

CR 88-12

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CERTIFICATE

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STATE OF WISCONSIN

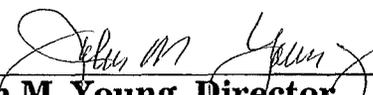
DEPARTMENT OF REGULATION AND LICENSING

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, John M. Young, Director, Bureau of Health Professions in the Wisconsin Department of Regulation and Licensing and custodian of the official records of Dentistry Examining Board do hereby certify that the annexed rules, were duly approved and adopted by the Dentistry Examining Board on the 7<sup>th</sup> day of SEPTEMBER, 1988.

I further certify that said copy has been compared to me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the board at 1400 East Washington Avenue, Madison, Wisconsin, this 7<sup>th</sup> day of SEPTEMBER, 1988.

  
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John M. Young, Director  
Bureau of Health Service Professions  
Department of Regulation and  
Licensing

WLD  
RULES-18

STATE OF WISCONSIN  
DENTISTRY EXAMINING BOARD

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IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING BOARD
DENTISTRY EXAMINING BOARD	:	ADOPTING RULES
	:	CLEARINGHOUSE RULE 88-12

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ORDER

The Dentistry Examining Board adopts an order to repeal DE 11.06; to renumber DE 11.03 to 11.05 and 11.08(6) to (10); to amend DE 11.01, 11.04 (intro), 11.05 (intro) and 11.08 (intro); to repeal and recreate 11.02; and to create DE 11.03, 11.08(6) and 11.09, relating to standards for the administration of anesthesia by dentists.

Analysis prepared by the Department of Regulation and Licensing.

ANALYSIS

Statutory authority: ss. 15.08(5)(b), 227.11(2)(a), Stats.

Statute interpreted: s. 447.02(1)(h), Stats.

In this order the Dentistry Examining Board, under s. DE 11.02, changes various terms defining levels of anesthesia or sedation to conform to more current and generally accepted terms and definitions within the dental profession.

Under s. DE 11.03 the board proposes to create a section on risk management, which contains standards to be followed by dentists who administer anesthesia sedation, such as conducting a comprehensive pre-operative evaluation of each patient and conducting continuous monitoring of the patient throughout the anesthetic procedure.

An additional safeguard is required under s. DE 11.08(6). For licensees using nitrous oxide inhalation conscious sedation, the board proposes that required equipment include fail-safe features and a 25% minimum oxygen flow and a system equipped with a "scavenger" mask.

Incidents of death or injury during or as a direct result of dental procedures or anesthesia are required to be reported to the Dentistry Examining Board under proposed s. DE 11.09.

References to "parenteral" sedation are changed to "conscious and deep sedation" throughout this chapter.

Finally, the board seeks to repeal a current s. DE 11.06, as it is dealing with requirements for cardiopulmonary resuscitation certification under another rules order which became effective 4/1/88.

TEXT OF RULE

SECTION 1. DE 11.01 is amended to read:

DE 11.01 AUTHORITY AND PURPOSE. The rules in this chapter are adopted under authority in ss. 15.08(5)(b), 227.11(2)(a) and 447.02(1)(h), Stats., for the purpose of defining standards for the administration of anesthesia by dentists. The standards specified in this chapter shall apply equally to general anesthesia and ~~parenteral~~ conscious and deep sedations, but do not apply to sedation administered through inhalation.

SECTION 2. DE 11.02 is repealed and recreated to read:

DE 11.02 DEFINITIONS. In this chapter:

(1) "Conscious Sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

(2) "Deep Sedation" means a controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command, produced by a pharmacologic or non-pharmacologic method, or combination thereof.

(3) "General Anesthesia" means a controlled state of depressed consciousness accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

(4) "Local Anesthesia" means the elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.

