2		
3	21 NCAC 16Q.	0101 GENERAL ANESTHESIA AND SEDATION DEFINITIONS
4	For the purpose	of these Rules relative to the administration of minimal conscious sedation, moderate conscious
5	sedation, modera	tte conscious sedation limited to oral routes or nitrous oxide inhalation, moderate pediatric conscious
6	sedation sedation	n, or general anesthesia by or under the direction of a dentist, the following definitions shall apply:
7	(1)	"Analgesia" – the diminution or elimination of pain.
8	(2)	"Anti-anxiety sedative" - a sedative agent administered in a dosage intended to reduce anxiety
9		without diminishing consciousness or protective reflexes.
10	(3)	"Anxiolysis" – pharmacological reduction of anxiety through the administration of a single dose of
11		a minor psychosedative, possibly in combination with nitrous oxide, to children or adults prior to
12		commencement of treatment on the day of the appointment which-that allows for uninterrupted
13		interactive ability in <u>a totally-an</u> awake patient with no compromise in the ability to maintain a patent
14		airway independently and continuously and without assistance. Nitrous oxide may be administered
15		in addition to the minor psychosedative without constituting multiple dosing for purpose of these
16		Rules.
17	<u>(4)</u>	"ACLS" – Advanced Cardiac Life Support.
18	<u>(5)</u>	"Administer" - to direct, manage, supervise, control, and have charge of all aspects of selection,
19		dosage, timing, and method of delivery to the patient of any pharmacologic agent intended to reduce
20		anxiety or depress consciousness.
21	<u>(6)</u>	"ASA" – American Society of Anesthesiologists.
22	<u>(7)</u>	"Auxiliaries" – non-dentist staff members involved in general anesthesia or sedation procedures.
23	<u>(8)</u>	"BLS" – Basic Life Support.
24	<del>(4)</del> (9)	"Behavior control" – the use of pharmacological techniques to control behavior to a level that dental
25		treatment can may be performed without injury to the patient or dentist. effectively and efficiently.
26	<del>(5)</del> (10)	"Behavioral management" - the use of pharmacological or psychological techniques, singly or in
27		combination, to modify behavior to a level that dental treatment <del>can may</del> be performed <del>effectively</del>
28		and efficiently. without injury to the patient or dentist.
29	<del>(6)</del> (11)	"Competent" – displaying special skill or knowledge derived from training and experience.
30	<del>(7)</del> (12)	"Conscious sedation" - an induced state of a depressed level of consciousness that retains the patient's
31		ability to independently and continuously maintain an airway without assistance and respond
32		appropriately to physical stimulation and [obey] verbal command, commands, and that is produced
33		by pharmacologic or non-pharmacologic agents, or a combination thereof.
34		particular definition, the drugs or techniques used shall carry a margin of safety wide enough to
35		render unintended loss of consciousness unlikely. All dentists who perform conscious sedation
36		shall have an unexpired sedation permit from the Dental Board.
37	(13)	"CRNA" – Certified Registered Nurse Anesthetist.

21 NCAC 16Q .0101 is amended with changes as published in 31:14 NCR 1389-92 as follows:

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1	(8)(14) "Deep sedation" – an induced state of a depressed level of consciousness accompanied by partial
2	loss of protective reflexes, including the ability to continually maintain an airway independently
3	without assistance or respond purposefully to verbal command, and is produced by pharmacological
4	agents. All dentists who perform deep sedation shall have an unexpired general anesthesia permit
5	from the Dental Board.
6	(15) "Deliver" – to assist a permitted dentist in administering sedation or anesthesia drugs by providing
7	the drugs to the patient pursuant to a direct order from the dentist and while under the dentist's direct
8	supervision.
9	(9)(16) "Direct supervision" – the dentist responsible for the sedation/anesthesia sedation or anesthesia
10	procedure shall be physically present in the facility immediately available and shall be continuously
11	aware of the patient's physical status and well being. being at all times.
12	(17) "Emergencies manual" – a written manual that documents:
13	<ul> <li>a) the location of all emergency equipment and medications in each facility;</li> </ul>
14	b) each staff member's role during medical emergencies; and
15	c) the appropriate treatment for laryngospasm, bronchospasm, emesis and
16	aspiration, respiratory depression and arrest, angina pectoris, myocardial
17	infarction, hypertension, hypotension, allergic reactions, convulsions, syncope,
18	bradycardia, [insulin shock] hypoglycemia, cardiac arrest, and airway
19	obstruction.
20	(18) "Enteral" - the administration of pharmacological agents orally, intranasally, sublingually, or
21	rectally.
22	(19) "ET CO2"—end tidal carbon dioxide.
23	(10)(20) "Facility" – the location where a permit holder practices dentistry and provides anesthesia/sedation
24	anesthesia or sedation services.
25	(11)(21) "Facility inspection" – an on-site inspection to determine if a facility where the applicant proposes
26	to provide anesthesia/sedation anesthesia or sedation is supplied, equipped, staffed staffed, and
27	maintained in a condition to support provision of anesthesia/sedation anesthesia or sedation services
28	that meet the minimum standard of care. in compliance with the Dental Practice Act set forth in
29	Article 2 of G.S. 90 and the Board's rules of this Chapter.
30	(12)(22) "General anesthesia" - the intended controlled state of a depressed level of consciousness that is
31	produced by pharmacologic agents and accompanied by a partial or complete loss of protective
32	reflexes, including the ability to maintain an airway and respond purposefully to physical
33	stimulation and [obey] or verbal commands. All dentists who perform general anesthesia shall have
34	an unexpired general anesthesia permit from the Dental Board.
35	(23) "Good standing" – a licensee whose license is not suspended or revoked and who is not subject to a
36	current disciplinary order imposing probationary terms.
37	(13)(24) "Immediately available" – on-site in the facility and available for immediate use. use without delay.

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1	(25)	"Itinerant general anesthesia provider"- a permittee who has complied with Rule .0206 of this
2		Subchapter and who administers general anesthesia at another practitioner's facility.
3	<del>(14)</del> (26)	Uncal anesthesia" – the elimination of sensations, especially including pain, in one part of the body
4		by the regional application or injection of a drug.
5	(15)	"May" indicates freedom or liberty to follow a reasonable alternative.
6	<del>(16)</del> (27)	"Minimal conscious sedation" - conscious sedation characterized by a minimally depressed level of
7		consciousness, in which the patient retains the ability to independently and continuously maintain
8		an airway and respond normally to tactile stimulation and verbal command, provided to patients 13
9		years or older, by oral or rectal routes of administration of a single pharmacological agent, in one or
10		more doses, not to exceed the manufacturer's maximum recommended dose, at the time of treatment,
11		possibly in combination with nitrous oxide. Minimal conscious sedation is may be provided for
12		behavioral management.
13	<del>(17)</del> (28)	) "Minor psychosedative/Minor tranquilizer" – pharmacological agents <del>which <u>t</u>hat</del> allow for
14		uninterrupted interactive ability in a patient with no compromise in the ability to maintain a patent
15		airway continuously and without assistance and carry a margin of safety wide enough to render
16		unintended loss of consciousness unlikely.
17	<del>(18)</del> (29)	"Moderate conscious sedation" - conscious sedation characterized by a drug induced depression of
18		consciousness, during which patients [obey] respond purposefully to verbal commands, either alone
19		or accompanied by light tactile stimulation, provided to patients 13 years of age or older, by oral,
20		nasal, rectal rectal, or parenteral routes of administration of single or multiple pharmacological
21		agents, in single or multiple doses, within a 24 hour period, including the time of treatment, possibly
22		in combination with nitrous oxide. Moderate conscious sedation is may be provided for behavior
23		control. control by licensed dentists who comply with the terms of Rule .0301 of this Subchapter. A
24		moderate conscious sedation provider shall not use the following:
25		(a) drugs designed by the manufacturer for use in administering general anesthesia or
26		deep sedation; or
27		(b) drugs contraindicated for use in moderate conscious sedation.
28	<del>(19)</del> "N	Moderate conscious sedation limited to oral routes and nitrous oxide inhalation" conscious sedation
29		characterized by a drug induced depression of consciousness during which patients respond
30		purposefully to verbal commands, either alone or accompanied by light tactile stimulation, provided
31		to patients 13 years or older, by oral routes of administration and nitrous oxide inhalation, of single
32		or multiple pharmacological agents, in single or multiple doses, within a 24 hour period. Moderate
33		conscious sedation limited to oral routes and nitrous oxide inhalation is provided for behavior
34		control.
35	<del>(20)</del> (30	"Moderate pediatric conscious sedation" - conscious sedation characterized by a drug induced
36		depression of consciousness, during which patients respond purposefully to [obey] verbal
37		commands, either alone or accompanied by light tactile stimulation, provided to patients up to 18

