

# OHIO SOCIETY OF ORAL & MAXILLOFACIAL SURGEONS

## ANESTHESIA REEXAMINATION

Date of Exam: \_\_\_\_\_

Examinee: Name: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Examiner: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Dear Examinee,

In 1975, the AAOMS established the Office Anesthesia Evaluation Program. It was designed to assure that each practicing AAOMS member maintained a properly equipped office and was prepared to use accepted techniques for managing emergencies and complications of anesthesia in the treatment of the OMS patient in the office or outpatient setting.

In 2003 the AAOMS House of Delegates approved the following Bylaws change:

"AAOMS fellows/members **must** have their offices successfully evaluated and re-evaluated by their component society every five years. State or component societies will notify AAOMS immediately of any state/component society fellow/member who does not fulfill this requirement."

Thank you for inviting a colleague into your office for an Ohio Society of Oral & Maxillofacial Surgeons Anesthesia Reexamination. This effort reveals your commitment to quality, safe anesthesia care for your patients. Also, don't hesitate to reciprocate the favor and reexamine your neighboring Ohio Society of Oral & Maxillofacial Surgeons members when asked.

Thank you,

Kenneth J. Molnar, DDS  
Chairman, OSOMS Anesthesia Committee

Dear Examiner,

Thank you for agreeing to perform this quality of care reexamination for your colleague on behalf of the Ohio Society of Oral & Maxillofacial Surgeons.

Please conduct the examination as follows:

1. **Evaluate the facility.** Include the anesthesia record; anesthesia delivery system; monitors; and dated, labeled drugs. The following list is provided by the Ohio State Dental Board:

Present	Absent	Equipment, Records, Drugs, Facility (* = Mandatory)
		*Available drugs are to be examined for outdates, availability, and appropriateness.
		*Ability to administer oxygen by positive pressure. Reserve oxygen supply checked?
		*Gas storage facility appropriate and safe?
		*Safety-indexed fittings on all piped gas connections to prevent transpositions?
		Accuracy of anesthesia machines or O2 & anesthetic agent monitors checked regularly?
		*Preoperative history, physical, blood pressure, pulse, and weight?
		*Anesthesia records?
		*Preparation of medications for anesthesia and/or emergencies?
		*Monitoring equipment must include at least an EKG; pulse oximeter; blood pressure apparatus; capnography; defibrillator or automated external defibrillator (AED); and auxillary lighting system.
		*Emergency suction available and in operating condition?
		*Laryngoscope checked regularly for function?
		Nasal and oropharyngeal airways?
		*Endotracheal tubes and connectors and/or laryngeal mask airway (LMA)?
		*Trained personnel in recommended numbers?
		*Basic life support certification and 8 hours of OSDB approved anesthetic continuing education and/or ACLS certification, bi-annually?
		Patient transportation equipment?
		Appropriate post-anesthesia recovery area?

2. **Observe, simulate, or discuss 3 anesthetic technique cases**, including a child <12 years of age.  
Describe patient profile and list medications with dosages used or proposed.

**CASE 1, ADULT:**

Proposed procedures: \_\_\_ observed, \_\_\_ simulated, \_\_\_ discussed:

\_\_\_\_\_  
Patient profile (age, weight, medical history): \_\_\_\_\_

\_\_\_\_\_  
Monitors used: \_\_\_\_\_

Anesthetic technique: \_\_\_ general, \_\_\_ deep sedation, \_\_\_ conscious sedation, \_\_\_ intubated

Induction agents: \_\_\_\_\_

Maintenance agents: \_\_\_\_\_

Recovery procedure: \_\_\_\_\_

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**CASE 2, ADULT:**

Proposed procedures: \_\_\_ observed, \_\_\_ simulated, \_\_\_ discussed:

\_\_\_\_\_  
Patient profile (age, weight, medical history): \_\_\_\_\_

\_\_\_\_\_  
Monitors used: \_\_\_\_\_

Anesthetic technique: \_\_\_ general, \_\_\_ deep sedation, \_\_\_ conscious sedation, \_\_\_ intubated

Induction agents: \_\_\_\_\_

Maintenance agents: \_\_\_\_\_

Recovery procedure: \_\_\_\_\_

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**CASE 3, CHILD:**

Proposed procedures: \_\_\_ observed, \_\_\_ simulated, \_\_\_ discussed:

\_\_\_\_\_  
Patient profile (age, weight, medical history): \_\_\_\_\_

\_\_\_\_\_  
Monitors used: \_\_\_\_\_

Anesthetic technique: \_\_\_ general, \_\_\_ deep sedation, \_\_\_ conscious sedation, \_\_\_ intubated

Induction agents: \_\_\_\_\_

Maintenance agents: \_\_\_\_\_

Recovery procedure: \_\_\_\_\_

3. **Discuss emergency situations.** Present a scenario that requires full office mobilization of the emergency plan. Suggest having a written list of functions for each staff member to efficiently manage the situation. The following list may be used as a guideline:

**Simulated Emergencies**

1. Laryngospasm
2. Bronchospasm
3. Emesis and Aspiration of Vomitus
4. Foreign Bodies in the Airway
5. Angina Pectoris
6. Myocardial Infarction
7. Cardiopulmonary Resuscitation
  - a. Bradycardia
  - b. Ventricular Tachycardia
  - c. Ventricular Fibrillation
  - d. Asystole
  - e. Electro-Mechanical Dissociation (EMD)
8. Hypotension
9. Hypertensive Crisis
10. Acute Allergic Reaction
11. Hyperventilation Syndrome
12. Convulsion of Unknown Etiology

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conclusion:**

Dear Examiner,

Thank you again for completing this quality of care reexamination. Please discuss any deficiencies noted and make recommendations for their correction above. Also, be sure to note any techniques or equipment that may be helpful in your practice.

**Please copy the completed form and return one to the examinee and one to:**

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