



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

PHIL MCCOLLUM
INTERIM DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

AGENDA

July 17, 2014, 12:00 P.M.

Location*: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa

Members: *Kaaren Vargas, D.D.S. Chair; Richard Burton, D.D.S.; Steven Clark, D.D.S.; John Frank, D.D.S.; Douglas Horton, D.D.S.; Gary Roth, D.D.S.; Kurt Westlund, D.D.S.*

I. CALL MEETING TO ORDER – ROLL CALL

II. COMMITTEE MINUTES

- a. March 27, 2014 – Teleconference
- b. June 27, 2014 - Teleconference

III. OTHER BUSINESS

- a. Additional Review of the Course in Moderate Sedation Provided by Conscious Sedation Consulting
 - i. Bernard Dudzinski, D.D.S. – MS-0113
 - ii. Jordan Dudzinski, D.D.S. – MS-0114
 - iii. Brad Richtsmeier, D.D.S. – MS-0115
- b. Meeting Schedule

IV. OPPORTUNITY FOR PUBLIC COMMENT

V. ADJOURN

*Committee members may participate by telephone or in person.

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the Board office at 515/281-5157.

Please Note: At the discretion of the committee chair, agenda items may be taken out of order to accommodate scheduling requests of committee members, presenters or attendees or to facilitate meeting efficiency.



STATE OF IOWA

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TERRY E. BRANSTAD, GOVERNOR
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PHIL MCCOLLUM
INTERIM DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

MINUTES
March 27, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members	March 27, 2014
Kaaren Vargas, D.D.S.	Present
Richard Burton, D.D.S.	Absent
Steven Clark, D.D.S.	Present
John Frank, D.D.S.	Absent
Douglas Horton, D.D.S.	Present
Gary Roth, D.D.S.	Present
Kurt Westlund, D.D.S.	Absent

Staff Member
Christel Branness, Phil McCollum

Other Attendees
Stephen Thies, D.D.S.
Jeffrey Purk, D.D.S.

I. CALL MEETING TO ORDER – MARCH 27, 2014

Ms. Branness called the meeting of the Anesthesia Credentials Committee to order at 12:11 p.m. on Thursday, March 27, 2014. This meeting was held by conference call to review committee minutes, applications for sedation permits, proposed rule amendments, and other items for committee consideration. It was impractical for the committee to meet in person with such a short agenda. A quorum was established with four (4) members present.

Roll Call:

<u>Member</u>	<u>Vargas</u>	<u>Burton</u>	<u>Clark</u>	<u>Frank</u>	<u>Horton</u>	<u>Roth</u>	<u>Westlund</u>
Present	x		x		x	x	
Absent		x		x			x

II. COMMITTEE MINUTES

- *January 23, 2014 – Teleconference*

- *February 20, 2014 – Teleconference*
- ❖ MOVED by ROTH, SECONDED by VARGAS, to APPROVE the minutes as submitted. Motion APPROVED unanimously.

OPPORTUNITY FOR PUBLIC COMMENT

Ms. Braness stated that due to the proposed rule amendments on the agenda, the opportunity for public comment would be allowed for those who wished to comment.

Mr. McCollum reported that Dr. Purk was attending the meeting at the Board office, and Dr. Thies was participating by phone. Mr. McCollum extended the opportunity for public comment to Dr. Thies first since he was participating by phone.

Dr. Thies stated his appreciation for the opportunity to comment. Dr. Thies' comments about the proposed amendments were included as part of the meeting materials. Dr. Thies wanted to express his concerns about the proposed requirement for capnography for moderate sedation permit holders since the ADA has not issued guidelines requiring or recommending capnography for moderate sedation permit holders. The Guidelines for Sedation Analgesia by Anesthesiology do not appear to include recommendations in this regard either. Since the work being performed is done in the mouth, there is the opportunity to see and view the airway. Practitioners are also in contact with the patient throughout the procedure. Dr. Thies sees the proposed capnography requirement as an additional burden, particularly since practitioners are providing oversight during these procedures.

Dr. Purk thanked the committee for the chance to speak. Dr. Purk referenced a couple of articles, which had information relevant to this topic. Dr. Purk cited the Emergency Nursing Resources, from 2009, that came to the conclusion capnography is a more sensitive indicator and more rapid evaluation when a patient becomes hypoxic. Dr. Purk expressed his opinion that capnography is not necessary in other cases.

Dr. Purk referenced other statements from the articles that he brought with him, which indicated that patient outcomes are not necessarily improved by the use of capnography. One such article was published in February 2014 from the members of the American College of Emergency Physicians on the clinical policies committee. The article stated that there is a lack of evidence to suggest that the use of capnography reduces the number of serious adverse events during procedural sedation analgesia.

Dr. Purk referred to the material, which he submitted earlier in the week, and was included in the mailing. Dr. Purk made reference to statements made by Dr. Ernie Lucci, from the University of Texas Health and Science Center, San Antonio, who is a lecturer for the American Society of Anesthesiology. Dr. Lucci states that there is no data linking improved outcomes so long as the moderately sedated patients remain conscious. Dr. Lucci has suggested the use of precordial stethoscope is a suitable alternative to capnography.

III. GENERAL ANESTHESIA PERMIT APPLICATIONS

- *Adam C. Stanley, D.D.S.*

Ms. Braness provided an overview of the application. Dr. Westlund, who was not available to participate in the meeting, provided comments indicating that he would schedule a peer evaluation for later this summer. Apart from that item, Dr. Westlund deemed the application complete.

- ❖ MOVED by ROTH, SECONDED by VARGAS, to APPROVE following peer evaluation and site inspection as needed. Motion APPROVED unanimously.

IV. MODERATE SEDATION PERMIT APPLICATIONS

- *Cody W. Winterholler, D.D.S.*

Ms. Braness provided an overview of the application. Dr. Westlund submitted comments on this application as well. Based on the information provided with the application, Dr. Winterholler will not have received training in the sedation of pediatric or medically-compromised patients. Apart from that, Dr. Westlund felt that the training would be sufficient for approval.

Dr. Clark questioned section 8 of the application and how it was completed at the time of review by the committee. Ms. Braness stated that Dr. Winterholler would be subject to a facility inspection, and the permit would not be issued until the facility passes the required inspection, and all training requirements have been met pursuant to Iowa Administrative Code 650—Chapter 29. Ms. Braness also pointed out that Dr. Winterholler copied several pages of section 8 in order to completely list the auxiliary staff. Each copy of that section of the application is not intended for separate locations.

- ❖ MOVED by ROTH, SECONDED by VARGAS, to APPROVE the application upon completion of his residency program and facility inspection. Motion APPROVED unanimously.

- *Jordan P. Dudzinski, D.D.S.*

Ms. Braness provided an overview of the application. Ms. Braness reported that the course will be completed through Conscious Sedation Consulting. The course is not scheduled until May 2014. The application was submitted in order to expedite processing.

Ms. Braness reported that Dr. Westlund, in the comments provided for the meeting, had concerns about reviewing an application that was incomplete. Dr. Westlund recommended tabling the decision on this application until the training is completed.

- ❖ MOVED by ROTH, SECONDED by HORTON, to take no action until the training has been completed. Motion APPROVED unanimously.

V. OTHER BUSINESS

- *Proposed rule amendments – Ch. 29, “Sedation and Nitrous Oxide Inhalation Analgesia”*

Mr. McCollum addressed the proposed rules. Mr. McCollum addressed these items separately to make the discussion more efficient.

The first item is to allow PALS certification in lieu of ACLS certification for those who sedate pediatric patients. The committee had no comments to this proposal.

- ❖ **MOVED** by VARGAS, **SECONDED** by ROTH, to recommend approval of this proposed amendment to the Board. Motion **APPROVED** unanimously.

Mr. McCollum provided an overview concerning the proposal for capnography for all moderate sedation permit holders. General anesthesia permit holders are currently required to use capnography when providing sedation services.

Dr. Horton recommended not requiring capnography, and instead allow the use of a precordial stethoscope. Ms. Braness asked for clarification on Dr. Horton’s suggestion. Dr. Horton recommended requiring the use of a capnography machine or a precordial stethoscope as a means to better monitor patients undergoing sedation.