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1		under13 years of age, or special needs patients, by oral, nasal, rectal rectal, or parenteral routes of
2		administration of single or multiple pharmacological agents, in single or multiple doses, within a 24
3		hour period, including the time of treatment, possibly in combination with nitrous oxide. Moderate
4		pediatric conscious sedation is may be provided for behavior-control. control by licensed dentists
5		who comply with the terms of Rule .0404 of this Subchapter. A moderate pediatric conscious
6		sedation permit holder shall not use the following:
7		(a) drugs designed by the manufacturer for use in administering general anesthesia or
8		deep sedation; or
9		(b) <u>drugs contraindicated for use in moderate pediatric conscious sedation.</u>
10	(21)	Must" or "shall" indicates an imperative need or duty or both; an essential or indispensable item;
11		mandatory.
12	<del>(22</del> ) <u>(31</u>	"Parenteral" - the administration of pharmacological agents intravenously, intraosseously,
13		intramuscularly, subcutaneously, submucosally, intranasally, or transdermally.
14	(32)	"PALS" – Pediatric Advanced Life Support.
15	<del>(23)</del> (33	) "Protective reflexes" – includes the ability to swallow and cough.
16	<u>(34)</u>	"RN" - Registered Nurse licensed by the North Carolina Board of Nursing.
17	<u>(35)</u>	"Sedation Procedure" - process begins when any pharmacological agent is first administered to a
18		patient to induce general anesthesia or sedation and continues until the dentist permit holder
19		determines that the patient has met the [applicable] recovery and discharge criteria set forth in the
20		applicable Rules in this Subchapter.
21	(36)	"Special needs patients" – patients with diminished mental and or physical capacity who are unable
22		to cooperate to receive ambulatory dental care without sedation or anesthesia.
23	<del>(24)</del> (37	"Supplemental dosing" - the oral administration of a pharmacological agent that results in an
24		enhanced level of conscious sedation when added to the primary sedative agent administered for the
25		purpose of oral moderate conscious sedation, and which, when added to the primary agent, does not
26		exceed the maximum safe dose of either agent, separately or synergistically.
27	( <del>25</del> ) <u>(38</u>	"Vested adult" – a responsible adult who is the legal parent or guardian, or designee of a legal parent
28		or guardian, entrusted with the care of a minor patient following the administration of general
29		anesthesia or conscious sedation.
30		
31	History Note:	Authority G.S. 90-28; 90-30.1; 90-48;
32		Eff. February 1, 1990;
33		Temporary Amendment Eff. December 11, 2002;
34		Amended Eff. June 1, 2017; July 3, 2008; August 1, 2004.

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1	21 NCAC 16Q .0201 is amended with changes as published in 31:14 NCR 1392 as follows:		
2			
3	21 NCAC 16Q .02	201 GENERAL ANESTHESIA CREDENTIALS AND PERMIT	
4	(a) No dentist sha	all employ or use general anesthesia on an outpatient basis for dental patients unless the dentist	
5	possesses a permit	issued by the Board. A dentist holding a permit shall be subject to review and shall only employ or	
6	use general anesth	esia at a facility located in the State of North Carolina in accordance with 21 NCAC 16Q .0202.	
7	Such permit must	be renewed annually and shall be displayed with the current renewal at all times in a conspicuous	
8	place in the office	of the permit holder.	
9	(a) Before a dentis	t licensed to practice in North Carolina may administer or supervise a CRNA to administer general	
10	anesthesia or perfo	rm deep sedation, the dentist shall obtain a general anesthesia permit from the Board by completing	
11	[ <mark>an application for</mark>	<del>n] <mark>the application requirements of this Rule</mark> and paying a four hundred seventy-five dollar (\$475.00)</del>	
12	fee that includes th	e one-hundred dollar (\$100.00) application fee and the three-hundred seventy-five dollar (\$375.00)	
13	inspection fee. [The	ne application form is available on the Board's website: www.ncdentalboard.org.] The permit shall	
14	be renewed annual	ly and shall be displayed with the current renewal at all times in the permit holder's facility where	
15	it is visible to patie	ents receiving treatment.	
16	(b) Any dentist w	ho wishes to administer general anesthesia to patients must apply to the Board for the required	
17	permit on a prescr	ribed application form, submit an application fee of one hundred dollars (\$100.00) and produce	
18	evidence showing	A dentist applying for a general anesthesia permit shall be in good standing with the Board Board,	
19	has an unexpired	ACLS certification, and demonstrates demonstrate that he or she has one of the following	
20	qualifications:		
21	(1) <b>4</b>	<del>las has</del> completed a minimum of one year two years of advanced training in anesthesiology and	
22	1	elated academic subjects <del>(or its equivalent)</del> beyond the undergraduate dental school level; or	
23	(2)	Has has graduated from a program certified by the American Dental Association in Oral and	
24	I	Maxillofacial Surgery; <del>or</del>	
25	$(3) \qquad \frac{1}{4}$	s is a Diplomate of or eligible for examination by the American Board of Oral and Maxillofacial	
26	S	Surgery; or	
27	(4) J	<mark>s <u>is</u> a Fellow of the American Dental Society of Anesthesiology. <del>Anesthesiology; or [and]</del></mark>	
28	<del>(5)</del> ——I	s a dentist who has been administering general anesthetics in a competent manner for the five years	
29	İ	preceding the effective date of this Rule. Has an unexpired ACLS certification.	
30	(c) Before receive	ing a general anesthesia permit, all applicants shall pass an evaluation and inspection as set out in	
31	Rule .0202 of this	Section. Every location other than a hospital or credentialed surgery center where a general	
32	anesthesia permit h	older administers general anesthesia shall pass an inspection as set out in Rule .0204 of this Section.	
33	(c)(d) A dentist w	ho is qualified to administer general anesthesia in accordance with this Section and holds a general	
34	anesthesia permit	may is also authorized to administer any level of sedation without obtaining a separate sedation	
35	permit.		

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1	(d) The dentist i	nvolved with the administration of general anesthesia shall document current, successful completion	
2	of advanced car	diac life support (ACLS) training, or its age specific equivalent or other Board approved equivalent	
3	course and auxil	iary personnel shall document annual, successful completion of basic life support (BLS) training.	
4	(e) A dentist wh	o does not hold a general anesthesia permit may not employ a CRNA to administer general anesthesia	
5	services. A der	ntist who holds a general anesthesia permit may [ <del>permit</del> ] <mark>employ</mark> a CRNA to administer general	
6	anesthesia servio	ces under [direct] supervision of the dentist.	
7	(f) A general a	nnesthesia permit holder may provide general anesthesia at the office of another licensed dentist,	
8	regardless of the	permit, if any held, by the hosting dentist. The permit holder shall ensure that the facility where the	
9	general anesthesia is administered has been inspected and complies with the requirements set out in Rule .0202 of this		
10	Section [or] and	shall obtain an itinerant general anesthesia permit and comply with the [provisions] requirements of	
11	Rule .0206 of th	is Section.	
12			
13	History Note:	Authority G.S. 90-28; 90-30.1; 90-39	
14		Eff. February 1, 1990;	
15		Amended Eff. April 1, 2001; August 1, 2000;	
16		Temporary Amendment Eff. December 11, 2002;	
17		Amended Eff. <u>June 1, 2017</u> ; February 5, 2008.	

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1	21 NCAC 16Q .02	202 is ar	mended with changes as published in 31:14 NCR 1392-94 as follows:
2			
3	21 NCAC 16Q .02	202	GENERAL ANESTHESIA EQUIPMENT AND CLINICAL REQUIREMENTS
4	(a) A dentist adm	inisterir	ng general anesthesia is solely responsible for providing shall be responsible to ensure that
5	the environment in	which	facility where the general anesthesia is to be administered meets the following requirements:
6	(1)	The faci	ility is shall be equipped with: with the following:
7		(A)	An an operatory of size and design to permit access of emergency equipment and personnel
8			and to permit effective emergency management;
9		(B)	A chair or table for emergency treatment, including chair suitable for CPR or CPR Board;
10			a CPR board or dental chair without enhancements, suitable for providing emergency
11			treatment;
12	(	(C)	Lighting lighting as necessary for specific procedures procedures; and back-up lighting;
13			and
14	(	(D)	Suction suction equipment as necessary for specific procedures, including non-electrical
15			back-up suction;
16	(2)	The foll	owing equipment is maintained:
17	•	<del>(A)</del> (E)	Positive positive pressure oxygen delivery system, including full face masks for small,
18			medium, and large [adults and pediatric] patients, patients; and back-up E-cylinder portable
19			oxygen tank apart from the central system;
20	•	<del>(B)</del> (F)	Oral small, medium, and large oral and nasal airways of various sizes; airways;
21	•	<del>(C)</del> (G)	_ <del>Blood</del> <u>blood</u> pressure monitoring device;
22	•	<del>(D)</del> (H)	Electrocardiograph; EKG monitor; electrocardiograph;
23	•	<del>(E)</del> ( <u>I)</u>	Pulse pulse oximeter; and
24	•	<del>(F)</del> (J)	Defibrillator; defibrillator;
25	<u>!</u>	( <u>K)</u>	precordial stethoscope or capnograph;
26	<u>!</u>	<u>(L)</u>	thermometer;
27	(3)	The foll	owing emergency equipment is maintained:
28	•	( <u>A)(M)</u>	I.V. set up vascular access as necessary for specific procedures, including hardware and
29			fluids;
30	•	( <del>B)</del> (N) I	Laryngoscope laryngoscope with eurrent working batteries;
31	•	<del>(C)</del> (O) I	Intubation intubation forceps and endotracheal tubes; advanced airway devices;
32	•	<del>(D)</del> (P) 7	Fonsillar tonsillar suction with back-up suction;
33	•	<del>(E)</del> (Q) §	Syringes syringes as necessary for specific procedures; and
34	•	<del>(F)</del> (R) T	Courniquet & tape; tourniquet and tape.
35	•	( <del>G</del> )	Blood pressure monitoring device;

