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## 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), 227.11(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 conscious and deep sedations, but do not apply to sedation administered through inhalation.

History: Cr. Register, August, 1985, No. 856, eff. 9-1-85; am. Register, October, 1988, No. 394, eff. 11-1-88.

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 nonpharmacologic 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.

(8) "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.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; r. and recr. Register, October, 1988, No. 394, eff. 11-1-88.

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;

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(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.

History: Cr. Register, October, 1988, No. 394, eff. 11-1-88.

DE 11.04 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;

(i) Epilepsy;

(j) Heart problems;

(k) Stroke;

(1) 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.

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(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; renum. from DE 11.03, Register, October, 1988, No. 394, eff. 11-1-88,

DE 11.05 Complications and emergencies. In order to administer general anesthesia or conscious and deep 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-I-85; renum. from DE 11.04 and am. (intro.), Register, October, 1988, No. 394, eff. 11-1-88.

DE 11.06 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 conscious and deep sedation is administered:

(1) Intravenous fluids;

(2) Cardiotonic drugs;

(3) Vasopressors;

(4) Anti-arrhythmic agents;

(5) Anti-hypertensive agents;

(6) Diuretics;

(7) Antiemetics;

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(8) Narcotic antagonists; and,

(9) Phenothiazine and tranquilizers.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; renum. from DE 11.05 and am. (intro.), Register, October, 1988, No. 394, eff. 11-188.

DE 11.06 Cardiopulmonary resuscitation. History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; r. Register, October, 1988, No. 394, eff. 11-1-88.

DE 11.07 Recordkceping. 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 unusal 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 conscious and deep 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) 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 par. (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 Register, October, 1988, No. 394

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and respond appropriately to physical stimulation or verbal command produced through the administration by inhalation of a combination of nitrous oxide and oxygen.

(7) A sterilization area;

(8) A recovery area which shall include installed oxygen and suction systems or the capability to operate portable oxygen and suction systems;

(9) Gas storage facilities;

(10) 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,

(11) Monitoring equipment which shall include:

(a) A sphygmomanometer; and,

(b) A stethoscope.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; am. (intro.), renum. (6) to (10) to be (7) to (11), cr. (6), Register, October, 1988, No. 394, eff. 11-1-88.

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.

History: Cr. Register, October, 1988, No. 394, eff. 11-1-88.

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