GENERAL ANESTHESIA ON-SITE INSPECTION AND EVALUATION FORM

Name of Practitioner Evaluated_____

Office Location Inspected (office address)

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Telephone Number_____

Date and Time of Evaluation_____

Name of Evaluator_____

Instructions for completing On-Site inspection and evaluation form:

1. Review evaluation manual prior to exam.
2. Answer any questions and make an overall recommendation.
3. Sign evaluation form and send it to VSOMS office within 10 days.

RECORDS- 1.Medical history of patient reviewed by doctor	YES	NO
2. Physical Evaluation Heart & Lung exam		
3. ASA classification		
4. NPO status verified and documented		
5. Preoperative verbal and written instructions given including dietary or medication restrictions		
6. Written informed consent for administration of anesthesia *and* surgical procedure to be performed; consent maintained in patient record		
7. Monitors: BP, Temperature, Pulse oximetry, EKG, and ETCO2		
8. Anesthesia record including drug name, dose/amount used, and time administered. Also includes administration of local anesthesia.		
9. Record lists staff participating in administration and monitoring of anesthetic (name, position, assigned duties)		
10. Monitoring Records including BP, Temperature, P, RR, EKG, SaO2 recorded every 5 (five) minutes		
11. Doctor Virginia Dental License and OMS Registration Current		
12. Doctor DEA License Current		
13. Doctor ACLS Current		
14. Staff BLS for Healthcare Providers is current and/or clinical course devoted to responding to emergencies or DAANCE current.		
15. Documented condition of patient at discharge (must be documented and include level of consciousness, and vital signs)		
16. Postoperative instructions given (both written and verbal) with 24hr emergency phone number included. A provision is in place for 24/7 coverage by		

an OMS associated with or coordinated by this practice to be available to cover postoperative issues within 2 hours.		
17. Written basic emergency procedures established, and staff trained to carry out such procedures.		
18. Signed attestation form by both the OMS and practice owner indicating that the OMS is available to be on call for follow-up patient care.		
19. Current certificate issued by AAOMS for Office Anesthesia Evaluation posted (does not apply to first time examinees).		
MEDICINES- 1. Vasopressor available		
2. Corticosteroid available		
3. Bronchodilator available		
4. Muscle Relaxant available		
5. Antihypertensive available		
6. 50% dextrose or other antihypoglycemic		
7. IV fluids available		
8. Epinephrine		
9. Antiarrythmic drug available		
10. Coronary vasodilator available		
11. Anticonvulsant available		
12. Narcotic drug available (Morphine or Fentanyl)		
13. Narcotic antagonist		
14. Benzodiazepam antagonist		
15. Dantrolene loading dose (inhalation anesthesia only)		
16. Aspirin		
OFFICE FACILITIES AND EQUIPMENT- 1. Noninvasive Blood Pressure Monitor	YES	NO
2. Electrocardiograph		
3. Defibrillator/Automated External Defibrillator		
4. Pulse Oximeter		
5. End-tidal Carbon Dioxide Monitor		
6. Are there temperature measuring devices available?		
7. Is there a precordial stethoscope available?		
8. Is there a secured IV line established and maintained throughout procedure?		
9. Operating Theater a. Is the operating theater large enough to adequately accommodate the patient on a table or in an operating chair? b. Does the operating theater permit an operating team consisting of at least three individuals to move freely about the patient?		
10. Operating Chair or Table a. Does the operating chair or table permit the patient to be positioned so the operating team can maintain the airway? b. Does the operating chair or table permit the team to alter the patient's position quickly in an emergency?		

c. Does the operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?		
11. Lighting System a. Does the lighting system permit evaluation of the patient's skin and mucosal color? b. Is there battery-powered backup lighting system? c. Is the backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?		
12. Suction Equipment a. Does the suction equipment permit aspiration of the oral and pharyngeal cavities? b. Is there a backup suction device available?		
13. Oxygen Delivery System a. Does the oxygen delivery system have adequate full-face masks and appropriate connectors, and is it capable of delivering oxygen to the patient under positive pressure? b. Is there an adequate backup oxygen delivery system? c. Is there a mechanical (hand) respiratory bag?		
14. Medical Gas Lines ***This section only applies to new or renovated offices** (a building that has never been evaluated through the AAOMS office anesthesia program OR that has undergone renovations affecting medical gas plumbing since the last office anesthesia evaluation) a. If the office is new and/or recently renovated, have the medical gas lines been inspected and certified/verified to be correct by a qualified inspector (installers of medical gas systems must be ASSE 6010 certified and testers of medical gas systems must be ASSE 6030 certified)? b. If applicable, provide documentation.		
15. Recovery Area a. Does the recovery area have available oxygen? b. Does the recovery area have available adequate suction? c. Does the recovery area have adequate lighting? d. Does the recovery area have adequate electrical outlets? e. Can the patient be observed by a member of the staff at all times during the recovery period?		
16. Ancillary Equipment a. Is there a working laryngoscope complete with an adequate selection of blades, spare batteries, and bulbs? b. Are there endotracheal tubes and appropriate connectors? c. Are there oral and nasopharyngeal airways available? d. Are there any laryngeal mask airways? e. Is there a tonsillar or pharyngeal type suction tip adaptable to all office outlets? f. Are there endotracheal tube forceps? g. Is there a sphygmomanometer and stethoscope? h. Are there an electrocardioscope and defibrillator/automated external defibrillator?		

i. Is there a pulse oximeter? j. Is there adequate equipment for the establishment of an intravenous infusion?		
SIMULATED EMERGENCIES- Did practitioner recognize emergency and demonstrate appropriate action and knowledge? 1. Syncope		
2. Respiratory Depression		
3. Airway Obstruction		
4. Laryngospasm		
5. Bronchospasm		
6. Allergic Reaction		
7. Convulsions/Seizure		
8. Hypotension		
9. Hypertension		
10. Hypoglycemia		
11. Angina		
12. Myocardial Infarction		
13. Cardiac Arrest		
14. Emergency drills for power outage and fire drills once yearly		
15. Quarterly team mock emergency drills		
CONTINUING EDUCATION- I attest that I have completed 4 (four) hours of continuing education every 2 (two) years directly related to the administration and monitoring of anesthesia/sedation as required for VA license renewal in accordance with 18VAC60-21-250(3)		

Evaluator Overall Recommendation Pass _____ Fail_____

Signature of Evaluator Evaluator's printed name

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