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1	<del>(4)</del> <u>(2)</u>	The foll	owing drugs are maintained with a current shelf life and with access from the operatory and
2		recovery	y room: The following unexpired drugs shall be maintained in the facility and with access
3		from the	e operatory and recovery rooms:
4		(A)	Epinephrine; Epinephrine;
5		(B)	Atropine;
6		(C)	Lidocaine; antiarrhythmic;
7		(D)	Antihistamine; antihistamine;
8		(E)	Antihypertensive; antihypertensive;
9		(F)	Bronchial dilator; bronchodilator;
10		(G)	Antihypoglycemic agent;
11		(H)	Vasopressor; vasopressor;
12		(I)	Corticosteroid; corticosteroid;
13		(J)	Anticonvulsant; anticonvulsant;
14		(K)	Muscle muscle relaxant;
15		(L)	Appropriate appropriate reversal agents;
16		(M)	Appropriate anti arrhythmic medication;
17		(M) (N)	Nitroglycerine; nitroglycerine; and
18		(N) (O)	Antiemetic; antiemetic.
19	<del>(5)</del> <u>(3)</u>	Written	The permit holder shall maintain written emergency and patient discharge protocols and
20		training	to familiarize office personnel auxiliaries in the treatment of clinical emergencies are shall
21		<u>be</u> provi	ded; <del>and</del>
22	<del>(6)</del> <u>(4)</u>	The peri	mit holder shall maintain the following records are maintained: for 10 years:
23		(A)	Patient's current written medical history, including a record of known allergies and
24			previous <del>surgery;</del> <u>surgeries;</u>
25		<u>(B)</u>	Consent to general anesthesia, signed by the patient or guardian, identifying the risks and
26			benefits, level of anesthesia, and date signed;
27		(C)	Consent to the procedure, signed by the patient or guardian identifying the risks, benefits,
28			and date signed; and
29		<u>(D)</u> <del>(B)</del>	Patient Base base line vital signs, including temperature, SPO2, blood pressure pressure,
30			and pulse;
31		<del>(C)</del>	An anesthesia record which shall include:
32			(i) Periodic vital signs taken at intervals during the procedure;
33			(ii) Drugs administered during the procedure, including route of administration,
34			dosage, time and sequence of administration;
35			(iii) Duration of the procedure;
36			(iv) Documentation of complications or morbidity; and
37			(v) Status of patient upon discharge.

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1		<u>(5)</u>	The anesthesia record shall include:
2			(A) base line vital signs, blood pressure (unless patient behavior prevents recording),
3			oxygen saturation, ET CO2 if capnography is utilized, pulse and respiration rates of the
4			patient recorded in real time at 15 minute intervals;
5			(B) procedure start and end times;
6			(C) gauge of needle and location of IV on the patient, if used;
7			(D) status of patient upon discharge; and
8			(E) documentation of complications or [morbidity.] morbidity; and
9		(6) <u>Th</u>	e facility shall be staffed with at least two BLS certified auxiliaries, one of whom shall be dedicated to
10		patien	monitoring and recording general anesthesia or sedation data throughout the sedation procedure. This
11		[ <del>requi</del>	rement] Subparagraph shall not apply if the dentist permit holder is dedicated to patient care an
12		monite	oring regarding general anesthesia or sedation throughout the sedation procedure and is not performing
13		the su	gery or other dental procedure.
14	(b)	During	g an inspection or evaluation, the applicant or permit holder shall demonstrate the administration of
15		anesth	esia while the evaluator <del>observes. During the demonstration, the applicant or permit holder <u>observes</u></del>
16		and sh	all demonstrate competency in the following areas:
17		(1)	Monitoring monitoring of blood pressure, pulse, ET CO2 if capnography is utilized, and respiration
18		(2)	Drug drug dosage and administration;
19		(3)	Treatment treatment of untoward reactions including respiratory or cardiac depression;
20		(4)	Sterilization; sterile technique;
21		(5)	Use use of CPR BLS certified personnel; auxiliaries;
22		(6)	Monitoring monitoring of patient during recovery; and
23		(7)	Sufficiency sufficiency of patient recovery time.
24	(c)	During	g an inspection or evaluation, the applicant or permit holder shall verbally demonstrate competency \$\frac{1}{2}\$
25		the ev	aluator in the treatment of the following clinical emergencies:
26		(1)	<del>Laryngospasm; </del> laryngospasm;
27		(2)	Bronchospasm; bronchospasm;
28		(3)	Emesis emesis and aspiration;
29		(4)	Respiratory respiratory depression and arrest;
30		(5)	Angina-angina pectoris;
31		(6)	Myocardial myocardial infarction;
32		(7)	Hypertension/Hypotension; hypertension and hypotension;
33		(8)	Syncope; syncope;
34		(9)	Allergic allergic reactions;
35		(10)	Convulsions; convulsions;
36		(11)	Bradycardia; bradycardia;
37		(12)	Insulin [insulin] shock hypoglycemia; and

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1	(13)	Cardiae cardiae arrest; and	
2	(14)	airway obstruction.	
3	(d) A dentist administering general anesthesia shall ensure that the facility is staffed with auxiliary personnel who		
4	<del>shall</del> d	ocument annual successful completion of basic life support training and be capable of assisting with	
5	proced	ures, problems, and emergency incidents that may occur as a result of the general anesthetic or	
6	second	lary to an unexpected medical complication.	
7	(d) A general ar	nesthesia permit holder shall evaluate a patient for health risks before starting any anesthesia procedure.	
8	(e) Post-operati	ive monitoring and discharge shall include the following:	
9	<u>(1)</u>	vital signs shall be continuously monitored when the sedation is no longer being administered and	
10		the patient shall have direct continuous supervision until oxygenation and circulation are stable and	
11		the patient is recovered as defined by Subparagraph (e)(2) of this Rule and is ready for discharge	
12		from the office; and	
13	<u>(2)</u>	recovery from general anesthesia shall include documentation of the following:	
14		(A) cardiovascular function stable;	
15		(B) airway patency uncompromised;	
16		(C) patient arousable and protective reflexes intact;	
17		(D) state of hydration within normal limits;	
18		(E) patient can talk, if applicable;	
19		(F) patient can sit unaided, if applicable;	
20		(G) patient can ambulate, if applicable, with minimal assistance; and	
21		(H) for the special needs patient or a patient incapable of the usually expected responses, the	
22		pre-sedation level of responsiveness or the level as close as possible for that patient shall	
23		be achieved; and	
24	(3)	before allowing the patient to leave the office, the dentist shall determine that the patient has met	
25		the recovery criteria set out in Subparagraph (e)(2) of this Rule and the following discharge criteria:	
26		(A) oxygenation, circulation, activity, skin color, and level of consciousness are sufficient,	
27		stable, and have been documented;	
28		(B) explanation and documentation of written postoperative instructions have been provided	
29		to the patient or a responsible adult at time of discharge; and	
30		(C) vested adult is available to transport the patient after discharge.	
31			
32	History Note:	Authority G.S. 90-28; 90-30.1; 90-48;	
33		Effective February 1, 1990;	
34		Amended Eff. <u>June 1, 2017</u> ; November 1, 2013; August 1, 2002; August 1, 2000.	

