



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Board of Dental Examiners

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Sedation Checklist for the Dental Office

In accordance with 12 AAC 28.060(e)(8), conduct a training exercise at least two times each calendar year and log each exercise; the log must be signed and dated and must include:

- (A) the names and positions of facility personnel or practitioners present;
- (B) proof of current certification in cardiopulmonary resuscitation (CPR), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS) for each person involved in patient care;
- AND -
- (C) a completed checklist provided by the board, or an equivalent, to establish competency in handling procedures, complications, and emergency incidents.

Keep a copy of this record in your office in the event of an audit and to maintain compliance with the requirements for administering deep sedation, general anesthesia, moderate sedation, or minimal sedation for a patient younger than 13 years of age.

Staff Credentials

Full Name	Position Title	License Number	CPR, ACLS or PALS Expiration Date	Involved in Patient Care?	Trained in Emergency Procedures?
				<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, you must attach a copy of the current certification of CPR, ACLS, or PALS.					

Competency Questions

1. Are you and your staff competent and prepared to recognize and treat immediate (less than one hour) allergic reaction/anaphylaxis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

2. Are you and your staff competent and prepared to recognize and treat delayed (greater than one hour) allergic reaction/anaphylaxis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

3. Are you and your staff competent and prepared to recognize and treat asthmatic attack?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

4. Are you and your staff competent and prepared to recognize and treat hyperventilation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

5. Are you and your staff competent and prepared to recognize and treat apnea?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

6. Are you and your staff competent and prepared to recognize and treat foreign body obstruction/emesis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

7. Are you and your staff competent and prepared to recognize and treat laryngospasm?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

8. Are you and your staff competent and prepared to recognize and treat syncope?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

9. Are you and your staff competent and prepared to recognize and treat angina pectoris?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

10. Are you and your staff competent and prepared to recognize and treat myocardial infarction/sudden cardiac arrest?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

11. Are you and your staff competent and prepared to recognize and treat hypotensive crisis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

12. Are you and your staff competent and prepared to recognize and treat hypertensive crisis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

13. Are you and your staff competent and prepared to recognize and manage a stroke?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

14. Are you and your staff competent and prepared to recognize and treat seizures?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

15. Are you and your staff competent and prepared to recognize and treat local anesthetic overdose?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

16. Are you and your staff competent and prepared to recognize and treat narcotic overdose?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

17. Are you and your staff competent and prepared to recognize and treat benzodiazepine overdose?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

18. Are you and your staff competent and prepared to recognize and treat hypoglycemia?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Protocol:			
Dentist Initials:		Clinical Team Initials:	

Signature

I attest to the fact that I and all licensed staff participating in sedation treatment are competent to treat all the listed medical reactions and emergencies listed on this form.

I understand clinical staff involved in the delivery of sedation dental services must be certified in cardiopulmonary resuscitation (CPR), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS), and these cards are attached to this form.

I hereby certify the above information is true and correct to the best of my knowledge.

Dentist Name:			
Dentist Signature:		Date Signed:	
Address:	P.O. Box or Street	City	State Zip
Email:		Phone:	