Inspector signature
Licensee signature
Passed/failed
Date Completed

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Rev. Sept 2011

Kentucky Board of Dentistry

312 Whittington Parkway, Suite 101
Louisville, KY 40222
502/429-7280
http://dentistry.ky.gov

SEDATION INSPECTION LIST FOR MODERATE ENTERAL (ORAL) SEDATION & MINIMAL PEDIATRIC SEDATION

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 moderate enteral and/or minimal pediatric sedation permit and 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		
Defibrillator or AED *(Moderate Enteral Sedation only)*		

Monitoring & Emergency Equipment		
Stethoscope		
Sphygmomanometer		
Pulse oximeter		
Oral airway – small, medium, large		
Face mask – small, medium, large		
IV fluids		
Syringes for sub-cutaneous and IM injection		
Emergency Drugs		
Aerosol bronchodilator		
Anticonvulsant – Diazepam or Midazolam		
Antihistamine – Diphenhydramine recommended		
Antihypertensive – Nitroglycerine tablets recommended, *Nifedipine* not recommended		
Aspirin – 325 mg crushable		
Atropine		
Epinephrine		
Flumazenil benzodiazepine antagonist – 10 ml.		
Naloxone narcotic antagonist		
Nitroglycerin (any form except IV)		
Oral glucose source		
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		
Chairside assistant with current CPR/BLS – Name		
Chairside assistant with current CPR/BLS – Name		