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1	21 NCAC 16Q.	0206 is adopted with changes as published in 31:14 NCR 1394-95 as follows:
2		
3	21 NCAC 16Q	.0206 ITINERANT (MOBILE) GENERAL ANESTHESIA PERMIT, EQUIPMENT
4		AND EVALUATION
5	(a) A dentist wh	o holds a general anesthesia permit from the Board and who wishes to provide general anesthesia or
6	other sedation se	ervices in the office of another practitioner shall obtain a mobile general anesthesia permit from the
7	Board. Board by	y completing the application requirements of this Rule and paying The application form may be
8	obtained on the	Board's website: www.ncdentalboard.org and shall be accompanied by a one hundred (\$100.00)
9	application fee.	No mobile permit shall be required to administer general anesthesia in a hospital or credentialed
10	surgery center.	
11	(b) Before a mo	obile general anesthesia permit may be issued, a general anesthesia permit holder appointed by the
12	Board shall insp	ect the applicant's equipment and medications to ensure that they comply with Paragraphs (c) and (d)
13	of this Rule.	
14	(c) The permit h	older shall maintain the following equipment:
15	(1)	positive pressure ventilation system and back-up E cylinder portable oxygen tank;
16	(2)	standard ASA monitors with back-up power;
17	(3)	EKG monitor;
18	(4)	precordial stethoscope or capnograph;
19	(5)	small, medium, and large oral airways and nasal trumpets;
20	(6)	small, medium, and large laryngoscope blades and back-up laryngoscope;
21	(7)	small, medium, and large nasal and oral endotracheal tubes;
22	(8)	Magill forceps;
23	(9)	small, medium, and large supraglottic airway devices;
24	(10)	back-up suction;
25	(11)	defibrillator with pediatric capability;
26	(12)	small, medium, and large anesthesia circuits;
27	(13)	back-up lighting;
28	(14)	gastric suction device;
29	(15)	endotracheal tube and pulmonary suction device;
30	(16)	equipment for performing emergency cricothyrotomies and delivering positive pressure ventilation;
31	(17)	back-up ventilation measurement;
32	(18)	rebreathing device;
33	(19)	scavenging system;
34	(20)	intermittent compression devices;
35	(21)	CPR board or dental chair without enhancements suitable for providing emergency treatment;
36	(22)	laryngoscope with working batteries; and
37	(23)	tourniquet and tape.

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1	(d) The following	ng unexpired medications shall be immediately accessible available to the permit holder:	
2	(1)	Epinephrine;	
3	(2)	Atropine;	
4	(3)	antiarrhythic;	
5	(4)	antihistamine;	
6	(5)	antihypertensive;	
7	(6)	bronchodilator;	
8	(7)	antihypoglycemic agent;	
9	(8)	vasopressor;	
10	(9)	corticosteroid;	
11	(10)	anticonvulsant;	
12	(11)	muscle relaxant;	
13	(12)	appropriate reversal agents;	
14	(13)	nitroglycerine;	
15	(14)	antiemetic;	
16	(15)	neuromuscular blocking agent; and	
17	(16)	anti-malignant hyperthermia agent.	
18	(e) The evaluation	on and on-site inspection shall be conducted as set out in Rule .0204 of this Section.	
19	(f) Before admir	nistering general anesthesia or sedation at another provider's office, the mobile permit holder shall	
20	inspect the host f	facility to ensure that:	
21	(1)	the operatory's size and design permit emergency management and access of emergency equipment	
22		and personnel;	
23	(2)	there is a CPR board or dental chair without enhancements suitable for providing emergency	
24		treatment;	
25	(3)	there is lighting to permit performance of all procedures planned for the facility;	
26	(4)	there is suction equipment, including non-electrical back-up suction; and	
27	(5)	the facility shall be staffed with at least two BLS certified $\frac{\text{auxilieries}}{\text{auxiliaries}}$ , one of whom shall	
28		be dedicated to patient monitoring and recording general anesthesia or sedation data throughout the	
29		sedation procedure. This $\frac{\text{Subparagraph}}{\text{Subparagraph}}$ shall not apply if the dentist permit holder is	
30		dedicated to patient care and monitoring regarding general anesthesia or sedation throughout the	
31		sedation procedure and is not performing the surgery or other dental procedure.	
32	(g) At least 24 hours before the procedure is scheduled to begin, the mobile permit holder shall send written notice to		
33	the Board office	confirming that the facility where the general anesthesia or sedation will be performed meets the	
34	requirements of	Paragraph (f) of this Rule and documenting when the inspection was conducted. The permit holder	
35	shall retain a copy of the written notice for 10 years following the procedure. No procedure shall be performed unti		

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the report required by this Paragraph is filed.

36

- 1 (h) The mobile general anesthesia permit shall be displayed in the host facility where it is visible to patients receiving
- 2 treatment.
- 3 (i) All applicants for mobile general anesthesia permit shall be in good standing with the Board.
- 4 History Note: Authority G.S. 90-28; 90-30.1; 90-39; 90-48;
- 5 *Eff. June 1, 2017*.

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1 21 NCAC 16Q .0207 is adopted with changes as published in 31:14 NCR 1395-96 as follows: 2 3 ANNUAL RENEWAL OF GENERAL ANESTHESIA AND ITINERANT 21 NCAC 16Q .0207 4 (MOBILE) GENERAL ANESTHESIA PERMIT REQUIRED 5 (a) General anesthesia permits shall be renewed by the Board annually at the same time as dental licenses by paying 6 a one hundred dollar (\$100.00) fee and completing the application requirements of this Rule. an application available 7 from the Board's website: www.ncdentalboard.org. If the completed renewal application and renewal fee are not 8 received before January 31 of each year, a one hundred dollar (\$100.00) late fee shall be paid. 9 (b) Itinerant general anesthesia permits shall be renewed by the Board annually at the same time as dental licenses by 10 paying a one hundred dollar (\$100.00) fee and completing an application available from the Board's website: 11 www.ncdentalboard.org. If the completed itinerant general sedation permit and renewal fee are not received before 12 January 31 of each year, a one hundred dollar (\$100.00) late fee shall be paid. 13 (c) Any dentist who fails to renew a general anesthesia permit or itinerant general anesthesia permit before March 31 14 of each year shall complete a reinstatement application, pay the renewal fee, late fee, and comply with all conditions 15 for renewal set out in this Rule. Dentists whose anesthesia permits or itinerant general anesthesia permits have been 16 lapsed for more than 12 calendar months shall pass an inspection and an evaluation as part of the reinstatement process. 17 (d) A dentist who administers general anesthesia in violation of this Rule shall be subject to the penalties prescribed 18 by Rule .0701 of this Subchapter. 19 (e) As a condition for renewal of the general anesthesia and itinerant general anesthesia permit, the permit holder 20 shall maintain the clinical equipment and requirements set out in Rules .0202 and .0206 of this Section and shall 21 document the following: 22 (1) six hours of continuing education each year in one or more of the following areas, which may be 23 counted toward fulfillment of the continuing education required each calendar year for license 24 renewal: 25 sedation; (A) 26 (B) medical emergencies; 27 (C) monitoring IV sedation and the use of monitoring equipment; 28 (D) pharmacology of drugs and agents used in general anesthesia and IV sedation; 29 (E) physical evaluation, risk assessment, or behavioral management; or 30 (F) airway management; 31 (2) unexpired ACLS certification, which shall not count towards the six hours required in Subparagraph 32 (e)(1) of this Rule; 33 (3) that the permit holder and all auxiliaries involved in anesthesia or sedation procedures have 34 practiced responding to dental emergencies as a team at least once every six months in the preceding 35 year;

that the permit holder and all auxiliaries involved in anesthesia or sedation procedures have read the

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practice's emergency manual in the preceding year; and

36

37

(4)

1	(5)	that all auxiliaries involved in sedation procedures have completed BLS certification and three hours
2		of continuing education annually in any of the areas set forth in Subparagraph (e)(1) of this rule.
3	(f) All permit	holders applying for renewal of a general anesthesia or itinerant general anesthesia permit shall be in
4	good standing a	nd their office shall be subject to inspection by the Board.
5	History Note:	Authority G.S. 90-28; 90-30.1; 90-31; 90-39(12); 90-48;
6		Eff. June 1, 2017.

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21 NCAC 16Q .0301 is amended with changes as published in 31:14 NCR 1396-97 as follows:

21 NCAC 16Q .0301	CREDENTIALS AND PERMITS FOR MODERATE PARENTERAL AND
	ENTERAL CONSCIOUS SEDATION, MODERATE PEDIATRIC CONSCIOUS
	SEDATION AND MODERATE CONSCIOUS SEDATION LIMITED TO ORAL
	ROUTES OF ADMINISTRATION AND NITROUS OXIDE SEDATION

(a) Before a dentist licensed to practice in North Carolina may administer or supervise a certified registered nurse anesthetist (CRNA) CRNA employed to administer or RN employed to deliver moderate conscious sedation, moderate pediatric conscious sedation or moderate conscious sedation limited to oral routes of administration and nitrous oxide to dental patients on an outpatient basis, the dentist shall obtain a permit from the Board by completing and the application requirements in this Rule form provided by the Board and paying a fee of one hundred dollars (\$100.00). three hundred seventy five dollars (\$375.00) fee that includes the one-hundred dollar (\$100.00) application fee and the two-hundred seventy-five dollar (\$275.00) inspection fee. [The application form is available on the Board's website: www.ncdentalboard.org.] Such The permit shall be renewed annually and shall be displayed with the current renewal at all times in a conspicuous place in the facility of the permit holder. holder where it is visible to patients receiving treatment.