Dr. Vargas is aware that some practitioners are having some problems with this proposed requirement. However, it appears that, increasingly, national organizations are moving in the direction of requiring capnography in these situations. Dr. Vargas commented on Dr. Thies’ previous statements, made at the beginning of the meeting, regarding the use of breath swell as a measure of how the patient is doing. Dr. Vargas stated that breath swell and chest rise is not a recognized measure of oxygenation.

Dr. Roth asked about communicating with the patient. Dr. Vargas said that the transition between moderate sedation and deep sedation is rather narrow. Dr. Vargas also pointed out that not all practitioners speak with their patients while they are being sedated. Dr. Vargas noted that talking with a patient is, typically, representative of a lower sedation level, along the lines of anxiolysis. Dr. Vargas does not think that the committee should wait until there is an adverse occurrence before addressing these concerns.

Dr. Roth asked how many deaths have occurred with ASA 1-2 adult patients, who were receiving moderate sedation. Dr. Vargas stated that there have been some deaths. All of those incidents were the result of over-sedation and failure to recognize that the patients were not respirating appropriately. Based on these incidents, Dr. Vargas feels that it is better to be proactive in this area. Dr. Vargas would agree with Dr. Horton’s recommendation to require either capnography or the use of a precordial stethoscope.

Dr. Roth asked about any incidents, which may have occurred in Iowa. Mr. McCollum stated that he is not aware of any deaths resulting from practitioners who have received adequate training in moderate sedation and held an active permit.

Dr. Vargas is aware of at least one pediatric death in Chicago within the last few years. In her past experience, having taught at the University of Iowa College of Dentistry, some practitioners are careless. Dr. Vargas, however, is open to the suggestion to allow a precordial stethoscope as an alternative to a capnography machine.

Mr. McCollum asked for clarification that Dr. Horton and Dr. Vargas agree with the proposal to require either capnography or a precordial stethoscope. Mr. McCollum asked Dr. Roth for his position.

Dr. Roth recommended waiting until the American Dental Association (ADA) makes a recommendation in this area. Dr. Roth does not think that the American Society of Anesthesiologists (ASA) should set the standard for dental practitioners, who use moderate sedation. Dr. Roth questions how effective capnography is when canulas are used in an open system.

Dr. Clark indicated that capnography is used at the University of Iowa College of Dentistry. Dr. Clark indicated that they also use the precordial stethoscope as there can sometimes be errors with an open system. Dr. Clark referenced Dr. Roth's comments and understands asking the question about who gets to determine the standard for Iowa.

- ❖ MOVED by HORTON, SECONDED by VARGAS, to recommend a rule amendment that would require the use of either capnography or a precordial stethoscope for moderate sedation permit holders.

Dr. Roth again recommended waiting on setting a standard in Iowa until the ADA makes a formal recommendation. Dr. Roth recommended requiring the use of capnography when using moderate sedation with pediatric patients. However, Dr. Roth does not think it should be required when providing moderate sedation to non-pediatric patients, ASA 1-2.

Dr. Clark agreed with some of Dr. Roth's comments. However, Dr. Clark pointed out that an increasing number of practitioners have been applying for, and receiving, moderate sedation permits. The fact that there have not been adverse occurrences of this nature in the past does not guarantee that they will not occur in the future.

Dr. Roth stated that Iowa has not accepted the DOCS or other weekend courses as approved training in moderate sedation. Dr. Roth thinks that a requirement for more thorough training in moderate sedation would address most of these concerns.

Dr. Clark asked for clarification about the motion. Ms. Braness reported that the motion would be to recommend the requirement for the use of capnography or a precordial stethoscope for moderate sedation permit holders.

<u>Member</u>	<u>Burton</u>	<u>Clark</u>	<u>Frank</u>	<u>Horton</u>	<u>Roth</u>	<u>Westlund</u>	<u>Vargas</u>
Aye		x		x			x
Nay					x		
Absent	x		x			x	

Motion APPROVED, 3-1.

Dr. Roth stated that while he is not advocating for the requirement of capnography, he will go along with the committee's recommendation.

Dr. Clark reported that some of the precordial stethoscopes work in conjunction with Bluetooth technology. Dr. Clark stated that they use both at the University of Iowa College of Dentistry to eliminate false positives. Dr. Vargas stated that the American Academy requires precordial stethoscopes for moderate sedation. Dr. Vargas also stated that hearing aid centers will fit someone for the earpieces.

Dr. Roth again stated that he thinks it best for the ADA to sort this out. Dr. Roth will comply with whatever the Board decides.

- *Peer Evaluations*

Mr. McCollum recommended tabling this discussion for a future meeting, preferably when the committee may be able to meet in person, and more of the committee is in attendance.

The committee members were okay with that recommendation.

VI. OPPORTUNITY FOR PUBLIC COMMENT

Dr. Thies asked to comment about the proposal. Dr. Thies asked if the public comment period will be allowed. Ms. Braness stated that the committee's recommendation will go before the Board. If the Board adopts the committee's recommendation, the rulemaking process will begin and there will be additional opportunity to comment on the proposals. Mr. McCollum stated that this information was presented early so as to get a recommendation from the committee.

Dr. Thies also asked about the difference between precordial stethoscopes and pretracheal stethoscopes. Dr. Clark and Dr. Vargas stated they were essentially the same, and that either would be an acceptable substitute for a capnography machine.

Dr. Purk agreed with Dr. Roth's earlier comments recommending that that Iowa wait for the ADA to make a recommendation in this area.

VII. ADJOURN

❖ MOVED by VARGAS, SECONDED by CLARK, to adjourn. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 12:46 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee is scheduled for July 17, 2014. The meeting will be held at the Board offices and by teleconference.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.



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ANESTHESIA CREDENTIALS COMMITTEE

MINUTES

June 27, 2014

Conference Room

400 S.W. 8th St., Suite D

Des Moines, Iowa

Committee Members

June 27, 2014

Kaaren Vargas, D.D.S.
Richard Burton, D.D.S.
Steven Clark, D.D.S.
John Frank, D.D.S.
Douglas Horton, D.D.S.
Gary Roth, D.D.S.
Kurt Westlund, D.D.S.

Absent
Absent
Present
Present
Present
Present
Present

Staff Member

Phil McCollum, Christel Braness

I. CALL MEETING TO ORDER – JUNE 27, 2014

Ms. Braness called the meeting of the Anesthesia Credentials Committee to order at 12:34 p.m. on Friday, June 27, 2014. This meeting was held by conference call to review applications for general anesthesia and moderate sedation permits, which require committee review prior to issuance. It was impossible for the committee to schedule a meeting on such short notice and impractical for the committee to meet with such a short agenda. A quorum was established with five members present.

Roll Call:

<u>Member</u>	<u>Burton</u>	<u>Clark</u>	<u>Frank</u>	<u>Horton</u>	<u>Roth</u>	<u>Westlund</u>	<u>Vargas</u>
Present		x	x	x	x	x	
Absent	x						x

II. GENERAL ANESTHESIA PERMIT APPLICATIONS

- *Ryan Borgwardt, D.D.S.*

❖ MOVED by CLARK, SECONDED by ROTH, to APPROVE the application as submitted. Motion approved unanimously.

▪ *Erin Sheffield, D.D.S.*

❖ MOVED by ROTH, SECONDED by CLARK, to APPROVE the application as submitted. Motion approved unanimously.

▪ *Ryan Toponce, D.M.D.*

❖ MOVED by FRANK, SECONDED by WESTLUND, to APPROVE the application as submitted. Motion approved unanimously.

III. MODERATE SEDATION PERMIT APPLICATIONS

▪ *Michael Davidson, D.D.S.*

Ms. Braness reported that she received some questions about this application regarding the use of hydromorphone, also known as Dilaudid. Ms. Braness reported that upon request Dr. Kenneth Reed, the program director of Dr. Davidson's training course, provided some additional information about the training his course provided in the use of hydromorphone.

