

Instructions for Completed Evaluation Submissions

1.) Please scan and email ONLY page 2 to Dr. Bianchi at AnesthesiaEvaluation@PAAnesEval.org

2.) Please mail the entire packet (pages 2-26) to PSOMS at

PSOMS
C/o Christine Corrigan
PO Box 500
Harrisburg, PA 17108 – 0500

The examinee should pay for the postage to mail the packet

Dr. Michael A. Bianchi
Executive Director of Office Anesthesia Evaluation Program
26 S. Bryn Mawr Avenue, Bryn Mawr, PA 19010
AnesthesiaEvaluation@PAAnesEval.org
Re: Completed Office Evaluation

PLEASE PRINT

DENTIST EVALUATED: _____ DEGREE(S) _____

PERMIT #: _____ PROVISIONAL PERMIT # _____

ADDRESS:

UNRESTRICTED

RESTRICTED I

Dear Dr. Bianchi:

The above named practitioner at the address noted above had an office anesthesia evaluation as required by the PSOMS in accordance with PA Act 135 and the American Association of Oral and Maxillofacial Surgeons Office Evaluation Program. The office evaluation was performed by the examiners and on the date noted below.

EVALUATORS: _____

Signature

Signature

Print

Print

Date of Evaluation: _____

Enclosed are the completed evaluation forms

PASSED _____

FAILED _____

DEFICIENCY _____ Revisit in 30 Days

OFFICE INFORMATION OF EXAMINEE

PLEASE PRINT

Name of Practitioner _____ Degree(s) _____

Office Address _____

Office County _____ Office Telephone _____

Fax _____ Cell Phone _____

Personal Email: _____

Anesthesia Permit # (Leave blank if first-time applicant) _____

Type of Permit Applying: Unrestricted _____ Restricted Level 1 _____

Provisional Permit # (Leave blank if first-time applicant) _____

Date of Last Evaluation _____

ACLS Card Expiration Date _____ PALS Card Expiration Date _____

Type of Practice: Individual _____ Group _____

Names of Other Providers in Group _____

Your Profession:

Pediatric Dentistry _____ OMS _____ Periodontics _____ Endodontics _____

Dental Anesthesiologist _____ General _____

Completed Evaluator's Course: Yes _____ No _____ Date _____

Evaluations Performed: Last Year _____ Last 2 Years _____ Ever _____

CHART RECORDS AND DOCUMENTATION

1. Is there a complete and well documented medical history (dated within last 6 mo.) including present medications, hospitalizations, allergies etc. signed and dated by the patient, parent, legal guardian or legal representative _____ Yes _____ No
2. Is there a consent form listing the type of anesthesia with risks, benefits and complications and alternative types of anesthesia listing risks etc. that is signed with date and time and witnessed with date and time? _____ Yes _____ No
3. Does the chart or anesthesia record document any pre-medication that was given? _____ Yes _____ No
4. Is there an adequate physical evaluation of patient including an airway examination and ASA classification? _____ Yes _____ No
5. Are there adequate Post-Op instructions and an emergency contact number with the doctor's name printed on the form? _____ Yes _____ No

Review of 3 recent anesthesia records. If New Applicant records from other practitioners in the group. _____ N/A _____ Yes _____ No

Copies of all blank office forms _____ Yes _____ No

ANESTHESIA RECORD

Anesthesia record showing Pts. Name, DOB, Wt., Ht., BMI, ASA, Mallampati, Heart and Lung Exam, Start and Stop of Anesthesia and Surgery, Pt. Position, IV Site & Gauge, Temp, Time Out (1st and 2nd), Throat Pack, Eye Protection _____ Yes _____ No

Anesthesia record showing continuous monitoring of BP, HR, Pulse Oximetry, EKG Capnography, Other _____ Written or on Strip _____ Yes _____ No

Ventilation Monitoring by: Capnography _____ Precordial Stethoscope _____
Pretracheal Stethoscope _____ Other _____

Documentation of Patient monitoring every 5 Minutes _____ Yes _____ No

Separate Recovery Record of: Start and Discharge Times and to Whom Discharged, Continuous Monitoring of B.P., Pulse, Respirations and Level of Consciousness with Recovery Scale (e.g. Aldrete) _____ Yes _____ No

Record of Type, Time and Amount of Meds, Gases, LA, Fluids _____ Yes _____ No

Record of Anesthesia and Surgical Assistants; Complications. _____ Yes _____ No

OPERATING TABLE OR CHAIR

- ___A. The operating table or chair permits the patient to be positioned so the treatment team can maintain the airway
- ___B. The operating chair or table permits the team to alter the patient's position quickly in an emergency
- ___C. The operating chair or table provides a firm platform for the management of Cardiopulmonary Resuscitation

LIGHTING SYSTEM

- ___A. The lighting system permits evaluation of the patient's skin and mucosal color
- ___B. There is a battery powered back up lighting system (needed even with generator)
- ___C. The backup system is of sufficient intensity to permit completion of any operation underway at the time of the power failure