(b) For a dentist to employ a certified registered nurse anesthetist to administer moderate conscious sedation, moderate conscious sedation limited to oral routes and nitrous oxide or moderate pediatric conscious sedation, the dentist must demonstrate through the permitting process that he or she is capable of performing all duties and procedures to be delegated to the CRNA. The dentist must not delegate said CRNA perform procedures outside of the scope of the technique and purpose of moderate conscious sedation, moderate pediatric conscious sedation or moderate conscious sedation limited to oral routes and nitrous oxide as defined in Rule .0101 of this Subchapter.

(b) The permit holder shall provide [direct] supervision to any CRNA employed to administer or RN employed to deliver sedation, and shall ensure that the level and duration of the sedation does not exceed the permit holder's permit.

(c) A dentist applying for a permit to administer moderate conscious sedation or moderate pediatric conscious sedation must meet at least one of the following criteria: shall document the following:

(1) <u>Training which may consist of either:</u>

(A) Satisfactory completion of a minimum Completion of 60 hours of Board approved didactic training, including PALS (Pediatric Advanced Life Support), and instruction training in intravenous conscious sedation sedation, and satisfactory 30 hours of clinical training [training,] that shall include successful management of a minimum of 10 20 live patients, under [supervision,] supervision of the course instructor, using intravenous sedation; sedation. Training shall be provided by one or more individuals who meet the American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists that is hereby incorporated by reference, including subsequent amendments and editions. The guidelines may be found at www.ada.org/coda; or

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4	
1	(2)(B) Satisfactory completion Completion of a pre-doctoral dental or postgraduate program which
2	that included intravenous conscious sedation training equivalent to that defined in Subparagraph
3	(c)(1)[ <del>(a)</del> ] <u>(A)</u> of this Rule; <del>or</del>
4	(2) Unexpired ACLS certification; and
5	(3) That all auxiliaries involved in sedation procedures have unexpired BLS certification.
6	(3) Satisfactory completion of an internship or residency which included intravenous conscious
7	sedation training equivalent to that defined in Subparagraph (c)(1) of this Rule.
8	(d) Notwithstanding the foregoing, a dentist may also qualify for a permit to administer moderate pediatric conscious
9	sedation by documenting, with patient names and dates of completion, at least 100 cases of moderate pediatric sedation
10	procedures successfully completed between July 3, 2006 and July 3, 2009. A dentist who obtains a pediatric conscious
11	sedation permit pursuant to this Paragraph may not administer sedation intravenously and such limitation shall be
12	noted on the dentist's permit.
13	(e) A dentist may modify his or her moderate conscious sedation permit to include the privilege of moderate pediatric
14	conscious sedation by completing a Board approved pediatric dental degree or pediatric dental residency program or
15	obtaining the equivalent hours of continuing education program in pediatric dental anesthesia. If said qualifications
16	are satisfied, it shall be so designated on the dentist's moderate conscious sedation permit and will be subject to the
17	renewal requirements stated in Rule .0501(d) of this Subchapter.
18	(f) To be eligible for a moderate conscious sedation permit, moderate conscious sedation limited to oral routes and
19	nitrous oxide inhalation permit or moderate pediatric conscious sedation permit, a dentist must operate within a facility
20	which includes the capability of delivering positive pressure oxygen, and is staffed with supervised auxiliary personnel
21	for each procedure performed. The dentist shall ensure that auxiliary personnel document annual, successful
22	completion of basic life support (BLS) training and are capable of assisting with procedures, problems and
23	emergencies incident thereto.
24	(d) All applicants for a moderate conscious sedation permit shall be in good standing with the Board.
25	(e)(g) Prior to issuance of a moderate conscious sedation permit, moderate conscious pediatric sedation permit or
26	moderate conscious sedation permit limited to oral routes and nitrous oxide inhalation permit, the applicant shall
27	undergo pass an evaluation which includes and a facility inspection. The Board shall direct an evaluator to perform
28	this evaluation. The applicant shall be notified in writing that an evaluation and facility inspection is required and
29	provided with the name of the evaluator who shall perform the evaluation and facility inspection. The applicant shall
30	be responsible for successful completion of passing the evaluation and inspection of his or her facility within three
31	months 90 days of notification. An extension of no more than 90 days shall be granted if the designated evaluator or
32	applicant requests one. one by contacting the Board in writing.
33	(h)The evaluator shall assign a grade of pass or fail and shall report his recommendation to the Board, setting out the
34	basis for his conclusion. The Board is not bound by the evaluator's recommendation and shall make a final
35	determination regarding whether the applicant has passed the evaluation. The applicant shall be notified of the Board's
36	decision in writing.

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1	(i)(f) A dentist	who holds a moderate conscious sedation, sedation moderate conscious sedation limited to oral routes
2	and nitrous oxid	de inhalation or moderate pediatric conscious sedation permit shall not intentionally administer deep
3	sedation-sedation	on. although deep sedation may occur briefly and unintentionally.
4	(j) A dentist m	ay obtain a moderate conscious sedation permit limited to oral routes of administration and nitrous
5	oxide inhalation	n, including the ability to add supplemental dosing to the techniques set out in Rule .0101(23) of this
6	Subchapter upo	n compliance with the following requirements:
7	(1)	successfully complete 24 hours of didactic training and manage at least 10 adult case experiences,
8		including at least three live clinical dental experiences. The live clinical cases shall not be handled
9		by groups with more than five student participants. The remaining cases may include simulations,
10		video presentations or both, but must include one experience in returning/rescuing a patient from
11		deep to moderate sedation; or
12	(2)	document, with patient names and dates of completion, at least 100 cases of oral moderate conscious
13		sedation procedures successfully completed within one year preceding June 3, 2008; and fulfill all
14		the requirements listed in Rule .0401 of this Subchapter for minimal conscious sedation.
15	(k) A dentist w	rho is qualified to administer general anesthesia, moderate conscious sedation or moderate pediatric
16	conscious sedat	tion and holds a general anesthesia, moderate conscious sedation permit or a moderate pediatric
17	conscious sedat	ion permit may administer minimal conscious sedation without obtaining a separate minimal conscious
18	sedation permit	-
19	(l) Any dentist	who holds an active parenteral conscious sedation permit as of October 1, 2007 shall be deemed to
20	hold an active n	noderate conscious sedation permit. Such permits shall be subject to the renewal requirements set out
21	in Rule .0501 of	f this Subchapter.
22		
23	History Note:	Authority G.S. <del>90-28;</del> 90-30.1; <u>90-39<mark>(12)</mark>; 90-48;</u>
24		Eff. February 1, 1990;
25		Amended Eff. April 1, 2001; August 1, 2000; January 1, 1994;
26		Temporary Amendment Eff. December 11, 2002;
27		Amended Eff. June 1, 2017; July 1, 2010, July 3, 2008; August 1, 2004.

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1	21 NCAC 16Q .0	0302 is an	mended with changes as published in 31:14 NCR 1397-99 as follows:
2			
3			
4	21 NCAC 16Q.	0302	MODERATE PARENTERAL AND ENTERAL CONSCIOUS SEDATION
5			CLINICAL REQUIREMENTS AND EQUIPMENT
6	(a) A dentist adr	ninisterir	ng moderate conscious sedation <del>or moderate pediatric conscious sedation</del> or supervising <mark>any</mark>
7	CRNA employe	<mark>d to adn</mark>	ninister or RN employed to deliver the administration [delivery] of moderate conscious
8	sedation <del>or mode</del>	<del>erate pedi</del>	<del>atric conscious sedation by a certified registered nurse anesthetist</del> [ <del>by a CRNA or RN]</del> shall
9	be responsible to	o ensure	that the facility-in-which $\underline{\text{where}}$ the sedation is to be administered meets the following
LO	requirements:		
l1	(1)	The fac	ility is shall be equipped with the following: with:
<b>L</b> 2		(A)	An an operatory of size and design to permit access of emergency equipment and personnel
L3			and to permit effective emergency management;
L4		(B)	A a CPR Board board or a dental chair without enhancements, suitable for providing
L5			emergency treatment;
L6		(C)	Lighting lighting as necessary for specific procedures; procedures and back-up lighting;
L7			and
L8		(D)	Suction-suction equipment as necessary for specific procedures, including non-electrical
L9			back-up suction.
20	<del>(2)</del>	The foll	lowing equipment is maintained:
21		(A)(E)	Positive positive oxygen delivery system, including full face masks for adults and pediatric
22			small, medium, and large patients and back-up E-cylinder portable oxygen tank apart from
23			the central system;
24		(B) (F)	small, medium, and large Oral oral and nasal-airways of various sizes; airways;
25		<del>(C)</del> (G)	Blood blood pressure monitoring device;
26		<del>(D)</del> (H)	Pulse pulse oximeter; and
27		(E)(I)	Automatic External Defibrillator (AED). automatic external defibrillator (AED);
28		<u>(J)</u>	EKG monitor;
29		<u>(K)</u>	precordial stethoscope or capnograph;
30		<u>(L)</u>	thermometer;
31	(3)	The foll	lowing emergency equipment is maintained:
32		(A)(M)	I.V. vascular access set-up as necessary for specific procedures, including hardware and
33			fluids, if anesthesia is intravenous; fluids;
34		(B) (N)	<u>Syringes</u> as necessary for specific procedures; and
35		<del>(C)</del> <u>(O)</u>	tourniquet Tourniquet and tape. tape:
36		(P) adva	anced airway devices; and
37		(O) tons	sillar suction with back-up suction.

