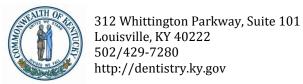
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Passed/failed
Date Completed

Kentucky Board of Dentistry



FOR KBD USE ONLY

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)		

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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, <i>Nifedipine</i> 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	