SUCTION EQUIPMENT

- ___A. The suction equipment permits aspiration of the oral and pharyngeal cavities
- ___B. There is a backup system available not powered by electricity

RECOVERY AREA (CAN BE OPERATORY)

- ___A. The recovery area has available oxygen and appropriate delivery system
- ___B. The recovery area has adequate suction
- ___C. The recovery area has adequate lighting
- ___D. The recovery area has adequate electrical outlets
- ___E. The recovery area has monitoring for BP, Pulse, Pulse Oximeter and patient is continuously monitored throughout Phase II of recovery with times noted from start of recovery to discharge

OFFICE FACILITY AND EQUIPMENT

Oxygen System

- ___A. The oxygen delivery system has adequate full face mask that is clear, appropriate connectors, and attachment for inhalers. The system is capable of delivering oxygen with positive pressure oxygen flow of 10 liters or greater.
- ___B. There is an adequate back up oxygen system that is portable and capable of delivering positive pressure with attachments for a full face mask and nasal cannula
- ___C. The tanks in tank room have safety chain around them and a fail-safe system for oxygen is installed in office with appropriate alarms. Room is not used for storage.

OFFICE FACILITY AND EQUIPMENT (cont.)

Respiratory/Emergency Support Equipment (Placed in an orderly and easily identifiable arrangement for quick access and/or movement to other locations in an emergency)

- Oral and Nasal Airways of various sizes
- ET Tubes, LMA's, i-gel or King Airways of various sizes (2 of 4 required)
- McGill forceps, Laryngoscope and Blades with extra batteries and bulbs (kept in same area)
- Cricothyrotomy set with connector
- Stethoscope or precordial/pretracheal stethoscope
- EKG for patient 12 years of age or older
- Non Invasive BP cuff and/or monitor
- AED or External Defibrillator with pads that are not expired
- Pulse Oximeter
- Continuous end tidal capnography
- Supplies to establish an Intravenous or Intraosseous infusion including, needles, syringes, Intra-caths, IV tubing and connectors, IV fluids, tourniquet, tape
- Operatory large enough to accommodate resuscitation team and large enough to move about patient
- Operating Chair or Table that permits the patient to be positioned in various positions quickly so that treatment team can maintain the airway and provide varied and continuous treatment at the same time

ANESTHESIA DELIVERY SYSTEM: (Vaporizer units need inspection within 1 year; Nitrous Oxide units need inspection within 2 years of the office evaluation)

ANESTHESIA MACHINE #1: _____ BRAND _____ MODEL _____ DATE INSPECTED & CALIBRATED

ANESTHESIA MACHINE #2: _____ BRAND _____ MODEL _____ DATE INSPECTED & CALIBRATED

SCAVENGER SYSTEM FOR GASES _____ YES _____ NO

REQUIRED DRUGS FOR EMERGENCY CART/BOX

Placed in an orderly and easily identifiable arrangement with other emergency equipment for quick access and/or movement to other locations in an emergency.

The Drugs listed below are the Required Minimum in Type and Amount for your emergency crash cart/box necessary to pass your office evaluation. Please feel free to supplement your crash cart/box with other emergency equipment, drugs or medications and/or increase the amount of a drug that is already in your cart that you feel is appropriate, or have had experience with, to provide emergency care to your patients.

LOCK BOX FOR NARCOTICS AND OTHER DRUGS	_____	YES	_____	NO
DESIGNATED REFRIGERATOR FOR MEDS	_____	YES	_____	NO
WRITTEN OFFICE EMERGENCY PROTOCOL	_____	YES	_____	NO
LOG OF OFFICE STAFF EMERGENCY DRILLS	_____	YES	_____	NO
EMERGENCY ALERT PLAN FOR STAFF	_____	YES	_____	NO

DRUGS FOR CARDIAC EMERGENCIES

___ Aspirin 81mg chewable low dose and non-enteric coated (Must have at least 4)

___ Atropine 0.4mg/mL (Multi dose vial)

___ Epinephrine 1mg. (10cc of a 1:10,000 solution). (Must have at least 3mg)

___ Oxygen (need portable source with appropriate mask and cannula)

___ Nitroglycerin (0.4mg 1/150 gr) if you sedate patients over 12 years old

___ Fentanyl 50mcg/mL (Not Required for Pediatric Dentists who only treat patients under the age of 12 and have only a Restricted 1 Anesthesia Permit)

___ Magnesium Sulfate (MgSO₄) (Must have at least 2 Grams)

VASOPRESSOR DRUGS (IF TREATING PATIENTS 12 YEARS OR OLDER) (CHOICE OF TWO)

