

## Chapter DE 11

## ANESTHESIA

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**DE 11.01 Authority and purpose.** The rules in this chapter are adopted under authority in ss. 15.08(5)(b), 227.014(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 sedations, but do not apply to sedation administered through inhalation.

**History:** Cr. Register, August, 1985, No. 356, eff. 9-1-85.

**DE 11.02 Definitions.** In this chapter,

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

(2) "Parenteral sedation" means a depressed level of consciousness produced by a pharmacologic method, including intravenous, intramuscular, subcutaneous and rectal routes of administration, which retains the patient's ability to maintain independently and continuously an airway and respond appropriately to physical stimulation and verbal command.

**History:** Cr. Register, August, 1985, No. 356, eff. 9-1-85.

**DE 11.03 Examination.** Prior to administration of general anesthesia or parenteral sedation to any patient, a dentist shall record in the patient's file the following information:

- (1) The patient's vital statistics;
- (2) The patient's medical history which shall include any:
  - (a) Medical treatment received in the past 5 years;
  - (b) Current medication prescribed;
  - (c) Allergies diagnosed;
  - (d) Breathing problems;
  - (e) Respiratory disorders;
  - (f) Fainting or dizziness;
  - (g) Nervous disorders;
  - (h) Convulsions;

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- (i) Epilepsy;
  - (j) Heart problems;
  - (k) Stroke;
  - (l) Rheumatic fever;
  - (m) Hepatitis or liver disease;
  - (n) Kidney disease;
  - (o) Diabetes;
  - (p) Anemia;
  - (q) High or low blood pressure; and,
  - (r) Pregnancy, if applicable.
- (3) The findings of a physical examination conducted by the dentist which shall include:
- (a) General appearance;
  - (b) Presence of scars or unusual masses on the patient's head or neck;
  - (c) Abnormal motor or sensory nerve deficits;
  - (d) Any limitations of the oral opening; and,
  - (e) Any pulmonary, neurologic or physiologic test indicated by the patient's medical history, as specified in sub. (2).
- (4) Radiographic studies.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85.

**DE 11.04 Complications and emergencies.** In order to administer general anesthesia or parenteral sedation, a dentist shall be familiar with the symptoms and treatment of the following complications and emergencies which may occur:

- (1) Laryngospasm;
- (2) Bronchospasm;
- (3) Aspiration of emesis;
- (4) Angina pectoris;
- (5) Myocardial infarction;
- (6) Hypotension;
- (7) Hypertension;
- (8) Cardiac arrest;
- (9) Drug allergy;
- (10) Hyperventilation; and,
- (11) Convulsions.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85.

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**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 sedation is administered:

- (1) Intravenous fluids;
- (2) Cardiotonic drugs;
- (3) Vasopressors;
- (4) Anti-arrhythmic agents;
- (5) Anti-hypertensive agents;
- (6) Diuretics;
- (7) Antiemetics;
- (8) Narcotic antagonists; and,
- (9) Phenothiazine and tranquilizers.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85.

**DE 11.06 Cardiopulmonary resuscitation.** The board accepts the standards for advanced cardiac life support established by the American heart association in the journal of the American medical association, August 1, 1980, Volume 244, Number 5, Pages 453-509.

Note: A copy of standards for advanced cardiac life support of the American heart association is available for review at the board office, 1400 East Washington Avenue, Madison, WI. A copy of the standards may be obtained from the American heart association of Wisconsin, 795 North Van Buren Street, Milwaukee, WI 53202.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85.

**DE 11.07 Recordkeeping.** In a patient's record file, a dentist shall document the treatment given and the patient's response to treatment. The record shall include:

- (1) A written and dated medical history which is signed by the dentist;
- (2) A written examination chart with the proposed procedure clearly indicated and probable complications written on the record;
- (3) A consent form signed by the patient for any surgery proposed;
- (4) Radiographs;
- (5) Anesthetic type, amount administered and any unusual reactions;
- (6) All prescriptions ordered; and,
- (7) Pre-operative, intra-operative and post-operative vital signs.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85.

**DE 11.08 Office facilities and equipment.** No general anesthesia or parenteral sedation may be administered to a patient in a dental office unless the dental office contains:

- (1) An operating room;
- (2) An operating chair or table;

- (3) Suction equipment;
- (4) An auxiliary lighting system which provides light intensity adequate to permit completion of any dental procedure in progress;
- (5) Oxygen and gas-delivery systems which shall include:
  - (a) A capability to deliver oxygen to a patient under positive pressure; and,
  - (b) Gas outlets;
- (6) A sterilization area;
- (7) A recovery area which shall include installed oxygen and suction systems or the capability to operate portable oxygen and suction systems;
- (8) Gas storage facilities;
- (9) Emergency airway equipment and facilities which shall include:
  - (a) A full-face mask;
  - (b) Oral and nasopharyngeal airways;
  - (c) Endotracheal tubes suitable for children and adults;
  - (d) A laryngoscope with reserve batteries and bulbs;
  - (e) McGill forceps; and,
  - (f) Equipment for performing a coniotomy or tracheostomy; and,
- (10) Monitoring equipment which shall include:
  - (a) A sphygmomanometer; and,
  - (b) A stethoscope.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85.