

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 (2) (b), 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 sedation, regardless of the route of administration.

History: Cr. Register, August, 1985, No. 356, eff. 9–1–85; am. Register, October, 1988, No. 394, eff. 11–1–88; am. Register, August, 1991, No. 428, eff. 9–1–91.

DE 11.02 Definitions. In this chapter,

(1) “Analgesia” means the diminution or elimination of pain in a conscious patient.

(1m) “Anxiolysis” means the use of medication to relieve anxiety before or during a dental procedure which produces a minimally depressed level of consciousness, during which the patient’s eyes are open and the patient retains the ability to maintain an airway independently and to respond appropriately to physical and verbal command.

(2) “Conscious sedation” means a depressed level of consciousness during which the patient mimics physiological sleep, has vitals that are not different from that of sleep, has his or her eyes closed most of the time while still retaining the 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 of pharmacologic and non–pharmacologic methods.

(3) “Deep sedation” means a controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including the ability to independently and continuously maintain an airway and to respond purposefully to verbal command, produced by a pharmacologic or non–pharmacologic method, or a combination of pharmacologic and non–pharmacologic methods.

(4) “General anesthesia” means a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the ability 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 of pharmacologic and non–pharmacologic methods.

(6) “Nitrous oxide inhalation” means analgesia by administration of a combination of nitrous oxide and oxygen in a patient.

(7) “Operative supervision” means the dentist is in the operatory performing procedures with the aid of qualified staff.

(8) “Qualified staff” means a person is certified in the administration of basic life support in compliance with the standards set forth by the American Heart Association, the American Red Cross, or other organization approved by the board, and has training in how to monitor vital signs, and how to use a pulse oximeter, blood pressure cuff, and a precordial or a pretracheal stethoscope. If the dentist is administering deep sedation and general anesthesia under s. DE 11.07, a person shall also be trained in how to use an EKG.

(9) “Routes of administration” include the following:

(a) “Enteral” means administration by which the agent is absorbed through the gastrointestinal tract or through the oral, rectal or nasal mucosa.

(b) “Inhalation” means administration by which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(c) “Parenteral” means administration by which the drug bypasses the gastrointestinal tract through either intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), or intraocular (IO) methods.

(d) “Transdermal or transmucosal” means administration by which the drug is administered by patch or iontophoresis.

(10) “Time–oriented anesthesia record” means documentation at appropriate intervals of drugs, doses and physiologic data obtained during patient monitoring.

History: Cr. Register, August, 1985, No. 356, eff. 9–1–85; r. and recr. Register, October, 1988, No. 394, eff. 11–1–88; r. (4), renum. (1) to (3) to be (2) to (4) and am., cr. (1) and (5), Register, August, 1991, No. 428, eff. 9–1–91; CR 04–095: am. (1) to (4), cr. (1m) and (6) to (10), r. (5) Register August 2006 No. 608, eff. 1–1–07.

DE 11.03 Requirements for nitrous oxide inhalation. (1) A dentist may use nitrous oxide inhalation on an outpatient basis for dental patients provided that he or she has adequate equipment with failsafe features and a 25% minimum oxygen flow.

(2) A dentist utilizing nitrous oxide inhalation shall be trained and certified in administering basic life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or other organization approved by the board.

History: CR 04–095: cr. Register August 2006 No. 608, eff. 1–1–07.

DE 11.04 Requirements for anxiolysis. A dentist utilizing anxiolysis shall be trained and certified in administering basic life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or any other organization approved by the board.

History: CR 04–095: cr. Register August 2006 No. 608, eff. 1–1–07.

DE 11.05 Requirements for conscious sedation–enteral. (1) Beginning on January 1, 2007, no dentist may administer conscious sedation via an enteral route without having first obtained a class one permit from the board, unless a dentist has been granted a permit under s. DE 11.06 or 11.07. A class one permit enables a dentist to utilize conscious sedation enterally. The board shall grant a class one permit to administer conscious sedation enterally to a dentist who does all of the following:

(a) Provides proof of one of the following:

1. A board approved training course which includes:

a. Eighteen hours of didactic instruction which addresses physical evaluation of patients, conscious sedation–enteral, emergency management, and conforms to the principles in part one or part 3 of the American Dental Association’s “Guidelines for

Teaching the Comprehensive Control of Anxiety and Pain in Dentistry.”

b. Twenty clinical cases utilizing an enteral route of administration to achieve conscious sedation, which may include group observation.