Dr. Frank summarized his concerns related to the use of hydromorphone in moderate sedation. In Dr. Frank's opinion, hydromorphone is a pain reliever, not a sedative. Dr. Frank also questioned the potential application of multiple drugs during the use of moderate sedation, which can lead to deep sedation. If a practitioner is not sufficiently trained in the use of multiple drugs in moderate sedation, the risk for complications can rise quickly.

Dr. Westlund agreed with Dr. Frank's concerns. Dr. Westlund stated that the permit should be issued with the restriction against the use of hydromorphone in moderate sedation. Hydromorphone carries a much higher risk for complications, particularly, given the long term effects of the drug. This is a drug that would require an extended post-procedure observation period before a patient could be safely released.

Dr. Clark agreed with Dr. Frank and Dr. Westlund. Dr. Clark cautioned against using a blanket restriction for the use of this drug for all moderate sedation permit holders. Dr. Clark stated that he prefers addressing this on a case-by-case basis. Dr. Clark referenced training provided at the University of Iowa College of Dentistry in the use of this and other drugs.

Dr. Frank indicated that he does not have the same concerns for practitioners who receive their moderate sedation training through ADA-accredited residency programs. Dr. Frank recommended restricting the use of hydromorphone for those who complete moderate sedation training in continuing education courses. Dr. Clark agreed.

Dr. Roth asked if this would require a change to the certificate in light of the references made on the certificates to the added qualification(s) to sedate pediatric and medically-compromised

patients. Ms. Braness replied by stating that, in the past, drug restrictions were addressed by letter as opposed to a change or notation on the certificate. The committee agreed that this would be sufficient.

Dr. Frank asked if the committee would want to consider the possible restriction on the use of a second drug, and limiting moderate sedation permits users to a single drug, given the increased risk for respiratory depression with the use of multiple drugs. Mr. McCollum stated that this would be something for the committee to consider in the future. Dr. Roth stated that this type of proposal may be cause for concerns with moderate sedation permit holders, who currently use multiple drugs when administering moderate sedation. Dr. Roth stated he, personally, only uses versed when inducing moderate sedation.

➤ Dr. Westlund left the meeting at 12:49 p.m.

Dr. Clark stated that these continuing education courses in moderate sedation are becoming more difficult to approve since there aren't any accreditation standards for teaching moderate sedation in continuing education courses. Residency programs are accredited through the ADA, which establishes training standards.

Dr. Frank agreed with Dr. Clark's comments, and referenced the training programs referenced on some of the applications reviewed at this meeting. Dr. Frank stated that the course led by Dr. Reed clearly provides training in multiple drugs; whereas the information provided by the Conscious Sedation Consulting course is unclear about the training in multiple drugs.

Dr. Frank referenced concerns about the course offered in Puerto Rico since the course is not limited to training in moderate sedation. The course also provides training in implant dentistry. Dr. Clark agreed with Dr. Frank's concerns. Dr. Frank would like more information prior to approval of some of these courses. Dr. Frank has concerns about the use of Dilaudid due to the longer recovery time, as patients should not be released until the effect of the drug has worn off.

❖ **MOVED** by ROTH, **SECONDED** by FRANK, to **APPROVE** the application with a restriction on the use of hydromorphone. Motion approved unanimously.

- *Bernard Dudzinski, D.D.S.*
- *Jordan Dudzinski, D.D.S.*
- *Brad Richtsmeier, D.D.S.*

Ms. Braness provided an overview of the applications. All three applicants completed moderate sedation training through Conscious Sedation Consulting.

Dr. Frank stated that, based on the information available, this course appears to only address single drug delivery. Dr. Frank would prefer limiting the permit to single-drug use until more information can be reviewed regarding the training completed.

Ms. Braness stated that she attempted to obtain additional information about the training of single drug and multiple drug use from these moderate sedation training sponsors. At the time of the

meeting, only one of the program directors, Dr. Reed, responded with additional information. Unfortunately, Conscious Sedation Consulting had not responded to the request prior to the meeting.

Dr. Roth recommended limiting these permit approvals to the use of a single drug until appropriate documentation is submitted regarding the training completed in the use of multiple drugs.

- ❖ **MOVED** by ROTH, **SECONDED** by FRANK, to **APPROVE** these applications for moderate sedation with a limitation to the use of a single drug. The committee will reassess the use of multiple drugs upon the receipt and review of additional information. Motion **APPROVED** unanimously.

- *Brian Prudent, D.D.S.*

Ms. Braness provided an overview of the application. Dr. Prudent completed an implant course in Puerto Rico, which also included training in moderate sedation. Ms. Braness reported that she attempted to get additional information from the program regarding the training provided. To date, a response had not been received.

Dr. Clark referenced the materials provided with the application. The brochures indicate that the training is provided over a total of 10 days, which may total 80 hours of training. The concerns is that the training is not limited to moderate sedation; rather, it also includes training in implant dentistry. Dr. Frank agreed with the concerns.

Based on the materials available, Dr. Clark cannot see how participants are completing 60 hours of training in the area of moderate sedation. Additional information including individual hours in didactic sedation review, and clinical training, along with progress notes. Documentation regarding the training in airway management would be useful in determining compliance with training requirements.

Mr. McCollum noted that the materials provided state that participants are given the opportunity to either “observe, assist or perform.” The committee would need clarification about what type of training was completed along with a breakdown of the training hours.

Dr. Frank reported that Dr. Prudent has a sedation permit in Illinois. If approved for a permit, the committee may want to remind Dr. Prudent that sedation must be completed at properly equipped, permanent practice location(s).

- ❖ **MOVED** by ROTH, **SECONDED** by HORTON, to table pending receipt of more information. Motion approved unanimously.

IV. OPPORTUNITY FOR PUBLIC COMMENT

Ms. Braness reminded the committee that there is a meeting scheduled in July. The intention is to hold the July meeting as scheduled in case there are matters, which require review prior to the quarterly Board meeting. The meeting will be cancelled if not needed.

Dr. Frank mentioned that the committee had discussed meeting in person, and to meet with the assistant attorney general to discuss some of ongoing topics of concern. Ms. Braness stated that the intent is to hold that meeting as discussed, though, it has not been scheduled to date. Dr. Frank recommended holding this meeting so that the committee can set some clear guidelines regarding the review of applications moving forward.

V. ADJOURN

- ❖ MOVED by FRANK, SECONDED by HORTON, to adjourn. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 1:05 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee is scheduled for July 17, 2014. The meeting will be held at the Board offices and by teleconference.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.

Braness, Christel [IDB]

From: randy.pigg@gmail.com on behalf of Randy Pigg <Randy@sedationconsulting.com>
Sent: Monday, July 07, 2014 11:43 AM
To: Braness, Christel [IDB]
Subject: Re: Moderate Sedation Training (Drug Sedation Techniques)

The most common would be versed and fentanyl. 12-15 hours in classroom on meds. Then 24-32 in clinical experiences.

On Mon, Jul 7, 2014 at 11:24 AM, Braness, Christel [IDB] <Christel.Braness@iowa.gov> wrote:

How much time (in hours) is spent on didactic training versus clinical training? Also, what drugs, specifically, do the participants receive training in the use of?

I am trying to anticipate the questions that the committee members may have. If I have questions about anything else, I will let you know. Thank you.

Christel Braness, Program Planner

Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309

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From: randy.pigg@gmail.com [mailto:randy.pigg@gmail.com] **On Behalf Of** Randy Pigg
Sent: Monday, July 07, 2014 11:17 AM
To: Braness, Christel [IDB]
Subject: Re: Moderate Sedation Training (Drug Sedation Techniques)

Ms. Braness,

As we discussed we do provide both didactic education and then patient experience training on multiple drug techniques, We do provide pharmacology and pharmacokinetic training on multiple drug classes but typically benzodiazepines and narcotics are utilized.

We utilize a true titration to effect technique, medications are never given simultaneously. Participants are taught to recognize the Guedel's stages of sedation/anesthesia and respond appropriately to any inadvertent over medications ie. maintain the airway. The airway training is comprehensive and encompasses multiple devices and techniques.

If you have additional questions please do not hesitate to contact me.

Thank you,

On Mon, Jun 23, 2014 at 2:40 PM, Braness, Christel [IDB] <Christel.Braness@iowa.gov> wrote:

A question recently came up about some of the moderate sedation courses, and I have been asked to touch base with the providers to get some more information.

