



STATE OF IOWA

IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

MINUTES

January 19, 2017
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members

Steven Fuller, D.D.S.	Present
Steven Clark, D.D.S.	Present
John Frank, D.D.S.	Present
Douglas Horton, D.D.S.	Present
Gary Roth, D.D.S.	Present
Kaaren Vargas, D.D.S.	Present
Kurt Westlund, D.D.S.	Present
Jonathan DeJong, D.D.S. (<i>alternate</i>)	Absent

January 19, 2017

Staff Member

Jill Stuecker, Christel Braness, Phil McCollum

I. CALL MEETING TO ORDER – JANUARY 19, 2017

Ms. Braness called the meeting of the Anesthesia Credentials Committee to order at 12:03 p.m. on Thursday, January 19, 2017. This meeting was held by electronic means in compliance with Iowa Code section 21.8. The purpose of the meeting was to review committee minutes, applications for sedation permits, and other committee business. It was impractical for the committee to meet in person with such a short agenda.

Roll Call:

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

A quorum was established with five (5) members present.

II. COMMITTEE MEETING MINUTES

- *September 29, 2016 – Meeting*

- ❖ MOVED by HORTON, SECONDED by VARGAS, to APPROVE the minutes as submitted. Motion APPROVED unanimously.

III. APPLICATION FOR GENERAL ANESTHESIA PERMIT

- *Nathan Phillips, D.D.S.*

Ms. Braness provided an overview of Dr. Phillips' application. Dr. Phillips is joining an existing practice. The facilities have been previously inspected.

- ❖ MOVED by ROTH, SECONDED by HORTON, to APPROVE the application as submitted. Motion APPROVED unanimously.
- Dr. Frank and Dr. Westlund joined the call at 12:06 pm.

IV. APPLICATIONS FOR MODERATE SEDATION PERMIT

- *Theodoro Katsaros, D.D.S.*

Ms. Braness provided an overview of the application. Dr. Clark confirmed that Dr. Katsaros worked in the periodontology department at the University of Iowa College of Dentistry.

- ❖ MOVED by WESTLUND, SECONDED by CLARK, to APPROVE the application as submitted. Motion APPROVED unanimously.
- *Ryan Costner, D.D.S.*

Ms. Braness provided an overview of the application. Dr. Costner indicated on his application that he intended to sedate pediatric, and medically-compromised patients. However, Dr. Costner did not complete the sedation training as a formal part of a residency program; therefore, he would be ineligible to sedate pediatric, or medically-compromised patients.

Dr. Clark stated that Dr. Costner trained in sedation with Dr. Fridrich as part of an internship. Dr. Clark stated that this sometimes occurs when a student intended to apply for a residency in oral and maxillofacial surgery in the future.

- ❖ MOVED by CLARK, SECONDED by WESTLUND, to APPROVE the application as discussed, prohibiting the sedation of pediatric, or medically-compromised patients. Motion APPROVED unanimously.

V. OTHER BUSINESS

- *Discussion – ADA Updates for Sedation and General Anesthesia by Dentists*

Ms. Braness provided an overview of the changes to the guidelines for the teaching and use of sedation by dentists.

Dr. Roth stated that the Board has not always followed the American Dental Association (ADA) recommendations. Historically, Iowa has held higher standards for the type of training required to sedate than what the ADA recommended. For example, Iowa's regulations for sedation do not distinguish between the methods of delivery for sedation; rather, the regulations addressed the intended level of sedation.

Mr. McCollum discussed the current requirements in Iowa versus the ADA's new recommendations. The committee discussed the ADA guidelines and whether to implement those requirements in Iowa.

Dr. Clark noted that the ADA uses language to allow practitioners to opt out of using capnography if "*precluded or invalidated by the nature of the patient, procedure or equipment.*" Dr. Clark recommended that the proposed updates to the rules be amended to include this language. Dr. Frank believed that procedures involving the use of sedation should be started with capnography. If the practitioner determines that the monitoring is precluded or invalidated, the use of capnography can be suspended for the remainder of the procedure. This should be documented in the patient record.

Mr. McCollum asked the committee how to proceed. The committee recommended matching the guidelines and language used by the ADA.

Dr. Westlund referenced changes in pediatric sedation cases as well. Dr. Vargas stated that she was on the committee that issued the policy guidelines for the Academy of Pediatric Dentistry. That policy committee has discussed the use of capnography in pediatric cases.