SECTION 3. DE 11.04 (intro) and 11.05 (intro) are amended to read:

DE 11.04 COMPLICATIONS AND EMERGENCIES. In order to administer general anesthesia or ~~parenteral~~ conscious and deep sedation, a dentist shall be familiar with the symptoms and treatment of the following complications and emergencies which may occur:

DE 11.05 DRUGS. The following drug types, as are appropriate to the type of anesthesia or sedation used, shall be available in any dental office where general anesthesia or ~~parenteral~~ conscious and deep sedation is administered:

SECTION 4. DE 11.06 is repealed.

SECTION 5. DE 11.03 to 11.05 are renumbered DE 11.04 to 11.06.

SECTION 6. DE 11.03 is created to read:

DE 11.03 RISK MANAGEMENT. To minimize risks to the patient, a dentist who uses general anesthesia or conscious and deep sedation during the course of dental treatment shall:

(1) Use only those drugs and techniques which they are competent to administer based on education, training and experience, and for which they understand the indications, contraindications, adverse reactions and their management, drug interactions and proper dosage for the desired effect;

(2) Limit the use of general anesthesia or conscious and deep sedation to patients who require them due to such factors as the extent and type of the operative procedure, psychological need or medical status;

(3) Conduct comprehensive pre-operative evaluation of each patient to include a comprehensive medical history, assessment of current physical and psychological status, age and preference for and past experience with sedation and anesthesia, and record this information as specified in s. DE 11.04;

(4) Conduct continuous physiologic and visual monitoring of the patient from the onset of the procedure through recovery;

(5) Have available appropriate emergency drugs and facilities as specified in ss. DE 11.05 and 11.08, and maintain proficiency in their use;

(6) Utilize sufficient support personnel who are properly trained for the functions they are assigned to perform; and

(7) Treat medically compromised patients in a hospital or similar setting equipped to provide for their care. The term "medically compromised" refers to risk classifications of the American Society of Anesthesiology.

SECTION 7. DE 11.08 (intro) is amended to read:

DE 11.08 (intro) OFFICE FACILITIES AND EQUIPMENT. No general anesthesia or ~~parenteral~~ conscious and deep sedation may be administered to a patient in a dental office unless the dental office contains:

SECTION 8. DE 11.08(6) to (10) are renumbered DE 11.08(7) to (11).

SECTION 9. DE 11.08(6) is created to read:

DE 11.08(6) (a) For use of nitrous oxide inhalation conscious sedation, the following equipment:

1. Adequate equipment with fail-safe features and a 25% minimum oxygen flow;

2. A system equipped with a "scavenger" mask.

(b) Licensees shall have 1 year after the effective date of this order to comply with DE 11.08(6)(a)2.

(c) For the purpose of this subsection "nitrous oxide inhalation conscious sedation" means an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command produced through the administration by inhalation of a combination of nitrous oxide and oxygen.

SECTION 10. DE 11.09 is created to read:

DE 11.09 REPORTS OF DEATH OR INJURY TO THE DENTISTRY EXAMINING BOARD.

All dentists shall submit a complete report within a period of thirty days to the dentistry examining board of any mortality or other incident occurring in the outpatient facilities of such a dentist which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a direct result of, dental procedures or anesthesia related thereto.

The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22(2)(intro), Stats.

Dated Sept 7, 1988

Agency Patricia A. Kelly, DDS  
Chairperson  
Dentistry Examining Board

FISCAL ESTIMATE

There is no statewide or local fiscal effect.

REGULATORY FLEXIBILITY ANALYSIS

The rules proposed will have no significant economic impact on small businesses, as defined in s. 227.114(1)(a), Stats.

JOH/WLD  
RULES-33  
8/30/88

**CORRESPONDENCE/MEMORANDUM**

**STATE OF WISCONSIN**

**DATE:** September 9, 1988      **FILE REF:**

**TO:** Gary Poulson,  
Assistant Revisor of Statutes

**FROM:** William Dusso  
Department of Regulation and Licensing

**SUBJECT:** Final Rulemaking Order

**Agency: DENTISTRY EXAMINING BOARD**

**Clearinghouse Rule: 88-12**

Attached is a copy and a certified copy of a final order adopting rules. Would you please publish these rules in the code. Thanks, Gary.

RULES-115  
WLD

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SEP 8 1988

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