrated and functioning in-line oxygen analyzer with audible alarm
- 11. Scavenging system available if gasses other than oxygen or air are used
- 12. EKG Machine Serial #: _____
- 13. Breathing monitoring system: end tidal CO2, verbal communication, auscultation with stethoscope
- 14. Recovery Area:
 - a. Available oxygen
 - b. Adequate suction
 - c. Adequate lighting
 - d. Staff member observation: *For minimal/moderate sedation, one trained personnel is required. For deep sedation/general anesthesia, two trained personnel are required*

For Deep Sedation/General Anesthesia Inspections

Must meet the checklist above and additional following requirements

- 15. Capnography monitor Serial #: _____
Capnography must be utilized if volatile anesthetic agents are used.

16. Advanced airway management equipment/drugs: i.e. laryngoscopy, endotracheal tubes, stylet, magill forceps, LMA, king airway, etc.

III. Drugs

	Moderate Sedation Inspection	Deep Sedation/General Anesthesia Inspection
1. Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
2. Vasopressor drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Bronchodilator drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Coronary artery vasodilator drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Dextrose 50% intravenous solution	<input type="checkbox"/>	<input type="checkbox"/>
6. Antihistamine drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Narcotic Antagonist drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Benzodiazepine Antagonist drug: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Corticosteroid drug: _____		<input type="checkbox"/>
10. Muscle relaxant drug: _____		<input type="checkbox"/>
11. Antiarrhythmic drug: _____		<input type="checkbox"/>
12. Anticholinergic drug: _____		<input type="checkbox"/>
13. Antihypertensive drug: _____		<input type="checkbox"/>
14. Intravenous medication – cardiopulmonary arrest treatment		<input type="checkbox"/>
15. Malignant hyperthermia (dantrolene) response mechanism		<input type="checkbox"/>

Inspection Results: Pass Fail (*Must schedule re-inspection within thirty (30) days from date of inspection*)

Comments: _____

Signature of Dentist or Designee: _____ Date: _____

Signature of Inspector: _____ Date: _____

Per SC Board’s Dental Sedation Act Clarification, Failure to pass the initial inspection will result in a re-inspection within thirty (30) days.

Upon a passed inspection, Board staff will issue a sedation permit listing the permitted dentist(s). Sedation permits must be displayed in the facility’s office. Dentists not listed on the sedation permit or practicing in facilities without a valid sedation permit may not offer sedation beyond local anesthesia, nitrous oxide/oxygen, minimal sedation, or any combination thereof. Licensed dentists found to be offering moderate sedation or deep sedation/general anesthesia without a valid sedation permit will be subject to Board action.