2. Graduate level training approved by the board that, at a minimum, includes the requirements as set forth in subd. 1. a. and b.

(b) Provides proof of certification in basic cardiac life support for the health care provider and a board approved training program in airway management or a course in advanced cardiac life support. If the dentist is sedating patients age 14 or younger, the dentist shall provide proof of certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or any other organization approved by the board.

(2) Any dentist who utilizes an enteral route of administration to achieve conscious sedation shall have qualified staff present throughout the dental procedure.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.

DE 11.06 Requirements for conscious sedation-parenteral. (1) Beginning on January 1, 2007, no dentist may administer conscious sedation via a parenteral route without having first obtained a class 2 permit from the board, unless a dentist has been granted a permit under s. DE 11.07. A class 2 permit enables a dentist to utilize conscious sedation-enteral, and conscious sedation-parenteral. The board shall grant a class 2 permit to administer conscious sedation-parenterally to a dentist who does all of the following:

(a) Provides proof of one of the following:

1. A board approved training course which includes:

a. A minimum of 60 hours of didactic instruction which addresses the physical evaluation of patients, IV sedation, and emergency management.

b. Twenty clinical cases of managing parenteral routes of administration.

2. Graduate level training approved by the board that, at a minimum, includes the requirements as set forth in subd. 1.

3. The utilization of conscious sedation administered parenterally on an outpatient basis for 5 years preceding January 1, 2007, by a dentist licensed under this chapter.

(b) Provides proof of certification in advanced cardiac life support. If the dentist is a pediatric specialist, the dentist is allowed to substitute certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, or any other organization approved by the board.

(2) Any dentist who utilizes a parenteral route of administration to achieve conscious sedation shall have qualified staff present throughout the dental procedure.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.

DE 11.07 Requirements for deep sedation and general anesthesia. (1) Beginning on January 1, 2007, no dentist may administer deep sedation or general anesthesia without having first obtained a class 3 permit from the board. A class 3 permit enables a dentist to utilize conscious sedation-enteral, conscious sedation-parenteral, deep sedation, and general anesthesia. The board shall grant a class 3 permit to administer deep sedation or general anesthesia to a dentist who does all of the following:

(a) Provides proof of one of the following:

1. Successful completion of a board approved postdoctoral training program in the administration of deep sedation and general anesthesia.

2. Successful completion of a postdoctoral training program in anesthesiology that is approved by the Accreditation Council for Graduate Medical Education.

3. Successful completion of a minimum of one year advanced clinical training in anesthesiology provided it meets the objectives set forth in part 2 of the American Dental Association’s “Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry.”

4. Has been a licensed dentist under this chapter who has been utilizing general anesthesia for 5 years prior to January 1, 2007.

(b) Provides proof of certification in advanced cardiac life support. If the dentist is a pediatric specialist, the dentist is allowed to substitute certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, or any other organization approved by the board.

(2) Any dentist who administers deep sedation or general anesthesia shall have qualified staff present throughout the dental procedure.

(3) Nothing in this section may be construed to prevent a dentist from employing or working in conjunction with a certified registered nurse anesthetist, or with a licensed physician or dentist who is a member of the anesthesiology staff of an accredited hospital, provided that the anesthesia personnel must remain on the premises of the dental facility until the patient under general anesthesia or deep sedation regains consciousness.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.