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1	$\frac{(4)(2)}{(2)}$ The following	wing drugs are maintained with a current shelf life and with access from the operatory and
2	recove	ry area: The following unexpired drugs shall be maintained in the facility and with access
3	from the	ne operatory and recovery rooms:
4	(A)	Epinephrine; injectable epinephrine;
5	(B)	Atropine; injectable Atropine;
6	(C)	Appropriate injectable appropriate reversal agents;
7	(D)	Antihistamine; injectable antihistamine;
8	(E)	Corticosteroid; injectable corticosteroid;
9	(F)	Nitroglycerine; nitroglycerine;
LO	(G)	Bronchial dilator; bronchodilator;
l1	(H)	Antiemetic; and injectable antiemetic;
12	(I)	injectable 50% Dextrose Dextrose; and
13	<u>(J)</u>	injectable anti-arrhythmic.
L4	(5)(3) Written_	The permit holder shall maintain written emergency and patient discharge protocols are
15	mainta	ined and training to familiarize office personnel auxiliaries in the treatment of clinical
16	emerge	encies is shall be provided; and
L7	(6)(4) The <u>denti</u>	st shall maintain the following records are maintained for at least 10 years:
18	(A)	Patient's current written medical history, history and pre-operative assessment;-and
19		including known allergies and previous surgery;
20	(B)	Drugs administered during the procedure, including route of administration, dosage,
21		strength, time time, and sequence of administration; administration.
22	<del>(C)</del>	A sedation record which shall include:
23		(i) blood pressure;
24		(ii) pulse rate;
25		(iii) respiration;
26		(iv) duration of procedure;
27		(v) documentation of complications or morbidity; and
28		(vi) status of patient upon discharge.
29	(5) The se	dation record shall include:
30	(A)	base line vital signs, blood pressure (unless patient behavior prevents recording),
31		oxygen saturation, ET CO2 if capnography is utilized, pulse and respiration rates of the
32		patient recorded in real time at 15 minute intervals;
33	<u>(B)</u>	procedure start and end times;
34	<u>(C)</u>	gauge of needle and location of IV on the patient, if used;
35	<u>(D)</u>	status of patient upon discharge;
36	<u>(E)</u>	documentation of complications or morbidity; and

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1		(F) consent form, signed by the patient or guardian, identifying the procedure, risks and
2		benefits, level of sedation, and date signed.
3	<u>(6)</u>	The following conditions shall be satisfied during a sedation procedure:
4		(A) The facility shall be staffed with at least two BLS certified [auxiliaries] auxiliaries, one of
5		whom shall be dedicated to patient monitoring and recording sedation data throughout the
6		sedation procedure. This [requirement]Subparagraph shall not apply if the dentist permit
7		holder is dedicated to patient care and monitoring regarding general anesthesia or sedation
8		throughout the sedation procedure and is not performing the surgery or other dental
9		procedure.
10		(B) If IV sedation is used, IV infusion shall be administered before the
11		start of the procedure and maintained until the patient is ready for discharge.
12	(b) During an in	spection or evaluation, the applicant or permit holder shall demonstrate the administration of moderate
13	conscious sedati	on on a patient, or where applicable, moderate pediatric conscious sedation on a patient, including the
14	deployment of a	n intravenous delivery system, while the evaluator observes. Practices limited to pediatric dentistry
15	will not be requ	rired to demonstrate the deployment of an intravenous delivery system. Instead, they will orally
16	describe to the	evaluator the technique of their training in intravenous and intraosseous deployment. During the
17	demonstration, t	he applicant or permit holder shall demonstrate competency in the following areas:
18	(1)	Monitoring monitoring blood pressure, pulse, ET CO2 if capnography is utilized, and respiration;
19	(2)	Drug drug dosage and administration;
20	(3)	Treatment treatment of untoward reactions including respiratory or cardiac depression if applicable;
21	(4)	Sterile sterile technique;
22	(5)	Use use of CPR BLS certified personnel; auxiliaries;
23	(6)	Monitoring monitoring of patient during recovery; and
24	(7)	Sufficiency sufficiency of patient recovery time.
25	(c) During an i	nspection or evaluation, the applicant or permit holder shall verbally demonstrate competency to the
26	evaluator in the	treatment of the following clinical emergencies:
27	(1)	Laryngospasm;
28	(2)	Bronchospasm; bronchospasm;
29	(3)	Emesis emesis and aspiration;
30	(4)	Respiratory respiratory depression and arrest;
31	(5)	Angina angina pectoris;
32	(6)	Myocardial myocardial infarction;
33	(7)	Hypertension/Hypotension; hypertension and hypotension;
34	(8)	Allergic allergic reactions;
35	(9)	Convulsions; convulsions;
36	(10)	Syncope; syncope;
37	(11)	Bradycardia: bradycardia

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1	(12)	<del>Insulin</del> ( <del>insulin] shock</del> <u>hypoglycemia</u> ; and
2	(13)	Cardiac arrest. cardiac arrest; and
3	<u>(14)</u>	airway obstruction.
4	(d) A dentist ac	dministering moderate conscious sedation or moderate pediatric conscious sedation shall ensure that
5	the facility is st	affed with sufficient auxiliary personnel for each procedure performed who shall document annual
6	successful comp	pletion of basic life support training and be capable of assisting with procedures, problems, and
7	emergency incid	lents that may occur as a result of the sedation or secondary to an unexpected medical complication.
8	(d) A moderate	conscious sedation permit holder shall evaluate a patient for health risks before starting any sedation
9	procedure as fol	lows:
10	(1)	a patient who is medically stable and who is ASA I or II shall be evaluated by reviewing the patient's
11		current medical history and medication use or;
12	(2)	a patient who-is not medically stable or who is ASA III or higher shall be evaluated by a consultation
13		with the patient's primary care physician or consulting medical specialist regarding the potential
14		risks posed by the procedure.
15	(e) Post-operati	ve monitoring and discharge:
16	(1)	vital signs shall be continuously monitored when the sedation is no longer being administered and
17		the patient shall have direct continuous supervision until oxygenation and circulation are stable and
18		the patient is recovered as defined in Subparagraph (e)(2) of this Rule and is ready for discharge
19		from the office.
20	<u>(2)</u>	recovery from moderate conscious sedation shall include documentation of the following:
21		(A) cardiovascular function stable;
22		(B) airway patency uncompromised;
23		(C) patient arousable and protective reflexes intact;
24		(D) state of hydration within normal limits;
25		(E) patient can talk, if applicable;
26		(F) patient can sit unaided, if applicable;
27		(G) patient can ambulate, if applicable, with minimal assistance; and
28		(H) for special needs patients or patients incapable of the usually expected responses, the pre-
29		sedation level of responsiveness or the level as close as possible for that patient shall be
30		achieved.
31	(3)	before allowing the patient to leave the office, the dentist shall determine that the patient has met
32		the recovery criteria set out in Subparagraph (e)(2) of this Rule and the following discharge criteria:
33		(A) oxygenation, circulation, activity, skin color, and level of consciousness are stable, and
34		have been documented;
35		(B) explanation and documentation of written postoperative instructions have been provided
36		to the patient or a responsible adult at time of discharge; and
37		(C) a vested adult is available to transport the patient after discharge.

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2	History Note:	Authority G.S. 90-28; 90-30.1; 90-48;
3		Eff. February 1, 1990;
4		Amended Eff. August 1, 2002; August 1, 2000;
5		Temporary Amendment Eff. December 11, 2002;
6		Amended Eff. June 17, 2017; November 1, 2013; July 1, 2010; July 3, 2008; August 1, 2004.
7		

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21 NCAC 16Q .0304 is amended with changes as published in 31:14 NCR 1399-1400 as follows:

## 21 NCAC 16Q .0304 OFF SITE USE OF MODERATE PARENTERAL AND ENTERAL CONSCIOUS SEDATION PERMITS

(a) Upon request, the The holder of a moderate pediatric conscious sedation or moderate conscious sedation permit may travel to the office of a licensed dentist who does not hold such a permit and provide moderate conscious sedation services at the level for which the traveling dentist holds a valid permit, as well as minimal sedation or moderate conscious sedation limited to oral routes for the patients of that dentist who are undergoing dental procedures. The permit holder is solely responsible for providing shall be responsible to ensure that the facility in which where the sedation is administered meets the requirements established by the Board, that the required drugs and equipment are present, and that the permit holder utilizes sufficient auxiliary personnel for each procedure performed based on the standard of care who shall document annual successful completion of basic life support training and be capable of assisting with procedures, problems, and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication. has passed inspection by the Board and meets the requirements set out in Rule .0302 of this Section. The permit holder shall be responsible to ensure that the facility is staffed with at least two BLS certified auxiliaries, one of whom shall be dedicated to patient monitoring and recording general anesthesia or sedation data throughout the sedation procedure. This [requirement] Subparagraph shall not apply if the dentist permit holder is dedicated to patient care and monitoring regarding general anesthesia or sedation throughout the sedation procedure and is not performing the surgery or other dental procedure.