___ Epinephrine 1:1,000(10cc of 1:10:000 solution) (Minimum 3 mg)

___ Ephedrine 10mg/mL

___ Neo-synephrine 10mg/mL (Phenylephrine)

ANTIARRHYTHMIC DRUGS

___ Amiodarone 150mg (Need 3)

___ Atropine sulfate 0.4mg/1mL (Enough for Max dose 3mg) ___ Lidocaine 2%

20mg/mL (2 syringes) ___ Adenosine 6mg/mL (Minimum of 3)

ANTIHYPERTENSIVE DRUGS (IF TREATING PATIENTS 12 YEARS OR OLDER)
(CHOICE OF 1)

___ ESMOLOL (Brevibloc) or ___ LABETALOL (Trandate) _____ OTHER

ANTIEMETIC (CHOICE OF 1)

___ Prochlorperazine (Compazine) 10mg/mL

___ Ondansetron (Zofran) 4mg

___ Other

REVERSAL AGENTS

___ Naloxone (Narcan) (0.4mg/mL) (Multi dose)

___ Flumazenil (Romazicon) 0.1mg/ml (Multi dose)

CORTICOSTEROID (CHOICE OF 1)

___ Hydrocortisone sodium succinate (Solu-cortef) 100mg

___ Methylprednisolone (Solu-Medrol) 125mg

___ Dexamethasone (Decadron) 4mg/mL

BRONCHODILATOR

___ Albuterol (Ventolin) Inhaler

___ Other

OTHER REQUIRED DRUGS

___ Dextrose 50%

___ Succinylcholine (Anectine) 20mg/ml (Multi dose) ****

___ Rocuronium (if succinylcholine is contraindicated) ****

___ Neostigmine (if using Rocuronium) ****

___ Sugammadex (optional for use with Rocuronium) ****

___ Glycopyrrolate (Robinul) 0.2mg/mL

___ Midazolam (Versed) or Diazepam (Valium)

___ Diphenhydramine (Benadryl) 50mg/mL

___ Dantrolene: If using MH triggering agents such as Sevoflurane to produce deep sedation or general anesthesia (Min 36 vials or its equivalent).

*** Recommended for
Restricted Level I Permit
Holders / Required for
Unrestricted Permit
holders.

PATIENT ANESTHETIC EVALUATION

AGE _____ SEX _____ ASA _____ BMI _____ PE _____ AIRWAY EXAM _____

MEDICAL HISTORY _____ CONSENT _____ G/A _____ SEDATION _____ NPO & TIME _____

PRE-ANESTHESA CHECK: SYSTEMS _____ MONITORS _____ EQUIPMENT _____

LABS PRE-OP (IF TAKEN): _____ CBC _____ ELECTROLYTES _____ GLUCOSE _____ EKG _____ PT
_____ PTT _____ INR _____ OTHER: _____

PRE-OP CONSULTATION/CLEARANCE (IF INDICATED) _____ YES _____ NO

LIST ALL AGENTS AND AMOUNTS USED FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA INCLUDING IV, IM, PO OR INHALATION

ATROPINE	_____
GLYCOPYRROLATE	_____
DIAZEPAM	_____
MIDAZOLAM	_____
TRIAZOLAM	_____
FENTANYL	_____
MEPERIDINE	_____
KETAMINE	_____
PROPOFOL	_____
REMIFENTANIL	_____
METHOHEXITAL	_____
SEVOFLORANE	_____
CHLORAL	_____
HYDRATE	_____
NITROUS OXIDE	_____
OXYGEN	_____
ONDANSETRON	_____
PROCHLORPERAZINE	_____

EYE PROTECTION: _____ PADS _____ TAPE _____ GLASS/GOG THROAT PACK _____ YES _____ NO
FLUIDS (TYPE) _____ AMT _____ ROUTE: IV _____ IO _____ LOCATION _____

LOCAL ANESTHESIA (#cartridges) _____ 2%Lidocaine 1/100 _____ 3% Mepivacaine
_____ 4%Articaine _____ 0.5%Bupivacaine 1:200 _____ Other _____ Other

MONITORING:
BASELINE BP _____ PULSE _____ RES _____ EKG _____ PULSE OX _____ ETCO2 _____

INTRA-OP: CONTINUOUS THROUGH PHASE I _____ EVERY _____ MINUTES
BP _____ P _____ RES _____ EKG _____ PULSE OX _____ ETCO2 _____ PRECORD _____

PRE-TRACH _____ OBSERVED RESP _____ BLOOD COLOR _____
OTHER _____

SYRINGES LABELED WITH DRUG NAME AND CONCENTRATION _____ YES _____ NO
MEDICATION DOSING RECORDED: CONTEMPORANEOUSLY _____
AT END OF PROCEDURE _____
OTHER _____

SURGICAL TEAM: UNRESTRICTED PERMIT-- MUST HAVE DOCTOR AND AT
LEAST 2 ASSISTANTS IN ROOM
RESTRICTED I PERMIT-- MUST HAVE DOCTOR AND AT LEAST
1 ASSISTANT IN ROOM