When you provide moderate sedation training, what kind of training do you provide in relation to drug sedation techniques? Specifically, the questions are these:

1. Do you *only* provide training with the use of a single sedation agent?
2. Do you provide training with the use of multiple (2 or more) sedation agents?
 - a. If yes, what type of training and/or patient experiences are provided to the participants? Please be specific as to the type of training provided if multiple sedation techniques are taught.
 - b. If yes, what type of information/training is provided about the higher risk(s) for respiratory depression, and identifying when a patient may be nearing deep sedation/general anesthesia and what steps should be taken if these situations arise?

Any information you can provide me about this would be most helpful. Thank you.

Christel Braness, Program Planner

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Randy Pigg
Chief Executive Officer

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Randy Pigg
Chief Executive Officer

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Braness, Christel [IDB]

From: Brad R <bradr@lifepointdental.com>
Sent: Monday, January 06, 2014 3:28 PM
To: Braness, Christel [IDB]
Subject: Re: moderate sedation permit

Thanks Christel. I have attached the course curriculum information below. I have also attached the CV's of the course instructors.

I also copied a brief overview of the course below, and further details can be found on the website:
www.sedationconsulting.com

The course is developed and presented in accordance with the American Dental Associations "Practice Guidelines for Teaching Comprehensive Control of Pain and Anxiety in Dentistry" Part III and "Practice Guidelines for Sedation by Non-anesthesia Providers" by the American Society of Anesthesiology. The course has ADA CERP recognition as well as AGD PACE recognition.

I would like to finalize my plans as soon as possible, so please let me know how long the pre approval process may take if this is a course that would need a committee meeting review at a later date.

Thanks,
Brad



[IV Sedation Training Program for Dentists Curriculum Jun13.pdf](#)



[CSC CV Steve Woodring DO 2013.pdf](#)



[Salatino_CV.pdf](#)



[CSC CV Randy Pigg BSN 2013.pdf](#)



[CV MANA SARAGHI.pdf](#)



I.V. Sedation Training for Dentists - Salt Lake City, Utah

X



[Export Event](#)



Export Event

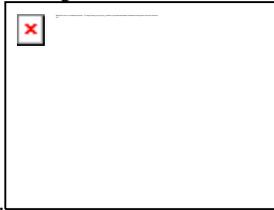
[] Preserve formatting in description (only supported in some calendar applications)

From Friday, March 07, 2014 - 08:00am

To Sunday, March 23, 2014 - 05:00pm

Parenteral Sedation Dentistry

We are providing IV dental sedation training for dentist nationally. This IV sedation dentistry course is a comprehensive "mini-residency" and includes a minimum of 60 hours of didactic / classroom education and direct participation in administering IV sedation to 20 - 30 clinical dental cases while being observed. Advanced training in airway management and medical emergencies included. Total CE credits will be approximately



100 hours.

This course is designed to prepare the dentist to incorporate intravenous sedation into the dental practice.

Developed and presented in accordance with the American Dental Associations "Practice Guidelines for Teaching Comprehensive Control of Pain and Anxiety in Dentistry" Part III and "Practice Guidelines for Sedation by Non-anesthesia Providers" by the American Society of Anesthesiology.

Learning Objectives

To prepare the dentist to incorporate safe IV sedation administration into practice

Properly access and obtain appropriate medical history and assessment of patients to determine suitability of moderate sedation

Understand the regulations and requirements of state legislation / dental boards, to adhere to national standards and guidelines

To explain and understand agonist-antagonist effects and pharmacokinetic properties of commonly used sedative agents

To recognize and react to medical emergencies while providing leadership and direction to others involved in resuscitative efforts

Manage the airway using basic and advanced equipment and techniques

Effectively utilize monitoring, pharmaceuticals and rescue equipment

This program is designed to meet and exceed the requirements to obtain a intravenous conscious sedation permit in most states. We encourage you to review your state requirements.

This leading parenteral moderate sedation training program teaches titration to affect with single and multiple sedative drug techniques in a faculty / participant / assisting staff / patient clinical setting.

All necessary equipment, supplies, medications and patients will be provided for sedation training clinical.

Prerequisites

The participant must hold a dental or medical degree, must be licensed to practice dentistry or medicine in a given state and have current malpractice insurance. Current BCLS certification must be obtained prior to the course. Please bring proof of malpractice insurance coverage to first meeting.

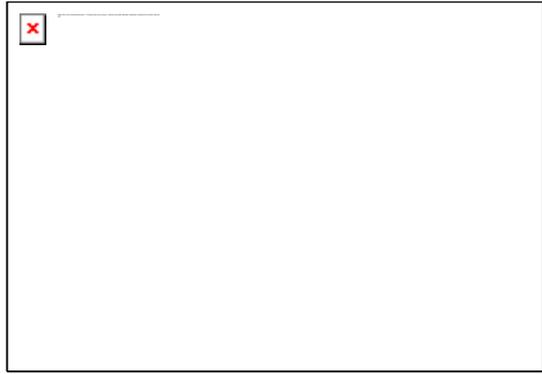
Course Structure

(1) The didactic portion of this course will consist of at least 60 hours of instruction, in the form of lecture, power point presentations, demonstrations, and hands on practice utilizing simulation and live participant volunteers.

(2) As part of the training participants will receive Advanced Cardiac Life Support (ACLS) certifications, along with intensive hands on airway management training utilizing simulation and be able to demonstrate proficient ventilation with multiple airway devices.

(3) Following completion of the introductory phase of the lecture/demonstration series, the participant will begin the clinical participation component at which time he/she will improve his/her IV sedation and venipuncture techniques. Anesthesia providers and conscious sedation trained dentists will be supervising at all times.

(4) Successful completion of a written exam will be required at the completion of the didactic and clinical portions of the program.



(5) Assisting/Monitoring staff will be encouraged to attend portions of the training.

March 2014 - Salt Lake City, UT

Program is over 3 sessions as follows:

- #1 March 07, 08 & 09 , 2014 (Didactic)
- # 2 March 14, 15 & 16, 2014 (Didactic)
- # 3 March 21, 22 & 23, 2014 (Clinical)

Location

Salt Lake City Marriott University Park
The University of Utah
480 Wakara Way
Salt Lake City, UT 84108

On Fri, Jan 3, 2014 at 7:16 AM, Braness, Christel [IDB] <Christel.Braness@iowa.gov> wrote:

Please forward information about sedation courses to my attention. I coordinate with the Anesthesia Credentials Committee and will see that any courses, which require committee approval are forwarded to the next meeting of the committee.

Let me know if you have any other questions. Thank you.

Christel Braness, Program Planner

Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309

Phone: [515-242-6369](tel:515-242-6369) | Fax: [515-281-7969](tel:515-281-7969) | www.dentalboard.iowa.gov

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From: Brad R [mailto:bradr@lifepointdental.com]

Sent: Tuesday, December 31, 2013 5:02 PM

To: Braness, Christel [IDB]

Subject: moderate sedation permit

Hi Christel,

I am planning to seek training this year in moderate sedation and apply for a permit. I know the board encourages applicants to seek pre-approval of any formal continuing education courses for this purpose. Should I mail the course syllabus to the general mailing address of the board, or would it expedite things if I email it or contact a specific member or the Anesthesia Credentials Committee? If you can provide me with instructions on the most efficient way to submit this information, I would be appreciative.

Thanks,

--

Brad Richtsmeier, D.D.S.

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www.LifepointDental.com

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Brad Richtsmeier, D.D.S.

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I.V. Sedation Training for Dentists - Salt Lake City, Utah



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- Understand the regulations and requirements of state registration / dental boards, to adhere to national standards and guidelines
- To explain and understand agonist-antagonist effects and pharmacokinetic properties of commonly used sedative agents
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- # 3 March 21, 22 & 23, 2014 (Clinical)

Location

Salt Lake City Marriott University Park
The University of Utah
480 Walker Way



480 Wakara Way
Salt Lake City, UT 84108



*Class size is limited, early registration is encouraged.