DE 11.08 Office facilities and equipment. (1) A dental office shall have all of the following if a dentist is administering conscious sedation-enteral, conscious sedation-parenteral, deep sedation, and general anesthesia:

(a) An operating room containing all of the following:

1. Oxygen and supplemental gas-delivery system capable of delivering positive pressure oxygen ventilation.

2. Suction and backup system.

3. Auxiliary lighting system.

4. Gas storage facilities.

5. An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.

6. Emergency equipment including a defibrillator, cardiopulmonary pocket mask, and appropriate emergency medications.

7. Monitoring equipment including a pulse oximeter, blood pressure cuff, and precordial or pretracheal stethoscope.

8. An EKG if administering deep sedation or general anesthesia.

(b) A recovery room containing all of the following:

1. Oxygen and supplemental gas-delivery system capable of delivering positive pressure oxygen ventilation.

2. Suction and backup system.

3. Auxiliary lighting system.

4. Wheelchair.

5. An operating chair capable of withstanding cardiopulmonary resuscitation or a back board.

6. Emergency equipment including a defibrillator, cardiopulmonary pocket mask, and appropriate emergency medications.

(2) Nothing in this section shall be construed to prevent an operating room from also being used as a recovery room, nor shall it be construed to prevent the sharing of equipment between an operating room and a recovery room, provided all the required equipment is in the room being used.

History: CR 04-095: cr. Register August 2006 No. 608, eff. 1-1-07.

DE 11.09 Standards of care. (1) Before the administration of any type of sedation a complete written medical history shall be obtained from each patient. The medical history shall identify any medications a patient is taking and any allergies to medication a patient has.

(2) The recording of a time-oriented anesthesia record including appropriate vital signs, blood pressure, pulse, and oxygen saturation q 5 minutes, is required for conscious sedation–enteral, conscious sedation–parenteral, deep sedation, and general anesthesia.

(3) During the anesthesia period for conscious sedation–enteral, conscious sedation–parenteral, deep sedation, or general anesthesia, the oxygenation, ventilation, and circulation of the patient shall be continually evaluated, and any medications that are administered shall be documented in writing, including the dosages, time intervals, and the route of administration.

(4) A patient shall be continually observed during the anesthesia period for conscious sedation–enteral, conscious sedation–parenteral, deep sedation, and general anesthesia either by the treating dentist or by qualified staff. No permit holder shall have more than one person in conscious sedation–enteral, conscious sedation–parenteral, deep sedation, or general anesthesia at one time, notwithstanding patients in recovery.

(5) Operative supervision is required for deep sedation and general anesthesia.

(6) Qualified staff shall continuously monitor post-treatment patients before final evaluation and discharge by the dentist. Written post-operative instructions shall be given to each patient or to a responsible adult who accompanies the patient for those individuals having undergone conscious sedation–enteral, conscious sedation–parenteral, deep sedation, or general anesthesia. Documentation of the post-operative instructions shall be noted in the patient’s chart.

(8) Any dentist whose patient lapses into conscious sedation–enteral from anxiolysis shall meet the requirements found in s. DE 11.05 and shall follow any applicable requirements in s. DE 11.09.

(9) Unless a dentist holds a class 3 permit, he or she shall not administer any drug that has a narrow margin for maintaining con-

sciousness including, but not limited to, ultra-short acting barbiturates, propofol, ketamine, or any other similarly acting drugs.

(10) Dentists shall maintain verifiable records of the successful completion of any and all training of staff.

History: CR 04–095: cr. Register August 2006 No. 608, eff. 1–1–07.

Note: Section DE 11.09 (7) dealing with titration, has been removed from the rule in compliance with statutory restraints based on the objections by the Senate Committee on Health and the Joint Committee for Review of Administrative Rules. The Wisconsin Dentistry Examining Board intends to promulgate s. DE 11.09 (7) upon resolution of those objections.

DE 11.10 Reporting of adverse occurrences related to anesthesia administration.

Dentists shall submit a report within 30 days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during, or as a result of, anesthesia administration under this chapter. The report shall be on a form approved by the board and shall include, at the minimum, responses to all of the following:

(1) A description of the dental procedures.

(2) The names of all participants in the dental procedure and any witnesses to the adverse occurrence.

(3) A description of the preoperative physical condition of the patient.

(4) A list of drugs and dosage administered before and during the dental procedures.

(5) A detailed description of the techniques utilized in the administration of all drugs used during the dental procedure.

(6) A description of the adverse occurrence, including the symptoms of any complications, any treatment given to the patient, and any patient response to the treatment.

(7) A description of the patient’s condition upon termination of any dental procedures undertaken.

Note: Forms are available at the office of the Dentistry Examining Board located at 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

History: CR 04–095: cr. Register August 2006 No. 608, eff. 1–1–07.