DOCTOR _____
1ST ASSISTANT _____ BCLS date _____
2ND ASSISTANT _____ BCLS date _____
OTHER _____ BCLS date _____
OTHER _____ BCLS date _____

RECOVERY RECORD (MUST BE SEPARATE RECORD FROM ANESTHESIA FORM)

TIME IN RECOVERY AREA OR START OF RECOVERY PERIOD RECORDED IN
RECORD _____ YES _____ NO

VITAL SIGNS RECORDED: BP _____ P _____ RESP _____ PULSE OX _____
OTHER _____ EVERY _____ MINUTES

VITAL SIGNS TAKEN AT DISCHARGE RECORDED IN RECORD. _____ YES _____ NO

MEDICATIONS AND FLUIDS GIVEN DURING RECOVERY PERIOD RECORDED IN
RECOVERY RECORD _____ YES _____ NO

RECOVERY FORM (SUCH AS ALDRETE) USED TO DETERMINE PT'S RETURN TO
PRE- ANESTHETIC STATE FOR DISCHARGE _____ YES _____ NO

STATUS OF PATIENT RECORDED IN CHART AT DISCHARGE _____ YES _____ NO

NAME OF STAFF DISCHARGING PATIENT RECORDED IN CHART _____ YES _____ NO

TIME OF DISCHARGE AND TO WHOM RECORDED IN CHART _____ YES _____ NO

PATIENT TRANSPORTED BY _____ SELF _____ WHEEL CHAIR _____ GURNEY
COMMENTS:

SIMULATED EMERGENCY DRILL FOR DOCTOR AND STAFF

EMERGENCY# 1 _____

EMERGENCY# 2 _____

EMERGENCY #3 _____

OFFICE OF DR. _____

PARTICIPANTS:

Dr. _____ Assistant _____

Assistant _____ Assistant _____

Assistant _____ Assistant _____

Assistant _____

Comments: _____

Suggestions: _____

STATUS OF IN OFFICE EVALUATION

_____ PASS

_____ FAIL REQUIRES RE-EXAMINATION BY 2 EVALUATORS

_____ DEFICIENCY REQUIRES CORRECTIVE ACTION AND REVISIT WITHIN
30 DAYS. MAY ONLY NEED 1 EVALUATOR

COMMENTS: _____

RECOMMENDATIONS: _____

The information noted above was discussed with: _____

On _____ following his/her Anesthesia Evaluation. Doctor agrees to correct deficiency (ies) if noted above within 30 days of evaluation. If not corrected doctor understands and agrees that he/she will be reported to State Dental Board as an Evaluation Failure.

_____ Signature of Examiner
_____ Signature of Examiner
_____ Signature of Examinee

EMERGENCY OFFICE DRILLS

Airway Obstruction—Foreign Body Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Patient may or may not be responsive to verbal command 2. Sudden cessation of respiratory sounds a. may have breath-holding b. may have paradoxical breathing efforts	Recognition of emergency a. If patient can breathe and exchange air, leave alone Universal sign: hands on throat b. if patient conscious, remove materials from mouth and perform Heimlich maneuver (chest thrusts in pregnant woman) to dislodge object until breathing restored or patient loses consciousness	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient unconscious with known or suspected foreign body	Place patient in supine position a. remove materials from mouth if not yet accomplished b. may include attempts to remove object by finger sweep and/or to improve airway by head tilt-chin lift, jaw thrust, or tongue protraction and may include ventilation attempts with 100% oxygen Attempt to visualize hypopharynx with laryngoscope and remove object with Magill forceps a. if vocal cords visualized and in spasm, move to Laryngospasm Algorithm	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	Perform series of abdominal thrusts (chest thrusts in pregnant woman) to dislodge object followed by attempts to remove object and ventilate with 100% oxygen a. assess vital signs when possible	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	Consider muscle relaxant a. may use succinylcholine in a dose of 1.0to1.5mg/kgIV or4mg/kgIMifno IV access b. May use competitive blocker in intubating dose if succinylcholine is contraindicated. Rocuronium 0.6-1.2mg/kg Consider laryngoscopy and intubation Consider cricothyroidotomy/trans- tracheal ventilation Consider EMS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Comments:

