

The following pages are designed to help participants of the course complete the Oregon Nitrous Oxide Permit Application.

Each practitioner must complete the application based on their own practice or clinical situation. They are not to be followed verbatim but are designed to help practitioners formulate their own unique responses based on each applicant's clinical situation.

In some cases I have provided information or examples from my clinical practice. In these cases practitioners must assess if this information applies for their clinical situation, or how it may be customized for use.

For more information, please go to the Oregon Board of Dentistry website:  
[www.Oregon.gov/dentistry](http://www.Oregon.gov/dentistry)

**NITROUS OXIDE PERMIT  
APPLICATION FORM  
FEE \$40.00**



**Mail Application and Fee to:**  
OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395  
(971) 673-3200

Course date:

December 10-11, 2016

Course title:

**Mastering Nitrous Oxide Sedation: A  
permitting course**

Please complete on a typewriter or a computer.

Name \_\_\_\_\_ Oregon License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Oregon Board of Dentistry understands that protocols and forms may change throughout your career, however, if you are not currently practicing but wish to apply for a nitrous oxide permit you may use the protocols and forms used in your dental or dental hygiene programs, or you may also prepare your own forms to attach to the nitrous oxide permit application.

If you have any questions, please contact the Board office at 971-673-3200.

I. TRAINING

1) Describe and **provide evidence of your formal training in nitrous oxide** (use additional sheets if necessary) and **submit a copy of your current Health Care Provider BLS/CPR level, or its equivalent, certification.**

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

Classroom hours: **11.5 hrs**

Clinic hours: **2.5 hrs**

Sponsoring Institution or Location: **OHSU**

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

3) Provide copies of your anesthesia assistant's (s') valid and current Health Care Provider BLS/CPR level, or its equivalent, course completion documentation.

4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

## II. PRE-OPERATIVE

1) Briefly describe your pre-operative evaluation procedures, including your minimum health standards for nitrous oxide administration, and how you document your pre-operative evaluation.

2) What pre-induction instructions do you give patients? Do you have an instruction sheet which you give the patient? (Attach a copy.)

## FROM THE OREGON ADMINISTRATIVE RULES:

- "Anesthesia Monitor" means a person trained in monitoring patients under sedation and 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.
- Persons serving as **anesthesia monitors** in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained in monitoring patient vital signs, and be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. (The term "competent" as used in these rules means displaying special skill or knowledge derived from training and experience.)

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

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3) Provide copies of your anesthesia assistant's (s') valid and current Health Care Provider BLS/CPR level, or its equivalent, course completion documentation.

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**Preoperative evaluation of dental patients was discussed on Day 1 (Dec 10<sup>th</sup>) and appears in the handout on page 13 of Saturday December 5<sup>th</sup>.**

**Minimum health standards and contraindications to nitrous oxide sedation were discussed on Day 2 (Dec 11<sup>th</sup>) and appears in the handout on page 17 of Sunday December 11<sup>th</sup>.**

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

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2) What pre-induction instructions do you give patients? Do you have an instruction sheet which you give the patient? (Attach a copy.)

**I have provided a link to the nitrous oxide pre-operative instructions sheet I use in my office.**

[http://bestdentalce.com/sample\\_sedation\\_forms](http://bestdentalce.com/sample_sedation_forms)

Please customize for your individual practice situation

3) Attach a copy of your informed consent form.

4) Attach a copy of your health history form.

### III. OPERATIVE

Describe your nitrous oxide administration procedures, listing dosages used, and documentation of monitoring.

### IV. POST-OPERATIVE

Describe your standards for discharge.

**The “Slow Incremental”  
technique is discussed  
starting on page 24 of the  
Saturday December 10<sup>th</sup>  
handout.**

**The “Rapid Induction”  
technique is discussed  
starting on page 15 of the  
Sunday December 11<sup>th</sup>  
handout.**

3) Attach a copy of your informed consent form.

4) Attach a copy of your health history form.

### III. OPERATIVE

Describe your nitrous oxide administration procedures, listing dosages used, and documentation of monitoring.

### IV. POST-OPERATIVE

Describe your standards for discharge.

**I have provided a link to the discharge form I use in my office, please customize for your practice situation.**

[http://bestdentalce.com/sample\\_sedation\\_forms](http://bestdentalce.com/sample_sedation_forms)

**In addition, please review the “Nitrous Oxide Pharmacology section of the handout starting on page 17 Sunday December 11<sup>th</sup>.**

V. EMERGENCY

1) Describe your emergency protocol (i.e., time line or algorithm) and explain what responsibilities your staff members have.

2) Do you have regularly scheduled emergency drills?  yes  no If yes, how often? \_\_\_\_\_  
Date of most recent drill \_\_\_\_\_.

3) Describe your emergency kit. What does it contain? What criterion do you have for its use? Please describe your method of keeping its contents current.

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.

**Please review the following sections of the handout to help with formulating your response:**

- Slow incremental technique (12/10, p24)
- Rapid induction technique (12/11, p15)
- Physiologic monitoring (12/11, p1)
- Contamination and Scavenging (12/11, p9)
- Nitrous oxide fail-safe (12/10, p27)

Remember we discussed proper steps to emergencies in the context of Right Patient, Right Drug, Right Equipment, and Right Procedure.

Emergency Management starts with recognition, remember to never leave patients alone, and when in doubt – Remove the Mask!



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**In my office I schedule emergency drills twice per year. They occur on June 1 and December 1 each year. If a new Team member is added we add an additional emergency drill as part of their training.**

**The contents of the Medical Emergency Kit as well as directions for proper use are described starting on page 23 of the Sunday December 11<sup>th</sup> handout.**