Course fee: \$12,500.00. A deposit of \$3750.00 is required to register, balance due prior to start of course.
Registration fee includes bringing up to 2 dental assistants for Session #3 (clinical). Attendance by assistants recommended but not required

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IV Sedation Training Program for Dentists Curriculum

Times are approximate and schedules may need to be adjusted by faculty.

Day 1

0700-0730 Registration Completion & Introductions

0730-0830 Overview of program -

- Goals of Sedation

- Standards

- Practice Guidelines

- Anesthesia Theory

0930-1145 The Continuum of Sedation

- Minimal

- Moderate

- Deep Sedation

- General Anesthesia

- Guedel's Stages of Anesthesia

- Analgesia; Sedation

- Delirium; Excitement

- General Anesthesia: plane I, II, III & IV

- Respiratory depression; cardiac arrest

1145-1200 Review

1200-1300 Lunch with faculty. Questions & Answers

1300-1330 ASA Physical Status Classification System

1330-1530 Patient Assessment

- Medical History

- Cardiac

- Pulmonary

- Hepatic

- Renal

- Neurologic

- Endocrine

- Gastrointestinal

- Hematology

- Musculoskeletal

- Surgical History

- Medications

- Allergies

- Laboratory Data

- Dental/Oral/Airway

- Social History

- NPO Status

- Informed Consent(s)

- ASA Physical Status

- Signature of Pre-sedation Evaluator and Date/Time

Conscious Sedation Consulting

79 Hubble Suite 102

O'Fallon, MO 63368

888-581-4448

"Creating a Culture of Safety Through Education"

1530- 1630 Potential Problem Patients

- Obese
- GERD
- HTN
- Sleep apnea
- Aspiration Risk
- Difficult Airway
- Asthma
- COPD
- Diabetes
- Allergies
- Chronic pain
- Renal
- Steroids
- Adrenal
- Geriatric
- Peds

1630-1730 Key Medications to watch for

- Antihypertensives (*beta blocker, ACE inhibitor,)*
- Cardiac meds
- Anticoagulants
- Diabetic medications
- Steroids
- Thyroid replacement
- Renal medications
- Allergy medications
- Inhalers/Other respiratory meds
- Herbals

Factors that affect protective reflexes

- Alcohol
- Antipsychotics
- Cardiac arrest
- Cerebrovascular accident
- Depression of consciousness
- Depression of gag, coughing, swallowing reflexes
- Drug overdose
- Extremes of age
- Head injury
- Neurologic diseases
- Neuromuscularly impaired reflexes
- Opioids
- Sedatives
- Seizures
- Severe hypotension
- Stress
- Trauma

1730-1800 Review

Day 2

0730-1100 IV Access (Part 1)- didactic

Definitions

Armamentaria needed to start an I.V

Cleanliness, sterility, prevention of infection, and sterile technique

Set up and position all armamentaria prior to catheter insertion

Vein anatomy, vein insertion sites, challenging I.V. insertions

Tourniquet etiquette and study of the appropriate vein

Vein anatomy, vein insertion sites, challenging I.V. insertions

Catheter Fastening

How to remove an I.V. catheter and drip

Proper disposal of infectious armamentaria and I.V. drips

Possible complications related to I.V. insertion and removal

Hypotension

Treatment of hypotension

I.V. Anesthesia Armamentaria Checklist

Quick and Dirty I.V. Catheter Insertion

1100-1200 IV Insertions Demonstrations

1200-1300 Lunch with faculty

1300-1430 Essentials of IV Fluids

Introduction - The Importance of Fluids

The Cell – the cell membrane; lipid bilayer, semi-permeable membrane

The Cell Environment

Solids and Liquids

Blood and Plasma; the purposes of blood

Osmosis

Hypotonic and Isotonic Fluids

Physiology of the Cardiovascular System

Autonomic Effects

Atherosclerosis Effects

NPO Effects

Temperature/Oxygen/Metabolism

Common Types of Fluids for Dental Anesthesia/Fluid Administration/Armamentaria

Fluid Therapy

1430-1630 IV Access (Part II) - clinical

Gathering equipment

Site Selection

Site preparation

Insertions on simulator

Discontinue IV

1630-1800 Live IV insertions practice on humans

1800-1830 Review

Day 3

0730-1100 Essentials of Monitoring Sedated Patients

Definitions

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"Creating a Culture of Safety Through Education"



The 5 Critical Vital Signs

- Blood Pressure
- Pulse
- Respirations
- Temperature
- SpO2

Rules of Good Patient Monitoring

Continuum of Depth of Sedation

Patient Requirements for Sedation

Facility and Equipment Requirements for Sedation

The Physiology and Importance of the Five Critical Patient Vital Signs

Abnormal Vital Signs, and Vital Signs of Concern

Electrocardiogram

Normal and Abnormal Dysrhythmias

Non-Mechanical and Mechanical Assessment of Patient Vital Signs

The Rules of Good Patient Monitoring

Discussion

Dental Office Emergency Protocols

1100-1200 Equipment Demonstrations / hands on clinical

1200-1300 Lunch with faculty

1300-1630 Essentials of The Airway

The Mouth

Cormack-Lehane Classification

Mallampati Classification

The Three Pharynges

Soft Tissue of Larynx

Cartilage of the Larynx

Anatomy of the Trachea

Paratracheal Anatomy

Head & Neck Considerations

Range of Motion

Obtaining & Maintaining Airway

Emergency Cricothyrotomy

1630-1800 Skills Lab, Demonstrations & Practice

Obtain Airway utilizing simulator and hands on with multiple devices

Bag Mask Ventilation

Oral Airways

Nasal airways

Laryngeal Mask Airways

King Airways

Endotracheal Intubation

Emergency Cricothyrotomy

1800-1830 Review

Day 4

0730-1200 Dental Office Medical Emergencies (part I)

Basic life support skills, including effective chest compressions,
use of an AED

Fundamentals of ACLS and Updates

What To Do!

- Respiratory Arrest
- Cardiac Arrest
- Laryngospasm
- Bronchospasm
- Aspiration
- Obstructed Airway
- Allergic Reactions
- Seizures
- MI
- Intra-arterial Injections
- Hyper / Hypotension
- Hyper / Hypo Ventilation

1200-1300 Lunch

1300-1630 Dental Office Emergencies (part II)

- Related pharmacology
- Management of acute coronary syndromes (ACS) and stroke
- Effective communication as a member and leader of a resuscitation team
- Effective Resuscitation Team Dynamics
- Necessary Equipment
- Back Up & Redundant Systems
 - Power Source / Batteries
 - Oxygen
 - Lighting
 - Suction
 - Manual Monitoring Devices
- Accessibility and Evacuation
- Setting up Mock Codes & Drills in the Office for Staff Training
- Documentation
- History
 - Medical
 - Surgery
 - Anesthesia
 - Allergies
- Sedation Related Forms
 - Consent
 - Intra-procedure record keeping
 - Time; synchronized



- Vital signs
- Medications
- Patient Response
- Level of Consciousness
- Procedure Documentation
- Complications
- Continued Assessment
- Discharge Instructions
- Follow Up
- Adverse Event Reporting

1630-1700 Review (SW)
1700-1800 IV Skills Lab Practice - Live Humans

Day 5

0730-1200 Pharmacology & Pharmacokinetics

- Routes of Administration
 - Inhalational
 - Enteral
 - Intranasally
 - IM
 - Parenteral
 - IO
- Common Sedatives
 - Nitrous Oxide
 - Benzos
 - Narcotics
 - Antihistamines
 - Hypnotics
- Synergistic Effects
- Reversal Agents
 - Flumazenil
 - Naloxone
 - Time
- Emergency Medications
 - Phenylephrine
 - Albuterol
 - Morphine
 - Aspirin
 - Nitroglycerin
 - Sugar/Glucose
 - Diphenhydramine
 - Oxygen
 - Atropine
 - Ephedrine
 - Epinephrine
 - Vasopressin
 - Dexamethasone
 - Solu-Cortef



Methylprednisolone
Diazepam
Midazolam
Succinylcholine
Lidocaine
Anti-Nausea/ Anti-Emetics
Ondansetron
Famotidine
Ranitidine
Metoclopramide
Dexamethasone

1200-1300 Lunch

1300-1330 Local Anesthetic Review

Effective Local Decreases Need for Global Sedation

1330-1530 Nitrous Oxide (SW)

How NO₂ can help your sedation regimen

1530-1600 Pre-medications

Synergism

1630-1730 Issues with Enteral Sedation Techniques

1730-1800 Review

Day 6

0730-1130 Sedation Regulations & Legal Considerations

State Boards

Requirements

Training

Equipment

Staff

Preparing for Inspection

Continuing Education

Continue Learning

Facility Evaluation and Preparation

Accreditation

Malpractice Coverage

Marketing

1130-1200 Review

1200-1300 Lunch with Staff

1300-1500 Clinical Judgment Game

Case Presentations

What would you do and why?