EMERGENCY OFFICE DRILLS

Airway Obstruction—Laryngospasm Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Patient sedated or G/A 2. Sudden cessation of respiratory sounds a. may have breath-holding b. may have paradoxical breathing efforts 3. High pitched crowing sounds	1. Recognition of emergency 2. Remove materials from mouth 3. Control bleeding 4. Place patient in the supine position a. may include attempts to improve airway by head tilt—chin lift, jaw thrust, or tongue protraction and may include ventilation attempts with 100% oxygen. 5. Suction hypopharynx 6. Positive pressure via full face mask	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Initial response fails to resolve problem	Deepen anesthesia	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	7. Positive pressure ventilation with 100% oxygen a. may include airway adjuncts b. laryngeal mask airway placement if laryngospasm not suspected	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	6. Administer muscle relaxant a. may use Succinylcholine in a dose of 0.1to2mg/kgIV or4mg/kgIMifnoIV access b. if Succinylcholine contraindicated, may use competitive blocker in an intubating dose. Rocuronium dose 0.6-1.2 mg/kg a. assess vital signs when possible 8. Consider laryngoscopy and intubation 9. Consider reversal agents –for Rocuronium: Neostigmine – 0.07 mg/kg and Robinul 0.01 mg/kg or Sugammadex (Bridon) 2-4 mg/kg May need up to 16mg/kg for early reversal 10. May consider Propofol 0.5-.0.8mg/kg 11. Consider cricothyroidotomy/trans- tracheal ventilation 12. Consider EMS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Comments:

EMERGENCY OFFICE DRILLS

Bronchospasm Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
<p>1. Patient may or may not be responsive to verbal command</p> <p>2. Gradual to sudden development of inspiratory and/or expiratory wheezes Prolonged expiration. If severe may have no wheezing</p> <p>a. may have increased respiratory efforts, hyperinflation of lungs</p>	<p>1. Recognition of emergency</p> <p>a. may include placement in sitting position for awake patient, attempts to improve airway by head tilt-chin lift, jaw thrust, tongue protraction</p> <p>2. Remove materials from mouth</p> <p>3. 100% oxygen</p> <p>4. Monitor blood pressure at least q 3-5 min; continuously monitor pulse oximetry, heart rate</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
<p>Initial response fails to resolve problem</p>	<p>5. Albuterol inhaler 6-8 puffs (90 mg each) depending on method of administration</p> <p>a. may use spacer for child or sedated/unconscious adult</p> <p>b. may use bag-valve-mask for controlled inflation</p> <p>6. For deeply sedated/anesthetized patients, positive pressure ventilation with 100% oxygen</p> <p>a. may deepen anesthesia with volatile anesthetic, ketamine 20-30 mg IV</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
<p>Response fails to resolve problem</p>	<p>7. Administer parenteral bronchodilator</p> <p>a. may use terbutaline 0.25 mg SC q 15 min x 2</p> <p>b. may use 1:1000 epinephrine 0.01 mg/kg IM up to 0.5 mg q 15 min</p> <p>c. may use in adults 1:10,000 epinephrine 0.1 to 0.25 mg IV infused slowly 1-2.5 cc IV 1:10,000</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
<p>Response fails to resolve problem</p>	<p>8. Consider laryngoscopy and intubation. LMA vs Endotracheal tube – Use LMA less irritating</p> <p>9. Consider reversal agents, termination of anesthesia</p> <p>10. Consider EMS</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
<p>Overall response to emergency scenario</p>		<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>

Notes: Multiple alternative anti-asthmatic agents are available; review proper use of candidate's emergency anti-asthmatic drug(s) before emergency evaluation.

Comments:

EMERGENCY OFFICE DRILLS

Emesis–Aspiration Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Evidence of active or passive regurgitation under sedation or G/A	1. Recognition of emergency 2. Place patient in proper position; a. if patient undergoing conscious sedation, right lateral position b. if patient undergoing general anesthesia, Trendelenberg position (also on right side if feasible) 3. Immediate removal of materials in mouth and use high-speed suction 4. Immediate cricoid pressure (Sellick’s maneuver) 5. 100% oxygen 6. Monitor blood pressure at least q 1-3 min; continuously monitor pulse oximetry, heart rate 7. Auscultate lungs to detect altered breath sounds	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response based on presenting signs and symptoms	8. With no evidence of aspiration a. consider termination of procedure and discharge after further monitoring 9. With evidence of aspiration a. consider reversal agents, termination of procedure b. consider 100% oxygen c. consider going to Bronchospasm Algorithm d. consider EMS e. ensure chest x-ray 10. With evidence or possibility of aspiration in the unconscious patient a. consider laryngoscopy and intubation b. hospitalization	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Notes: Administration of antibiotics and steroids is not recommended. Tracheal suction after irrigation with 10 mL of sterile irrigation fluid permissible to help remove particulate matter.