- Dr. Roth left the teleconference at 12:21 pm. Dr. Roth indicated that he would support the decision of the committee.
- ❖ MOVED by CLARK, SECONDED by VARGAS, to UPDATE the proposed rule changes to Iowa Administrative Code 650—Chapter 29 to match the guidelines and language issued by the ADA. Motion APPROVED unanimously.
 - *Discussion – ACLS/PALS Training Requirements*

Ms. Braness reported that this item was added to the agenda at the request of Dr. Frank to discuss the requirements for ACLS/PALS training as it related to obtaining or renewing a sedation permit in Iowa.

Dr. Frank stated that training in ACLS/PALS that is completed online without any in-person certification requirements would not be sufficient for use in sedation. Dr. Frank indicated that he would like to see requirements for airway skills and working with an instructor as part of the certification process.

Ms. Braness stated that the committee could consider adding language for "hands-on," clinical ACLS/PALS training as part of the proposed updates to Iowa Administrative Code 650—Chapter

29. Other references to CPR certification in Iowa Administrative Code 650 require a “hands-on,” clinical component to the certification requirements. The committee members agreed that this would be a good way to address those concerns.

- *Discussion – Anti-Arrhythmic Medications*

Ms. Braness reported that Dr. Horton had requested that the committee discuss the requirements for anti-arrhythmic medications required for sedation emergencies.

Dr. Horton inquired about the use of amiodarone in place of lidocaine. Dr. Westlund indicated that he would not take issue with that substitution.

Dr. Frank asked for clarification as to why the request was made. Dr. Horton stated that the ACLS algorithm recommended the use of amiodarone.

Dr. Frank asked for confirmation about the committee’s position. Mr. McCollum stated that, for the purposes of inspection, there were four (4) drugs listed as being acceptable for anti-arrhythmic medication. Dr. Frank looked up the ACLS algorithm, and noted that amiodarone was listed as the primary medication for use.

- ❖ MOVED by HORTON, SECONDED by FRANK, to require amiodarone as the primary anti-arrhythmic drug for emergencies. Motion APPROVED unanimously.

VI. ADMINISTRATIVE RULES

- Recommendation – (Draft) Notice of Intended Action: Iowa Administrative Code 650— Chapter 29, “*Sedation and Nitrous Oxide Inhalation Analgesia*”

Ms. Braness noted that some of this discussion occurred during the earlier agenda item about the ADA guidelines; though, there were some additional recommendations that had not yet been fully discussed.

Ms. Braness asked for confirmation about the recommendations for the use of general anesthesia, and a new training requirement for moderate sedation. Specifically, the guidelines indicated that general anesthesia require the use of capnography and the auscultation of breath sounds. The new training requirement would be to teach practitioners how to manage a situation wherein a higher level of sedation was reached than intended.

Dr. Westlund recommended updating the rules to match the ADA guidelines.

Dr. Frank asked Dr. Vargas about the upcoming recommendations for pediatric patients. Dr. Frank stated that he read through some of the pediatric articles; and asked whether support personnel should also be trained in PALS. Dr. Vargas stated that this was not a new recommendation. Dr. Vargas believed that the number of sedation incidents with fatalities in dental offices prompted these changes.

Dr. Westlund recommended bringing this back for further discussion. This would allow the committee to more fully review the articles and reasoning for the recommendations. Staff indicated that they would bring this back at the next meeting.

Dr. Frank also noted that the pediatric guidelines require that the practitioner be trained in the management of respiratory depression, laryngospasm, impaired airways and more, regardless of the level of sedation intended. The committee may need to revisit the laryngospasm protocols, as the committee previously voted to remove the requirement for succinylcholine for moderate sedation permit holders. Ms. Braness stated that staff would bring this for further discussion.

VII. OPPORTUNITY FOR PUBLIC COMMENT

Dr. Michael Davidson commented on the proposed rule changes. Dr. Davidson recommended not changing the rules for monitoring in moderate sedation. During his training in an operating room, the alarms on the capnography machines went off regularly. Increasingly, it appeared that the alarms were ignored. Dr. Davidson believed that the stethoscopes were more reliable in determining critical issues.

Dr. Frank noted that the new guidelines require end tidal CO₂ monitoring, and it should be used as the standard of care.

VIII. ADJOURN

❖ MOVED by HORTON, SECONDED by WESTLUND, to ADJOURN. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 12:49 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee is scheduled for April 6, 2017. The meeting will be held at the Board office and by teleconference.

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