Sedation case videos

Resuscitation videos

1500-1700 Putting It All Together

Final Q&A and Review

1700-1830 Testing



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Day 7

0730-1230 Clinic
1230-1300 Lunch
1300-1630 Clinic
1630-1730 Case Discussion & Review

Day 8

0730-1230 Clinic
1230-1300 Lunch
1300-1630 Clinic
1630-1730 Case Discussion & Review

Day 9

0730-1230 Clinic
1230-1300 Lunch
1300-1630 Clinic
1630-1730 Case Discussion & Review

Day 10

0730-1230 Clinic
1230-1300 Lunch
1300-1530 Clinic
1530-1700 Case Discussion & Final Examination

Conscious Sedation Consulting
79 Hubble Suite 102
OFallon, MO 63368
888-581-4448

"Creating a Culture of Safety Through Education"

RANDY PIGG BSN

79 HUBBLE DR. SUITE 102 OFALLON, MO 63368
PHONE (636) 795-0648 • E-MAIL RANDY@SEDATIONCONSULTING.COM

EDUCATION

1982 - Lone Oak High School, Paducah, KY

- Diploma

1982-84 University of Kentucky, Lexington, KY

- Undergraduate Studies

1989-91 United States Army. Ft. Knox, Ft. Knox KY, Ft. Sam Houston,
San Antonio TX, Ft. Polk, Leesville, LA

- Combat Medic Training
- Emergency Medical Technician
- Expert Field Medical Badge

1991-93 Barnes College of Nursing at Washington University Medical
Center, St. Louis, MO.

- Baccalaureate of Science in Nursing

WORK EXPERIENCE

1992-02 Barnes Jewish Hospital at Washington University Medical Center,
St. Louis, MO

- Patient Care Technician
- Registered Nurse, Neurology Unit
- Registered Nurse, Emergency Department, Level I Trauma Center
- Night Shift Charge Nurse

2002-06 St. Joseph Hospital West, Lake St. Louis, MO

- Registered Nurse, Emergency Department, Level II Trauma
Center

2006 – Present, Conscious Sedation Consulting LLC

- Founder & Chief Executive Officer

TRAINING / ASSOCIATIONS

1989 – Present, Basic Life Support Certified

1992 – Present, Advanced Cardiac Life Support Certified

1993 – Present, Trauma Nurse Core Curriculum Certified

1993 – Present, Member Emergency Nurses Association

2008 - Present, Member American Society of Dental Anesthesiology

2010 - Present, Member Society of Ambulatory Anesthesia by the American Society
of Anesthesiologists

Steven F. Woodring, DO

Board Certified Anesthesiologist

EXPERIENCE

President & CEO, Mobile Anesthesiologists of Florida, Inc., Naples, FL, 2010-present

- Provide turnkey anesthesia and recovery services to office-based surgical practices

Attending Anesthesiologist, Anesthesia and Pain Consultants of Southwest Florida, MD, PA, 2010-present

- Provide general anesthesia services for Gulf Coast Medical Center and several ambulatory surgical centers

Attending Anesthesiologist, Anesthesia Providers Unlimited, LLC, 2009-present

- Provide general anesthesia services for Lehigh Regional Medical Center and Bonita Community Medical Center

Attending Anesthesiologist, Anesthesia Associates of Naples, PC, 2007-2009

- Major vascular, peds, OB/gyn, ortho, general cases for Physicians Regional Medical Center

EDUCATION

Anesthesiology Resident, Case Western Reserve University – MetroHealth, Cleveland, OH, 2004-2007

- Level 1 trauma and burn center, level 3 NICU, high risk OB

Traditional Intern, OUCOM – Cuyahoga Falls General Hospital, Cuyahoga Falls, OH, 2003-2004

Doctor of Osteopathic Medicine, Kirksville College of Osteopathic Medicine, Kirksville, MO, 1999-2003

Post-Baccalaureate Studies, Neuroscience/Premed, University of Pittsburgh, Pittsburgh, PA, 1994-1997

Bachelor of Science, Psychology, Penn State Erie, The Behrend College, 1987-1991

PROFESSIONAL AFFILIATIONS

American Society of Anesthesiologists, member, 2004-present

Florida Society of Anesthesiologists, member, 2007-present

American Society of Regional Anesthesia and Pain Medicine, member, 2006-present

Society for Ambulatory Anesthesia, member, 2010-present

RESEARCH EXPERIENCE

Research Specialist, Cardiovascular Health Study, University of Pittsburgh, Pittsburgh, PA, 1999

- Assisted with obtaining medical and psychosocial data from study participants

Research Specialist, Physiology, University of Arizona, Tucson, AZ, 1997-1998

- Designed and managed lab facilities, including computer network and equipment fabrication
- Assisted with microneurographical and muscle fatigue studies

Research Specialist II, Otolaryngology, University of Pittsburgh, Pittsburgh, PA, 1996-1997

- Assisted with vestibular studies, performed large animal surgical preparations
- Presented poster at *Society for Neuroscience 26th Annual Meeting*, 1996

Research Assistant, Neuropsychology, University of Pittsburgh, Pittsburgh, PA, 1994-1995

- Investigated moderating factors between alcohol/drug use and HIV risk
- Presented poster at *American Psychological Association Conference* 1995

Mana Saraghi, DMD
Sedation and Anesthesia for Dentistry

Education: 2003-06 B.A. New York University (Biology – Summa Cum Laude)
 2006-10 D.M.D. University of Pennsylvania

Postgraduate Training and Fellowship Appointments:

 2011-12 Certificate in Dental Anesthesiology, New York City Health and Hospitals Corporation, Jacobi Medical Center in affiliation with Albert Einstein College of Medicine of Yeshiva University, Bronx, NY (24 months)

Faculty Appointments:

 01/2013-Present Attending Dentist Anesthesiologist, Department of Periodontics, Division of Pediatric Dentistry, Department of Oral and Maxillofacial Surgery University of Pennsylvania School of Dental Medicine

Professional Experience:

 2010 Private Practice, Boston, Massachusetts
 2013 Attending Dentist Anesthesiologist Philadelphia, PA

Specialty Certification:

 Board Eligible American Board of Dental Anesthesiology
 Board Eligible National Dental Board of Anesthesiology

Licensure: Massachusetts, Oregon, Pennsylvania, Virginia, Washington

Awards, Honors and Membership in Honorary Societies:

 2003-06 NYU Presidential Honors Scholar Program/Scholarship
 2006 Phi Beta Kappa Honor Society
 2006 NYU Founder's Day Award
 2006-10 Dean's Scholarship, University of Pennsylvania School of Dental Medicine
 2007 Honors Anatomy Dissection & Presentation
 2008 National Board Dental Exam Part I – Honors
 2009 National Board Dental Exam Part II – Honors
 2009-10 Clinical Honors Program, Medically Compromised Clinic, University of Pennsylvania
 2010 Abram Cohen Award for Periodontics
 2010 American Association of Oral and Maxillofacial Pathology Award
 2010 David L. Drabkin Prize for Research in Biochemistry

- 2010 University of Pennsylvania School of Dental Medicine:
Achievement Award in Pharmacology and Therapeutics
- 2012 Chief Resident, Dental Anesthesiology Residency
Program, Jacobi Medical Center

Memberships in Professional and Scientific Societies:

National Societies:

- American Society of Dentist Anesthesiologists, 2010-Present
(Member, ASDA Task Force for Annual John A Yagiela Dental
Anesthesiology Review Course, April 2013-Present)
- American Dental Society of Anesthesiology, 2010-Present
- American Dental Association, 2010-Present

Lectures by Invitation:

- Sept-Oct 2011 Lecturer in Predoctoral Pharmacology Course. Neurophysiology
and Ion Channels in Pain and Pain Control. Local Anesthetic
Pharmacology. (4 contact hours/yr) Columbia University, College of
Dental Medicine.
- May 3, 2012 American Society Dental Anesthesiology Annual Scientific Session,
Resident Abstract Presentation: Bronchospasm, Baltimore, MD
- May 9, 2012 Lecturer in Oral Surgery Resident Series. Perioperative Anesthetic
Management for Ambulatory Oral Surgery Patients (2 contact
hours/yr) Albert Einstein College of Medicine, Jacobi Medical
Center.
- June 9-10, 2012 Conscious Sedation Consulting, LLC., Lancaster, PA, Nitrous
Oxide Analgesia/Mild Sedation (14 hours)
- Aug 9-11, 2012 Conscious Sedation Consulting, LLC., Minneapolis, MN, Moderate
IV Sedation Course, Pharmacology of Commonly Used Intravenous
Drugs, Nitrous Oxide Analgesia, Management of Medical
Emergencies in the Dental Office (20 hours)
- Nov 29, 2012 Lecturer in General Practice Residency Series. Introduction and
Overview of Anesthesiology Rotation. Review of Commonly Used
Anesthetic Medications. (2 contact hours/yr) Albert Einstein College
of Medicine, Jacobi Medical Center.
- Oct 22-24, 2012 Conscious Sedation Consulting, LLC., Ft. Lauderdale, FL,
Moderate IV Sedation Course, Pharmacology of Commonly Used
Intravenous Drugs, Nitrous Oxide Analgesia, Management of
Medical Emergencies in the Dental Office (20 hours)
- Jan 6, 2013 Interdisciplinary Pain Course, University of Pennsylvania School of
Medicine, Dental Medicine, and Nursing. Lecture on Local and
Regional Anesthesia (2 contact hours)
- Apr 12-14, 2013 Conscious Sedation Consulting, LLC., Salt Lake City, UT,
Moderate IV Sedation Course, Pharmacology of Commonly Used

- Intravenous Drugs, Nitrous Oxide Analgesia, Management of Medical Emergencies in the Dental Office (20 hours)
- Jun 7, 2013 Peripheral Nerve Block Workshop, University of Pennsylvania, Nurse Anesthesia Program (8 hours)
- Sept 21, 2013 Perioperative Anesthetic Management of Patients with HIV/AIDS, ASDA 2013 John A. Yagiela Review Course, American Society of Dental Anesthesiology (1 hour)

Upcoming Lectures:

- Nov 11, 2013 University of Pennsylvania School of Dental Medicine. Philadelphia, PA. Grand Rounds: Successful Treatment of Severe Intraoperative Bronchospasm in a Nasally Intubated Pediatric Dental Patient. (1 hour)
- Nov 12-13, 2013 University of Pennsylvania School of Dental Medicine. Philadelphia, PA. Continuing Dental Education Series: Nitrous Oxide/Oxygen Analgesia Course (14 hours)
- Dec 2, 2013 Management of Medical Emergencies in the Dental Office. Greater NY Dental Meeting (1 hour)

Research Publications, Peer Reviewed:

Golden LG, DeSimone HA, Yeroshalmi F, Pranevicius M, **Saraghi M**. Severe Intraoperative Bronchospasm Treated with a Vibrating-Mesh Nebulizer. *Anesth Prog*. 2012; 59: 123-126.

Saraghi M, Badner VM, Golden LR, Hersh EV. Propofol: An Overview of Its Risks and Benefits. *Compend Contin Educ Dent*. 2013 Apr;34(4): 252-8, 260.

Saraghi M, Hersh EV. Three Newly Approved Analgesics: An Update. *Anesth Prog*. Accepted for publication 21 Aug 2013.

Gina L. Salatino D.M.D., B.S.

PERSONAL INFORMATION

Date of Birth: February 19, 1981
Place of Birth: Torrance, California
Citizenship: United States of America

EDUCATION

2006-2010 University of Nevada - Las Vegas School of Dental Medicine, DMD -May 2010
2005 University of Nevada – Reno
2002-2005 California State University – Sacramento
B.S. Biology, Minor Chemistry -May 2005
2000-2001 Brigham Young University – Hawaii
1999-2000, 2001-2002 Sierra College
Associate Arts and Associates of Science June 2002

AWARDS

2012 Fellowship in DOC’S Education
2011 Preferred Provider Invisalign
2010 American Association of Endodontics – Student Achievement Award in Endodontics

SPECIAL DENTAL TRAINING

2012- present Conscious Sedation Permit
2010-present Oral Conscious Sedation Permit
2011-present Dental Implants
2009-present Extractions of Full-Boney, Partial-Boney, and Soft-Tissue Impacted wisdom teeth
2009-present Molar Root Canal Therapy
2011-present Invisalign Preferred Provider

ACTIVITIES

University of Nevada, Las Vegas, School of Dental Medicine
2009-2010 Senior Class Council member
2009-2010 ASDA Senior Class Representative
2009 Flying Doctors participant
2009 Dr. L. Stephen Buchanan Endodontic Graduate Course invitation
2007-2010 Give Kids a Smile Day participant
2008-2010 UNLV Children’s Clinic participant

California State University, Sacramento

2004-2005 President, Pre-Dental Club
2003-2004 Pre-Dental Club member

EMPLOYMENT

2012- Current Waikiki Dental Practice of Dr. Gina Salatino, DMD
Owner/ General Dentist
953 Pleasant Grove Blvd. ste 140
Roseville, Ca. 95678

2010-Current

**Lawndale Cosmetic Dentistry
General Dentist – Referral Endodontic Treatment
16817 S. Prairie Ave.
Lawndale, Ca. 90260**

2010- 2012

**Smile Quest Dental
Associate General Dentist
6500 Lonetree Blvd.
Rocklin, Ca. 95675**

2005-2007

**US Bank - Teller
North Auburn Office
2360 Grass Valley Hwy
Auburn, CA 95603**

PROFESSIONAL MEMBERSHIPS

2004-present

American Dental Association

2006-present

Christian Medical and Dental Association

2009-present

Academy of General Dentistry

2010-present

Sacramento Dental Society

2010-present

California Dental Association

2010-present

DOC'S Education

2010-2011

American Association of Endodontics

2006-2009

American Academy of Pediatric Dentistry

2006-2010

American Dental Education Association

--Student Chapter

INTERESTS

2008-present

Co-ed Team Soccer

2001-2004

Coached Junior High and High School Volleyball

2000

Coached Junior High Track and Field

1995-present

Musician/Guitarist

1995-present

Snowboarding



Braness, Christel [IDB]

From: randy.pigg@gmail.com on behalf of Randy Pigg <Randy@sedationconsulting.com>
Sent: Tuesday, February 04, 2014 10:41 AM
To: Braness, Christel [IDB]
Subject: Moderate Sedation Program Course Submission

Greetings Ms. Braness,

It was a pleasure to speak with you today, I have copied and pasted the curriculum below and pasted links to the faculty bios

for the board member who was having difficulty opening the files. If you need anything else or have questions, please do not hesitate to contact me.

IV Sedation Training Program for Dentists Curriculum

Times are approximate and schedules may need to be adjusted by faculty.