Comments:

EMERGENCY OFFICE DRILLS

Respiratory Depression Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Patient may or may not be responsive to verbal command 2. Evidence of respiratory depression by low pulse oximetry, low respiration rate/volume, and/or high end-tidal carbon dioxide tension	1. Recognition of emergency 2. Place patient in comfortable position supine position if unconscious 3. 100% oxygen 4. Remove materials from mouth	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response based on presenting signs and symptoms	5. If patient conscious a. encourage increased breathing efforts and assess vital signs 6. If patient unconscious a. attempt to improve airway by head tilt-chin lift, jaw thrust, tongue protraction b. check pulse and assess vital signs when possible	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	7. Positive pressure ventilation with 100% oxygen a. may include airway adjuncts 8. Consider reversal agents – what to reverse first. Usually it's Narcotic Narcotic dose – be careful with drug addicts – reverse slowly and at lower dose; may get seizures Narcan – 4 mg/0.1ml IN q2-3min; 0.4-2 mg IV or IM repeat q 2-3 minutes – don't exceed 10 mg Romazicon (Flumazenil) 0.2 mg IV over 15 sec; slowly may repeat in 30-45 sec if no response 2 nd dose 0.3 mg IV q 1 min; don't exceed 3 mg Child 0.01mg/kg over 15 sec than repeat over 45sec then q1min max dose 0.05mg/kg or 1mg whichever lower	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	9. Consider laryngoscopy and intubation 10. Consider EMS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Comments:

EMERGENCY OFFICE DRILLS

Hypertension Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
<p>1. Patient may or may not be responsive to verbal command</p> <p>2. Hypertensive urgency: when blood pressure above 220/120 and no signs or symptoms;</p> <p>Hypertensive crisis: with evidence of myocardial ischemia, neurological dysfunction, significant bradycardia, pulmonary edema, or visual disturbances</p>	<p>1. Recognition of emergency</p> <p>2. Place patient in comfortable position</p> <p>3. Remove materials from mouth</p> <p>4. 100% oxygen</p> <p>5. Monitor blood pressure at least q 3-5 min; continuously monitor pulse oximetry, heart rate</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
Initial response fails to resolve problem	<p>6. Look for specific cause of hypertension (e.g. anxiety, cardiovascular disease, drug interaction, full bladder, hypoxia, pain)</p> <p>7. Treat specific cause (e.g. provide additional local anesthesia for pain control) – deepen anesthesia</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
Response fails to resolve problem	<p>8. Administer drug to decrease cardiac output and/or peripheral resistance</p> <p>To control Intraoperative and Post Op Tachycardia and Hypertension Esmolol:</p> <p>Immediate Control 1mg/kg bolus then 150 mcg/kg/min</p> <p>Gradual Control 500mcg/kg over 1 min. then 50mcg/kg/min</p> <p>a. May administer esmolol 0.5 mg/kg q 5 min if tachycardic then 50- 300mcg/kg infusion; up to 1mg/kg for hypertension or SVT</p> <p>Labetalol: 5 to 20 mg q 2 min (not for asthmatics) then 40-80mg IV q10min to total dose not to exceed 300mg</p> <p>Hydralazine (alpha blocker) 5 to 10 mg q 20 min if bradycardia present</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
Response fails to resolve problem	<p>9. EMS if hypertensive crisis</p> <p>10. Consider immediate physician referral if hypertensive urgency</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
Overall response to emergency scenario		<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>

Notes: Nonemergency hypertension may be treated without terminating procedure. Multiple alternative antihypertensive agents are available; review proper use of candidate's emergency antihypertensive drug(s) before emergency evaluation.

Comments:

EMERGENCY OFFICE DRILLS

Hypotension Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Patient may or may not be responsive to verbal command 2. Blood pressure below 2/3 normal for patient or causing signs and symptoms of hypoperfusion (lightheadedness, chest pain, disorientation)	1. Recognition of emergency 2. Place patient in supine position with legs elevated 3. Remove materials from mouth 4. 100% oxygen 5. Monitor blood pressure at least q 3-5 min; continuously monitor pulse oximetry, heart rate	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Initial response fails to resolve problem	6. Look for specific cause of hypotension (e.g. anxiety, cardiovascular disease, drugs, pain, postural changes) 5H's (hypercarbia, hypoxia, hypovolemia, hydrogen ion(acidosis) hypo-hyperkalemia, hypothermia) 5T's(toxins, tamponade, tension pneumothorax, thrombosis(pulmonary or coronary)) 7. Treat specific cause (e.g. IV fluid challenge for hypovolemia) stop anesthesia; stimulate patient	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	8. Administer drug to increase cardiac output and/or peripheral resistance a. may administer 0.01 mg/kg atropine IV up to 0.5 mg if bradycardia; may repeat dose q 5 min for total of 3 mg b. may administer ephedrine 5 to 10 mg q 5 min c. may administer phenylephrine 0.1 mg q 5 min if tachycardia; 10 mg/1cc How to dilute (double syringe technique) or 10 mg/100 cc 0.1 mg/cc	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	9. Consider reversal agents – watch patient for 2 hours 10. Consider EMS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Notes: Non-emergent hypotension may be treated without terminating procedure. Multiple alternative anti-hypotensive agents are available; review proper use of candidate's emergency anti-hypotensive drug(s) before emergency evaluation.

