



# Dentist Anesthesiologist Clinical Privileges

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Initial privileges (initial appointment)

Requested
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Renewal of privileges (reappointment)

Requested
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Expansion of privileges (modification)

Requested
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Dental Location(s):  Dental Clinics  ASC

## Instructions

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair & Clinic Medical Director:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

## Other Requirements

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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## Policies Governing Scope of Practice

### Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

### Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

### Qualifications for Dental Anesthesiology

*Initial privileges: To be eligible to apply for privileges in dental anesthesiology, including deep sedation/general anesthesia, the applicant must meet the following criteria:*

DDS or DMD

AND

Successful completion of an accredited residency in dental anesthesiology that includes a training program of two years or more in general anesthesia.

AND

Age-appropriate ALS (ACLS and PALS) certification

AND

A deep sedation/general anesthesia certification permit by the New Mexico State Board of Dental Healthcare. The New Mexico State Board required elements for general anesthesia permit.

- Completion of an advanced training program in anesthesia per ADA guidelines for teaching and comprehensive control of anxiety and pain in dentistry.
- Completion of a post-doctoral training program, which affords comprehensive and appropriate training in adult and pediatric cases necessary to administer and manage general anesthesia.

AND

Board Certification/Recertification: Must be admissible or certified by a National certifying board and must maintain board certification:

- With the National Board of Anesthesiology or National Dental Board of Anesthesiology or American Dental Board of Anesthesiology.

*Continued...*

## Dentist Anesthesiologist Clinical Privileges

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an adequate volume of procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***CORE PRIVILEGES: Dental Anesthesiology Core Privileges***

Evaluate, treat, and provide consultation and anesthesia services to patients of all ages that require anesthesia for dental treatment. Perform pre-operative anesthesia evaluation, intra-operative anesthetic management, and post-operative anesthetic management. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Requested**

*Continued...*

### **Dental Anesthesiology Core Procedures**

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## Dentist Anesthesiologist Clinical Privileges

*This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, then initial and date.

1. Perform history and physical exam for the practice of dentistry
2. Regional anesthesia with intraoral local anesthetic injections
3. Inhalation sedation or analgesia with nitrous oxide and oxygen
4. Oral sedation and analgesia
5. Minimal (CS I) sedation defined as:  
A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Practitioners must be competent to rescue patients from a more profound level of sedation, which may involve airway support. Privileged providers may administer or supervise qualified allied health professionals in the administration of moderate sedation. Moderate sedation may only be administered in accordance with relevant UNMMG Dental policies and procedures
6. Moderate (CSII) Sedation defined as:  
A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Practitioners must be competent to rescue patients from a more profound level of sedation, which may involve airway support. Privileged providers may administer or supervise qualified allied health professionals in the administration of moderate sedation. Moderate sedation may only be administered in accordance with relevant UNMMG Dental policies and procedures.

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## Dentist Anesthesiologist Clinical Privileges

7. Deep Sedation/General Anesthesia defined as:

A drug-induced depression of consciousness during which patients cannot be easily aroused but will respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained but may be impaired. If the patient loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required. Unrestricted general anesthesia shall only be administered by dental anesthesia professionals within their scope of practice.

The qualified dental provider managing the anesthesia care of the patient receiving deep sedation/general anesthesia must have no other responsibilities that would require leaving the patient unattended or compromising continuous patient monitoring for the duration of the anesthetic episode. Privileged providers may administer or supervise qualified allied health professionals in the administration of Deep Sedation or General Anesthesia.

### **Acknowledgment of Practitioner**

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## Dentist Anesthesiologist Clinical Privileges

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Signatures

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: \_\_\_\_\_

Department Chair **:(print & sign)** \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Medical Director **:(print & sign)** \_\_\_\_\_ Date: \_\_\_\_\_

UNMMG CMO: \_\_\_\_\_ Date: \_\_\_\_\_

**Criteria Approved by UNMMG Executive Committee on 5/28/15**