(b) Holders of moderate conscious sedation permits limited to oral routes and nitrous oxide inhalation may not provide sedation at the office of a licensed dentist who does not hold an appropriate sedation permit.

*History Note: Authority G.S.* 90-28; 90-30; <u>90-30.1;</u> 90-48;

Recodified from 21 NCAC 16Q .0302(e)(f), Eff. November 1, 2013.

*Amended Eff. June 1, 2017.* 

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1	21 NCAC 16Q .0	3305 is adopted with changes as published in 31:14 NCR 1400 as follows:
2		
3	21 NCAC 16Q.	0305 ANNUAL RENEWAL OF MODERATE PARENTERAL AND ENTERAL
4		CONSCIOUS SEDATION PERMIT REQUIRED
5	(a) Moderate co	nscious sedation permits shall be renewed by the Board annually at the same time as dental licenses
6	by paying a one	hundred dollar (\$100.00) fee and completing <del>an the</del> application <u>requirements in this Rule.</u> available
7	from the Board's	website: www.ncdentalboard.org.
8	(b) If the comple	eted permit renewal application and renewal fee are not received before January 31 of each year, a
9	one hundred doll	ar (\$100.00) late fee shall be paid.
10	(c) Any dentist v	who fails to renew a moderate conscious sedation permit before March 31 of each year shall
11	complete a reinst	tatement application, pay the renewal fee, late fee, and comply with all conditions for renewal set
12	out in this Rule.	Dentists whose sedation permits have been lapsed for more than 12 calendar months shall pass an
13	inspection and ar	n evaluation as part of the reinstatement process.
14	(d) A dentist wh	o administers moderate conscious sedation in violation of this Rule shall be subject to the penalties
15	prescribed by Ru	ale .0701 of this Subchapter.
16	(e) As a condition	on for renewal of the moderate conscious sedation permit, the permit holder shall meet the clinical
17	and equipment re	equirements of Rule .0302 of this Section and shall document the following:
18	(1)	six hours of continuing education each year in one or more of the following areas, which may be
19		counted toward fulfillment of the continuing education required each calendar year for license
20		renewal:
21		(A) sedation;
22		(B) medical emergencies;
23		(C) monitoring IV sedation and the use of monitoring equipment;
24		(D) pharmacology of drugs and agents used in IV sedation;
25		(E) physical evaluation, risk assessment, or behavioral management; or
26		(F) airway management;
27	(2)	unexpired ACLS certification, which shall not count towards the six hours of continuing education
28		required in Subparagraph (e)(1) Rule;
29	(3)	that the permit holder and all auxiliaries involved in sedation procedures have practiced
30		responding to dental emergencies as a team at least once every six months in the preceding year;
31	(4)	that the permit holder and all auxiliaries involved in sedation procedures have read the practice's
32		emergency manual in the preceding year; and
33	(5)	that all auxiliaries involved in sedation procedures have completed BLS certification and three
34		hours of continuing education annually in any of the areas set forth in Subparagraph (e)(1) of this
35		rule.
36	(f) All permit ho	lders applying for renewal of a moderate conscious sedation permit shall be in good standing and
37	their office shall	be subject to inspection by the Board.

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History Note: Authority G.S. 90-28; 90-30.1; 90-31; 90-39(12); 90-48;
 Eff. June 1, 2017.

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2		
3	21 NCAC 16Q .	0404 CREDENTIALS AND PERMITS FOR MODERATE PEDIATRIC CONSCIOUS
4		SEDATION
5	(a) Before a dent	tist licensed to practice in North Carolina may administer moderate pediatric conscious sedation, the
6	dentist shall obtain	in a general anesthesia or moderate pediatric conscious sedation permit from the Board by completing
7	an the application	n-form-requirements of this Rule and paying a fee of three hundred seventy-five dollars (\$375.00)
8	that includes the	one-hundred dollar (\$100.00) application fee and the two-hundred seventy-five dollar (\$275.00)
9	inspection fee. 4	The application form is available on the Board's website: www.ncdentalboard.org. The permit shall
10	be renewed annu	nally and shall be displayed with the unexpired renewal at all times in the permit holder's facility
11	where it is visible	e to patients receiving treatment.
12	(b) A dentist app	plying for a permit to administer moderate pediatric conscious sedation shall meet at least one of the
13	following criteria	a:
14	(1)	completion of a postgraduate program that included pediatric intravenous conscious sedation
15		training;
16	(2)	completion of a Council Commission On Dental Accreditation (CODA) approved pediatric
17		residency that included intravenous conscious sedation training; or
18	(3)	completion of a pediatric degree or pediatric residency at a CODA approved institution that includes
19		training in the use and placement of IVs or intraosseous vascular access. A list of CODA approved
20		institutions that is hereby incorporated by reference, including subsequent amendments and editions,
21		appears at www.ada.org/coda and is available at no cost.
22	(c) All applican	ts for moderate pediatric conscious sedation permits shall have completed the training required by
23	Paragraph (b) of t	this Rule within the last two years or show evidence of moderate pediatric conscious sedation practice
24	within the last tw	yo years in another state or U.S. Territory.
25	(d) All applicant	s for moderate pediatric conscious sedation permits shall be in good standing with the Board.
26		
27		
28	History Note:	Authority G.S. 90-30.1; 90-39 <del>(12)</del> ; 90-48;
29		Eff. <u>June 1, 2017</u> .

21 NCAC 16Q .0404 is adopted with changes as published in 31:14 NCR 1400-01 as follows:

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1	21 NCAC 16Q.	0405 1s	adopted with change	es as published in 3	31:14 NCR 1401-02	as follows:	
2							
3	21 NCAC 16Q	.0405	MODERATE	PEDIATRIC	CONSCIOUS	SEDATION	CLINICAL
4			REQUIREMEN	ITS AND EQUIPM	MENT		
5	(a) A dentist add	minister	ing moderate pediatr	ric conscious sedati	on shall be responsib	le to ensure that th	e facility where
6	the sedation is a	dministe	ered meets the follow	ving requirements:			
7	(1)	The fa	cility shall be equip	ped with the follow	ving:		
8		(A)	an operatory of s	size and design to p	permit access of eme	ergency equipmen	t and personnel
9			and to permit eme	ergency manageme	ent;		
10		(B)	a CPR board or	a dental chair with	out enhancements,	suitable for provid	ling emergency
11			treatment;				
12		(C)	lighting as necess	sary for specific pro	ocedures and back-u	p lighting;	
13		(D)	suction equipmer	nt as necessary for	specific procedures,	including non-ele	ectrical back-up
14			suction;				
15		(E)	positive oxygen of	delivery system, in	cluding full face ma	sks for small, med	dium, and large
16			and back-up E-cy	linder portable oxy	ygen tank apart from	the central system	1;
17		(F)	oral and nasal air	ways of various siz	zes;		
18		(G)	blood pressure m	onitoring device;			
19		(H)	pulse oximeter;				
20		(I)	precordial stethos	scope or capnograp	h;		
21		(J)	defibrillator;				
22		(K)	EKG monitor;				
23		(L)	thermometer;				
24		(M)	vascular access se	et-up as necessary f	for specific procedur	es, including hard	ware and fluids;
25		(N)	syringes as n	ecessary for specif	ïc procedures;		
26		(O)	advanced-airways	s; and			
27		(P)	tourniquet and tap	pe.			
28	(2)	The fo	ollowing unexpired d	lrugs shall be maint	ained in the facility a	and with access fro	m the operatory
29		and re	covery rooms:				
30		(A)	epinephrine;				
31		(B)	Atropine;				
32		(C)	appropriate rever	sal agents;			
33		(D)	antihistamine;				
34		(E)	corticosteroid;				
35		(F)	nitroglycerine;				
36		(G)	bronchodilator;				
37		(H)	antiemetic; and				