Comments:

EMERGENCY OFFICE DRILLS

Allergic Reaction Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Patient may or may not be responsive to verbal command 2. Evidence of acute allergic reaction: flushing, urticaria, nausea, angioedema, wheezing, hypotension, difficulty breathing	1. Recognition of emergency 2. Place patient in comfortable position, supine position if hypotensive or unconscious 3. Remove materials from mouth 4. 100% oxygen 5. Start IV; Monitor blood pressure at least q 1-3 min; continuously monitor pulse oximetry, heart rate.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response based on presenting signs and symptoms	6. For anaphylaxis a. administer epinephrine 0.01mg/kg up to 0.3 to 0.5 mg IM, repeat q 10 minutes until stable I.V. 0.1mcg/kg/minute increase q2-3min by 0.05mcg/kg until B.P. stable IM vs IV – Depends on severity 1:1,000 for IM 1:10,000 for IV Must Monitor B.P. constantly 7. administer Diphenhydramine 50 mg (0.5 mg/kg in children) IM or IV 8. administer IV fluids (20 mL/kg if hypotensive 9. activate EMS 10. For cutaneous reactions a. administer Diphenhydramine 50 mg (0.5 mg/kg in children) IM or IV	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Secondary treatments for anaphylaxis	11. Consider Ranitidine 1 mg/kg IV 12. Consider Hydrocortisone Na + succinate 100 mg (2 mg/kg in children) IV 13. Consider Albuterol inhalation for bronchospasm 14. Consider intubation for potential loss of airway, refractory bronchospasm	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Notes: Multiple alternative antihistamines and corticosteroids are available; review proper use of candidate's emergency anti-allergy drug(s) before emergency evaluation.

Comments:

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Angina-Myocardial Infarction Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Patient may or may not be responsive to verbal command 2. Evidence of myocardial ischemia a. may have chest pain/pressure that may radiate to left arm, jaw, back b. may have nausea, dyspnea, palpitation, dizziness, anxiety, diaphoresis c. may have ECG changes (e.g., ST- segment depression), arrhythmias	1. Recognition of emergency 2. Place patient in comfortable position, supine if hypotensive or unconscious 3. Remove materials from mouth 4. 100% oxygen 5. Monitor blood pressure at least q 3-5 min; continuously monitor pulse oximetry, heart rate, ECG	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Initial response fails to resolve problem	6. Administer nitroglycerin 0.4 mg SL by tablet or spray if systolic BP>90 mm Hg How do you know it is working? 1) Burning under tongue 2) Patient feels better (no more chest pain) 3) Headache 4) Dizzy 7. Repeat nitroglycerin every 5 min x 2 if pain unresolved Caution: people using sex enhancing drugs(24hrs for Sildenafil/Vardenafil 48hrs for Tadalafil (Cialis)or patients with HR <50 or Tachycardic 8. Activate EMS if no history of angina, quality of pain different, or no relief after 3 doses	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	9. Administer aspirin (non-enteric coated) 162 to 325 mg chewed and swallowed with water	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Comments:

EMERGENCY OFFICE DRILLS

Cardiac Arrest Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Initially, patient may or may not be responsive to verbal command 2. Sudden loss of consciousness, respiration if previously awake; sudden loss of pulse, sinus rhythm if previously unconscious Duties of Rescuers 1. First on Scene 2. Second on Scene 3. Third on Scene 4. Forth on Scene 5. Fifth on Scene	1. Recognition of emergency a. Alert staff; call for Defibrillator or AED and crash cart and Help 2. Place patient in supine position 3. Remove materials from mouth 4. If previously awake and unmonitored arrest, head tilt-chin lift and assess ventilation and pulse. 5. Check for pulse (< 10 seconds) a. carotid pulse (if no pulse) 6. Start CPR @ 100-120 compressions per min. 30:2 (5 rounds or 2 minutes then switch) a. evaluate ECG for rhythm or AED b. Defib or AED ASAP then 2 min CPR 100-120 compressions/min 7. Activate EMS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Continue with primary survey	8. If VF/VT, continue with ACLS protocol 9. If asystole or PEA, continue as per ACLS protocol	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem; continue with secondary survey	10. Attempt to place airway device if possible without interruption (endotracheal tube, laryngeal mask) 11. Confirm ventilation with 100% oxygen 12. Administer 1 mg 1:10,000 epinephrine IV push (0.01 mg/kg in children); repeat q 3-5 min 13. Defibrillate q 2 min after every drug administration for VF/VT Biphasic 200J: Child 2J/kg then 4J/kg	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response fails to resolve problem	14. Consider use of antiarrhythmic if VF/VT a. may use amiodarone 300 mg IV; then 150mg IV in 3-5 min c. may use magnesium sulfate 1 to 2 g if Torsades Child 5mg/kg	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Comments:

