



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;

Please 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		<i>Attach a copy of current certification of CPR, ACLS, or PALS for each person involved in patient care.</i>	
Full Name:			
Staff Position:			
License Number:		CPR, ACLS, or PALS Expiration Date:	
Trained in emergency procedures?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name:			
Staff Position:			
License Number:		CPR, ACLS, or PALS Expiration Date:	
Trained in emergency procedures?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name:			
Staff Position:			
License Number:		CPR, ACLS, or PALS Expiration Date:	
Trained in emergency procedures?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:			
Staff Position:			
License Number:		CPR, ACLS, or PALS Expiration Date:	
Trained in emergency procedures?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:			
Staff Position:			
License Number:		CPR, ACLS, or PALS Expiration Date:	
Trained in emergency procedures?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:			
Staff Position:			
License Number:		CPR, ACLS, or PALS Expiration Date:	
Trained in emergency procedures?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:			
Staff Position:			
License Number:		CPR, ACLS, or PALS Expiration Date:	
Trained in emergency procedures?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:			
Staff Position:			
License Number:		CPR, ACLS, or PALS Expiration Date:	
Trained in emergency procedures?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Competency Questions

Are you and your staff competent and prepared to recognize and treat immediate (less than one hour) allergic reaction/anaphylaxis?

Yes
 No

Clinical protocol:

Dentist's Initials:

Clinical Team's Initials:

Are you and your staff competent and prepared to recognize and treat delayed (greater than one hour) allergic reaction/anaphylaxis?

Yes
 No

Clinical protocol:

Dentist's Initials:

Clinical Team's Initials:

Are you and your staff competent and prepared to recognize and treat asthmatic attack?

Yes
 No

Clinical protocol:

Dentist's Initials:

Clinical Team's Initials:

Are you and your staff competent and prepared to recognize and treat hyperventilation?

Yes
 No

Clinical protocol:

Dentist's Initials:

Clinical Team's Initials:

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

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's Initials:		Clinical Team's Initials:

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

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

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's Initials:		Clinical Team's Initials:

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's Initials:		Clinical Team's Initials:

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's Initials:		Clinical Team's Initials:

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's Initials:		Clinical Team's Initials:

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's Initials:		Clinical Team's Initials:	

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

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's Initials:		Clinical Team's Initials:	

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's Initials:		Clinical Team's Initials:	

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's Initials:		Clinical Team's Initials:

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

Signature

<p>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.</p> <p>I understand that 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.</p> <p>I attest that I have reviewed the information in this document and that the information is complete and accurate.</p>			
Dentist's Signature:		Date:	