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1		(1)	Dextrose.
2	(3)	The p	ermit holder shall maintain written emergency and patient discharge protocols and training to
3		familiarize auxiliaries in the treatment of clinical emergencies is shall be provided;	
4 (4) The following records are maintained for at least 10 years:			
5		(A)	patient's current written medical history and pre-operative assessment;
6		(B)	drugs administered during the procedure, including route of administration, dosage,
7			strength, time time, and sequence of administration;
8		(C)	a sedation record;
9		(D)	a consent form, signed by the patient or a guardian, identifying the procedure,
10			risks and benefits, level of sedation sedation, and date signed.
11	(5)	The se	edation record shall include:
12		(A)	base line vital signs, blood pressure (unless patient behavior prevents recording);
13			recording), oxygen saturation, ET CO2 if capnography is utilized, pulse and respiration
14			rates of the patient recorded in real time at 15 minute intervals;
15		(B)	procedure start and end times;
16		(C)	gauge of needle and location of IV on the patient, if used;
17		(D)	status of patient upon discharge; and
18		(E)	documentation of complications or morbidity; and
19	(6)	The fo	ollowing conditions shall be satisfied during a sedation procedure:
20		(A)	The the facility shall be staffed with at least two BLS certified auxiliaries, one of whom
21			shall be dedicated to patient monitoring and recording sedation data throughout the
22			sedation procedure. This requirement Subparagraph shall not apply if the dentist permit
23			holder is dedicated to patient care and monitoring regarding general anesthesia or sedation
24			throughout the sedation procedure and is not performing the surgery or other dental
25			procedure; and
26		(B)	when IV sedation is used, IV infusion shall be administered before the commencement of
27			the procedure and maintained until the patient is ready for discharge.
28	(b) During an i	nspection	n or evaluation, applicants and permit holders who use intravenous sedation shall demonstrate
29	the administration of moderate pediatric conscious sedation on a live patient, including the deployment of an		
30	intravenous delivery system, while the evaluator observes. Applicants and permit holders who do not use IV sedation		
31	shall describe the proper deployment of an intravenous delivery system to the evaluator and shall demonstrate th		
32	administration of moderate pediatric conscious sedation on a live patient while the evaluator observes.		
33	(c) During the o	demonstr	ration, all applicants and permit holders shall demonstrate competency in the following areas:
34	(1)	monit	oring blood pressure, pulse, and respiration;
35	(2)	drug d	losage and administration;
36	(3)	treatm	nent of untoward reactions including respiratory or cardiac depression if applicable;
37	(4)	sterile	technique;

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1	(5)	use of BLS certified auxiliaries;				
2	(6)	monitoring of patient during recovery; and				
3	(7)	sufficiency of patient recovery time.				
4	(d) During an	n inspection or evaluation, the applicant or permit holder shall verbally demonstrate competency in the				
5	treatment of the	the following clinical emergencies:				
6	(1)	laryngospasm;				
7	(2)	bronchospasm;				
8	(3)	emesis and aspiration;				
9	(4)	respiratory depression and arrest;				
10	(5)	angina pectoris;				
11	(6)	myocardial infarction;				
12	(7)	hypertension and hypotension;				
13	(8)	allergic reactions;				
14	(9)	convulsions;				
15	(10)	syncope;				
16	(11)	bradycardia;				
17	(12)	insulin shock hypoglycemia;				
18	(13)	cardiac arrest;				
19	(14)	airway obstruction; and				
20	(15)	vascular access.				
21	(e) A moderate	e pediatric conscious sedation permit holder shall evaluate patients for health risks before starting any				
22	sedation proced	lure as follows:				
23	(1)	a patient who is medically stable and who is ASA I or II shall be evaluated by reviewing the patient's				
24		current medical history and medication use; or				
25	(2)	a patient who is not medically stable or who is ASA III or higher shall be evaluated by a consultation				
26		with the patient's primary care physician or consulting medical specialist regarding the potential				
27		risks posed by the procedure.				
28	(f) Patient mon	itoring:				
29	(1)	Patients who have been administered moderate pediatric conscious sedation shall be monitored for				
30		alertness, responsiveness, breathing, and skin coloration during waiting periods before operative				
31		procedures.				
32	(2)	Vital signs shall be continuously monitored when the sedation is no longer being administered and				
33		the patient shall have direct continuous supervision until oxygenation and circulation are stable and				
34		the patient is recovered as defined in Subparagraph (f)(3) of this Rule and is ready for discharge				
35		from the office.				
36	(3)	Recovery from moderate pediatric conscious sedation shall include documentation of the following:				
37		(A) cardiovascular function stable;				

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1		(B)	airway patency uncompromised;
2		(C)	patient arousable and protective reflexes intact;
3		(D)	state of hydration within normal limits;
4		(E)	patient can talk, if applicable;
5		(F)	patient can sit unaided, if applicable;
6		(G)	patient can ambulate, if applicable, with minimal assistance; and
7		(H)	for the special needs patient or a patient incapable of the usually expected responses, the
8			pre-sedation level of responsiveness or the level as close as possible for that patient shall
9			be achieved.
10	(4)	Before	allowing the patient to leave the office, the dentist shall determine that the patient has met
11		the rec	overy criteria set out in Subparagraph (f)(3) of this Rule and the following discharge criteria:
12		(A)	oxygenation, circulation, activity, skin color, and level of consciousness are sufficient and
13			stable, and have been documented;
14		(B)	explanation and documentation of written postoperative instructions have been provided
15			to a responsible adult at time of discharge;
16		(C)	a vested adult is available to transport the patient after discharge; and
17		(D)	a vested adult shall be available to transport patients for whom a motor vehicle restraint
18			system is required and an additional responsible individual shall be available to attend to
19			the patients.
20			
21	History Note:	Author	ity G.S. 90-28; 90-30.1; 90-48;
22		Eff. Jui	ne 1, 2017.

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1	21 NCAC 16Q .0406 is adopted with changes as published in 31:14 NCR 1402 as follows:		
2			
3	21 NCAC 16Q .	O406 OFF SITE USE OF MODERATE PEDIATRIC CONSCIOUS SEDATION	
4		PERMITS	
5	The holder of a m	noderate pediatric conscious sedation permit may travel to the office of a licensed dentist and provide	
6	moderate pediatr	ic conscious sedation. The permit holder shall be responsible to ensure that the facility where the	
7	sedation is admir	nistered has been inspected by the Board as required by Rule .0404 of this Section, and that the	
8	equipment, facili	ty, and auxiliaries meet the requirements of Rule .0405 of this Section.	
9			
10	History Note:	Authority G.S. 90-28; 90-30.1; 90-48;	
11		Eff. June 1, 2017.	

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1	21 NCAC 16Q .0407 is adopted with changes as published in 31:14 NCR 1403 as follows:			
2				
3	21 NCAC 16Q .040	O7 ANNUAL RENEWAL OF MODERATE PEDIATRIC CONSCIOUS SEDATION		
4	PERMIT REQUIRED			
5	(a) Moderate pedia	tric conscious sedation permits shall be renewed by the Board annually at the same time as dental		
6	licenses by paying a	licenses by paying a one hundred ( $\$100.00$ ) fee and completing an <u>the application requirements in this Rule.</u> available		
7	from the Board's w	rom the Board's website: www.ncdentalboard.org.		
8	(b) If the completed	(b) If the completed renewal application and renewal fee are not received before January 31 of each year, a one hundre		
9	(\$100.00) late fee shall be paid.			
10	(c) Any dentist who fails to renew a moderate pediatric conscious sedation permit before March 31 of each year sha			
11	complete a reinstate	ement application, pay the renewal fee, late fee, and comply with all conditions for renewal set out		
12	in this Rule. Dentists whose sedation permits have been lapsed for more than 12 calendar months shall pass at			
13	inspection and an evaluation as part of the reinstatement process.			
14	(d) A dentist who administers moderate pediatric conscious sedation in violation of this Rule shall be subject to the			
15	penalties prescribed by Rule .0701 of this Subchapter.			
16	(e) As a condition for renewal of the moderate pediatric conscious sedation permit, the permit holder shall meet the			
17	clinical and equipm	ent requirements of Rule .0405 of this Section and shall document the following:		
18	(1) si	x hours of continuing education each year in one or more of the following areas, which may be		
19	co	ounted toward fulfillment of the continuing education required each calendar year for license		
20	re	enewal:		
21	(4	A) sedation;		
22	(I	B) medical emergencies;		
23	(0	monitoring IV sedation and the use of monitoring equipment;		
24	(I	pharmacology of drugs and agents used in IV sedation;		
25	(H	E) physical evaluation, risk assessment, or behavioral management; or		
26	(F	F) airway management;		
27	(2) ui	nexpired PALS <del>certification</del> <u>certification</u> , which shall not count towards the six hours of continuing		
28	ec	ducation required in Subparagraph (e)(1) of this rule;		
29	(3) th	at the permit holder and all auxiliaries involved in sedation procedures have practiced responding		
30	to	dental emergencies as a team at least once every six months in the preceding year.		
31	(4) th	at the permit holder and all auxiliaries involved in sedation procedures have read the practice's		
32	eı	mergency manual in the preceding year; and		
33	(5) th	at all auxiliaries involved in sedation procedures have completed BLS certification and three_hours		
34	of	f continuing education annually in any of the areas set forth in Subparagraph (e)(1) of this rule.		
35	(f) All permit holde	ers applying for renewal of a moderate pediatric conscious sedation permit shall be in good standing		
36	and their office shall	ll be subject to inspection by the Board.		
37				

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1 History Note: Authority G.S. 90-28; 90-30.1; 90-31; 90-39(12); 90-48;

2 Eff. <u>June 1, 2017</u>.

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