EMERGENCY OFFICE DRILLS

Stroke Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
<p>1. Patient awake and talking/responsive to verbal commands</p> <p>2. Patient starts slurring words</p>	<p>1. Recognition of emergency 2. Patient in chair</p> <p>3. "FAST" Rule</p> <p>a. Look at patient – ask them to smile Facial drooping on one side (abnormal)</p> <p>b. Ask patient to hold both arms straight up with palms facing up with both eyes closed. Arm Drift if one arm drifts and one arm stays still (abnormal)</p> <p>c. Ask patient to repeat simple phrase Slur Words cannot speak or uses wrong words (abnormal)</p> <p>Time – 911 get to Stroke Center ASAP</p> <p>Time is of the Essence Write down time patient was last known to be normal without symptoms of stroke</p> <p>If one of the above 3 signs is abnormal than 72% chance of stroke. If all 3 signs abnormal than >85% probability of stroke</p> <p>If giving patient fluids give 0.9% NaCl do not use D5W</p> <p>Determine BS Hypoglycemic give 50% Dextrose If Hyperglycemic give insulin</p>	<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>
<p>Overall response to emergency scenario</p>		<p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p>

Comments:

EMERGENCY OFFICE DRILLS

Syncope Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Patient is initially awake/responsive to verbal command 2. Evidence sudden loss of consciousness	1. Recognition of emergency a. call for defibrillator if loss of pulse identified 2. Place patient in supine position 3. Remove materials from mouth 4. Head tilt-chin lift and assess ventilation; lift legs	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response based on presenting signs and symptoms	5. If breathing, 100% oxygen and monitor blood pressure at least q 3-5 min; continuously monitor pulse oximetry, heart rate 6. If not breathing, positive pressure ventilations with 100% oxygen and check carotid pulse a. evaluate ECG if available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Continue emergency response	7. Search for cause of syncope (e.g. fear, hypotension, hypoxia, hypoglycemia, arrhythmia, stroke) a. treat underlying cause if possible Hypotensive fluid challenge 200 mL/bolus if IV in place: If Bradycardic Atropine 0.5mg q3-5min up to 3mg if atropine does not work try Dopamine 2-20 mcg/kg/min if Dopamine does not work then Epinephrine 2-10mcg/min Isuprel 2-10 mcg/min use for heart transplant patients b. EMS if underlying cause not treatable	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Notes: May administer ammonia inhalants so long as use does not interfere with defined emergency response.

Comments:

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Convulsions Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Patient may or may not be responsive to verbal command 2. Evidence of generalized tonic-clonic or clonic seizure	1. Recognition of emergency 2. Place patient in supine position; protect patient from physical injury 3. Remove materials from mouth only if possible to do so safely without injury to rescuer or patient 4. 100% oxygen 5. Monitor blood pressure at least q 3-5 min; continuously monitor pulse oximetry, heart rate	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Response based on subsequent signs and symptoms	6. For self-terminating seizure a. reassure patient b. assess patient for injuries c. may continue with treatment based on patient history, sedative/anesthetic use, and operative need; otherwise monitor recovery 7. For continuous or recurring seizures a. activate EMS	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Continue emergency management	8. Administer anticonvulsant a. Midazolam initially 0.05-0.2mg/kg IV Max. Dose 10mg b. Midazolam 0.1-0.2mg/kg IM up to a total dose of 10 mg. IN 0.2mg/kg Total dose 10mg(IN or IM use 5mg/cc dilution) or c. Ativan (Lorazepam) 0.05 – 0.1 mg/kg IV at rate of 2 mg/min) Loading dose 4-8mg. IN 0.1mg/kg to Max 4mg or Diazepam 5 mg initially, then 1 mg/min IV (0.2 mg/kg, then 0.05 mg/kg/min up to a total dose of 0.5 mg/kg in children) 9. Consider intubation or laryngeal mask airway if ventilation compromised	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Notes: Alternative anticonvulsants (fosphenytoin, phenobarbital, and succinylcholine) may be acceptable treatments.

Comments:

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Hypoglycemia Algorithm

<i>Scenario requirements</i>	<i>Interventions</i>	<i>Examinee responses</i>
1. Patient may or may not be responsive to verbal command 2. Evidence of hypoglycemia risk (e.g. history of insulin-dependent diabetes); signs include diaphoresis, confusion, eventual loss of consciousness	1. Recognition of emergency 2. Place patient in supine position 3. Remove materials from mouth 4. 100% oxygen 5. Monitor blood pressure at least q 3-5 min; continuously monitor pulse oximetry, heart rate 6. Measure blood glucose if equipment available	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Patient hypoglycemic or high suspicion of hypoglycemia based on history and presenting signs	7. If awake, may administer oral fluids containing sugar 8. If consciousness impaired or lost a. administer 50% dextrose 1 mL/kg IV upto 50mL 20-50cc b. or may give D ₅ W 10 mL/kg IV up to 500 mL c. or may give glucagon 0.025 to 0.1 mg/kg IV/IM/SC up to 1 mg 9. Monitor blood glucose if equipment available 10. Activate EMS if consciousness not restored	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Overall response to emergency scenario		<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Comments: