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Kentucky Board of Dentistry



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 Louisville, KY 40222
 502/429-7280
<http://dentistry.ky.gov>

GENERAL ANESTHESIA AND DEEP SEDATION INSPECTION LIST

Name _____
Last/Suffix First Middle

License Number _____

Business address _____
Business Name Number & Street

_____ City State ZIP KY County Phone #

This inspection checklist for licensees applying for or holding a general anesthesia and deep sedation permit shall be used to insure compliance with 201 KAR 8:550.

Operatory and Recovery Room	Yes	No
Minimum size of operatory room 10 feet x 8 feet, or 80 square feet		
Minimum door or egress from operatory room 35 inches net, or evidence that EMS gurney can be brought into the room		
Minimum size of recovery room if present 8 feet x 4 feet or 32 square feet		
Minimum door or egress from recovery room 36 inches net, or evidence that EMS gurney can be brought into the room		
Minimum hallway from operatory room to exit 42 inches width net		
Equipment		
Oxygen systems: Primary with positive pressure		
Oxygen systems: Secondary portable oxygen		
Suction system: Primary		
Suction system: Secondary portable (non-electric, unless back-up generator available)		
Operating light: Primary		
Operating light: Secondary surgical lighting or portable non-electric		
Operating chair/table with flat position		

Monitoring & Emergency Equipment		
Stethoscope		
Sphygmomanometer		
Pulse oximeter		
Oral airway – small, medium, large		
Face mask – small, medium, large		
IV access equipment		
IV fluids		
Cardiac monitor		
Defibrillator		
Laryngoscope/Blades – small, medium, large		
Endotracheal tubes		
Emergency Drugs		
Aerosol bronchodilator		
Anticonvulsant – Diazepam recommended		
Antihistamine – Name:		
Antihypertensive – Nitroglycerine tablets recommended, <i>Nifedipine</i> not recommended		
Aspirin – 325 mg crushable		
Atropine		
Dextrose 50%		
Epinephrine		
Flumazenil benzodiazepine antagonist – 10 ml.		
Lidocaine HCl (IV use)		
Naloxone narcotic antagonist		
Nitroglycerin (any form except IV)		
Succinylcholine		
Vasopressor – Name:		
Records		
Patient medical history form		
Patient anesthesia record		
Office narcotic and scheduled drug recorded		
Personnel		
Chairside assistant with current CPR/BLS – Name		
Chairside assistant with current CPR/BLS – Name		
Chairside assistant with current CPR/BLS – Name		