Day 1

0700-0730 Registration Completion & Introductions 0730-0830 Overview of program -

Goals of Sedation Standards
Practice Guidelines Anesthesia Theory

0930-1145 The Continuum of Sedation Minimal

Moderate
Deep Sedation
General Anesthesia
Guedel's Stages of Anesthesia Analgesia; Sedation
Delirium; Excitement
General Anesthesia: plane I, II, III & IV Respiratory depression; cardiac arrest

1145-1200 Review
1200-1300 Lunch with faculty. Questions & Answers 1300-1330 ASA Physical Status Classification System 1330-1530
Patient Assessment

Medical History Cardiac Pulmonary Hepatic

Renal
Neurologic Endocrine Gastrointestinal Hematology Musculoskeletal Surgical History Medications Allergies Laboratory
Data Dental/Oral/Airway Social History

NPO Status
Informed Consent(s)

ASA Physical Status

Signature of Pre-sedation Evaluator and Date/Time

1530- 1630 Potential Problem Patients Obese

GERD

HTN

Sleep apnea Aspiration Risk Difficult Airway Asthma

COPD

Diabetes Allergies Chronic pain Renal

Steroids Adrenal Geriatric

Peds

1630-1730 Key Medications to watch for

Antihypertensives (beta blocker, ACE inhibitor,)

Cardiac meds Anticoagulants Diabetic medications Steroids

Thyroid replacement

Renal medications

Allergy medications Inhalers/Other respiratory meds Herbals

Factors that affect protective reflexes Alcohol

1730-1800 Review

Antipsychotics

Cardiac arrest

Cerebrovascular accident

Depression of consciousness

Depression of gag, coughing, swallowing reflexes Drug overdose

Extremes of age

Head injury

Neurologic diseases

Neuromuscularly impaired reflexes

Opioids

Sedatives

Seizures

Severe hypotension

Stress

Trauma

Day 2

0730-1100 IV Access (Part 1)- didactic Definitions

Armamentaria needed to start an I.V

Cleanliness, sterility, prevention of infection, and sterile technique Set up and position all armamentaria prior to catheter insertion Vein anatomy, vein insertion sites, challenging I.V. insertions Tourniquet etiquette and study of the appropriate vein

Vein anatomy, vein insertion sites, challenging I.V. insertions Catheter Fastening

How to remove an I.V. catheter and drip

Proper disposal of infectious armamentaria and I.V. drips
Possible complications related to I.V. insertion and removal Hypotension
Treatment of hypotension
I.V. Anesthesia Armamentaria Checklist
Quick and Dirty I.V. Catheter Insertion

1100-1200 IV Insertions Demonstrations 1200-1300 Lunch with faculty 1300-1430 Essentials of IV Fluids

Introduction - The Importance of Fluids
The Cell – the cell membrane; lipid bilayer, semi-permeable membrane
The Cell Environment
Solids and Liquids
Blood and Plasma; the purposes of blood
Osmosis
Hypotonic and Isotonic Fluids
Physiology of the Cardiovascular System
Autonomic Effects
Atherosclerosis Effects
NPO Effects
Temperature/Oxygen/Metabolism
Common Types of Fluids for Dental Anesthesia/Fluid Administration/Armamentaria Fluid Therapy

1430-1630 IV Access (Part II) - clinical Gathering equipment

Site Selection
Site preparation Insertions on simulator Discontinue IV

1630-1800 Live IV insertions practice on humans 1800-1830 Review

Day 3

0730-1100 Essentials of Monitoring Sedated Patients Definitions

The 5 Critical Vital Signs Blood Pressure

Pulse Respirations Temperature SpO₂

Rules of Good Patient Monitoring
Continuum of Depth of Sedation
Patient Requirements for Sedation
Facility and Equipment Requirements for Sedation
The Physiology and Importance of the Five Critical Patient Vital Signs Abnormal Vital Signs, and Vital Signs of Concern

Electrocardiogram
Normal and Abnormal Dysrhythmias
Non-Mechanical and Mechanical Assessment of Patient Vital Signs The Rules of Good Patient Monitoring
Discussion
Dental Office Emergency Protocols

1100-1200 Equipment Demonstrations / hands on clinical 1200-1300 Lunch with faculty
1300-1630 Essentials of The Airway

The Mouth
Cormack-Lehane Classification Mallampati Classification
The Three Pharynges
Soft Tissue of Larynx
Cartilage of the Larynx Anatomy of the Trachea Paratracheal Anatomy
Head & Neck Considerations Range of Motion
Obtaining & Maintaining Airway Emergency Cricothyrotomy

1630-1800 Skills Lab, Demonstrations & Practice
Obtain Airway utilizing simulator and hands on with multiple devices

1800-1830 Review

Bag Mask Ventilation
Oral Airways
Nasal airways
Laryngeal Mask Airways King Airways
Endotracheal Intubation Emergency Cricothyrotomy

Day 4

0730-1200 Dental Office Medical Emergencies (part I)

Basic life support skills, including effective chest compressions, use of an AED

Fundamentals of ACLS and Updates

What To Do!
Respiratory Arrest

Cardiac Arrest Laryngospasm Bronchospasm Aspiration Obstructed Airway Allergic Reactions Seizures

MI
Intra-arterial Injections Hyper / Hypotension Hyper / Hypo Ventilation

1200-1300 Lunch
1300-1630 Dental Office Medical Emergencies (part II)

Related pharmacology
Management of acute coronary syndromes (ACS) and stroke
Effective communication as a member and leader of a resuscitation team Effective Resuscitation Team Dynamics
Necessary Equipment
Back Up & Redundant Systems

Power Source / Batteries Oxygen
Lighting
Suction

Manual Monitoring Devices Accessibility and Evacuation

Setting up Mock Codes & Drills in the Office for Staff Training Documentation
History

Medical Surgery Anesthesia Allergies

Sedation Related Forms Consent

Intra-procedure record keeping Time; synchronized

Vital signs Medications

Patient Response Level of Consciousness

Procedure Documentation Complications

Continued Assessment Discharge Instructions

Follow Up

Adverse Event Reporting 1630-1700 Review (SW)

1700-1800 IV Skills Lab Practice - Live Humans

Day 5

0730-1200 Pharmacology & Pharmacokinetics Routes of Administration

Inhalational Enteral Intranasally IM Parenteral IO

Common Sedatives Nitrous Oxide

Benzos Narcotics Antihistamines Hypnotics

Synergistic Effects Reversal Agents

Flumazenil Naloxone Time

Emergency Medications Phenylephrine

Albuterol Morphine

Aspirin Nitroglycerin Sugar/Glucose Diphenhydramine Oxygen

Atropine Ephedrine Epinephrine Vasopressin Dexamethasone Solu-Cortef

Methylprednisolone Diazepam Midazolam Succinylcholine Lidocaine

Anti-Nausea/ Anti-Emetics Ondansetron

Famotidine Ranitidine Metoclopramide Dexamethasone

1200-1300 Lunch

1300-1330 Local Anesthetic Review

Effective Local Decreases Need for Global Sedation 1330-1530 Nitrous Oxide (SW)

How NO2 can help your sedation regimen 1530-1600 Pre-medications

Synergism

1630-1730 Issues with Enteral Sedation Techniques

1730-1800 Review

Day 6

0730-1130 Sedation Regulations & Legal Considerations State Boards

Requirements Training

Equipment

Staff

Preparing for Inspection

Continuing Education Continue Learning

Facility Evaluation and Preparation Accreditation

Malpractice Coverage

Marketing

1130-1200 Review

1200-1300 Lunch with Staff 1300-1500 Clinical Judgment Game

Case Presentations

What would you do and why? Sedation case videos Resuscitation videos

1500-1700 Putting It All Together Final Q&A and Review

1700-1830 Testing

Day 7

0730-1230 Clinic

1230-1300 Lunch

1300-1630 Clinic

1630-1730 Case Discussion & Review

Day 8

0730-1230 Clinic

1230-1300 Lunch

1300-1630 Clinic

1630-1730 Case Discussion & Review

Day 9

0730-1230 Clinic

1230-1300 Lunch

1300-1630 Clinic
1630-1730 Case Discussion & Review

Day 10

0730-1230 Clinic
1230-1300 Lunch
1300-1530 Clinic
1530-1700 Case Discussion & Final Examination

Conscious Sedation Consulting
79 Hubble Suite 102
OFallon, MO 63368
888-581-4448
"Creating a Culture of Safety Through Education"

Here are links to the faculty bios.

[Steve Woodring, DO](#)

[Mana Saraghi, DMD](#)

[Gina Salatino, DMD](#)

[Randy Pigg BSN](#)

Thank you,

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Randy Pigg
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