



# STATE OF IOWA

## IOWA DENTAL BOARD

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

JILL STUECKER  
EXECUTIVE DIRECTOR

### ANESTHESIA CREDENTIALS COMMITTEE

#### MINUTES

May 19, 2016

Conference Room

University of Iowa College of Dentistry

Iowa City, Iowa

#### Committee Members

May 19, 2016

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.	Absent
Jonathan DeJong, D.D.S. ( <i>alternate</i> )	Present

#### Staff Members

Christel Branness, Phil McCollum, David Schultz

#### I. CALL MEETING TO ORDER – MAY 19, 2016

Ms. Branness called the meeting of the Anesthesia Credentials Committee to order at 2:44 p.m. on Thursday, May 19, 2016. The purpose of the meeting was to review committee minutes, applications for general anesthesia permits, and other committee business. A quorum was established with seven (7) members present.

Roll Call:

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

#### II. COMMITTEE MEETING MINUTES

- *April 7, 2016 – Teleconference*

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

### **III. APPLICATION FOR GENERAL ANESTHESIA PERMIT**

- *Lois I. Jacobs, D.D.S.*

Ms. Braness provided an update on the application. There was still a question as to the extent of Dr. Jacobs' anesthesia training. The records at the University of Iowa College of Dentistry are old enough that they cannot fully confirm the extent of the training.

Dr. Clark spoke about his training. Dr. Clark thought it might be helpful to ask other state about their verification process prior to issuing a permit.

Dr. Vargas and Dr. Roth believe that the committee should look at the experience she has sedating, given that she has provided sedation for over 30 years.

Ms. Braness stated that Dr. Jacob's application was not complete to date; however, she would proceed based on these recommendations.

- ❖ MOVED by ROTH, SECONDED by HORTON, to REQUEST paperwork for credentialing. Motion APPROVED unanimously.

### **IV. APPLICATIONS FOR MODERATE SEDATION PERMIT**

Ms. Braness reported that the Board had not received any moderate sedation applications to date.

### **V. OTHER BUSINESS**

- *Review and Discussion of Sedation Facility Inspection Form*
- *Discussion of Sedation Drugs*
  - *Recommended Emergency Drugs and Other Medications*

Mr. McCollum provided an overview of the inspection form. The committee agreed to go through the form in order to best discuss the items listed.

The committee members discussed some of the issues related to floor plans of the operatories and what type of space may be required. After further discussion, it was determined that an operatory should have sufficient room to fit a back board in the event of an emergency.

There was a discussion about how valuable light readings might be. Ultimately, the committee determined that this was not critical since there is a requirement for backup lighting in case of emergency. Typically, most offices use head lights; though, the committee noted that an office should maintain replacement batteries in the office.

Mr. McCollum inquired about how many face masks a general practice office should keep on hand. There was also a discussion of sizes that should be available. Dr. Vargas recommended that an

office have at least one of each size of adult mask; and should be replaced before expiration. Pediatric sizes should not be needed unless an office is allowed to sedate pediatric patients.

Mr. McCollum inquired about the committee's preference for positive-pressure forced-air system. The members stated that a bag valve mask would be sufficient for those purposes. The committee recommended that a minimum of two bags be maintained in each office.

Mr. McCollum asked about the use of laryngoscope mask airway (LMA) in place of laryngoscope and blades, or endotracheal tubes. Dr. Frank stated that the best standard would be to use endotracheal tubes. Though, LMAs are often safer unless practitioners place endotracheal tubes regularly. The committee recommended requiring one or the other.

Dr. Vargas asked if an AED could replace the EKG monitor. Dr. Vargas believed that the requirement for an EKG monitor was a burden on the pediatric community without added benefit. Dr. Frank asked Dr. Vargas about this. Dr. Vargas reported that the American Academy of Pediatric Dentistry (AAPD) only requires the use of an EKG for deep sedation. To start with, there are a number of restrictions to sedating pediatric patients. Dr. Frank asked about pre-operative vitals. Dr. Vargas reported that she used pulse-oximetry and capnography; however, she did not currently use an EKG. Mr. McCollum recommended changing the rule, or requiring pediatric doctors to request rule waivers of this requirement.

Mr. McCollum reported that the inspection form had been changed to referencing categories of drugs, as opposed to specific drugs since these may change.

In response to a question about emergency drugs needed, Mr. McCollum asked if moderate sedation permit holders would need to keep succinylcholine in the office. A number of committee members with sedation permits indicated that they did not feel comfortable using this drug even in an emergency, and would use valium or versed instead. Dr. Frank stated that succinylcholine is used for laryngospasms; though, he has not needed to employ its use in an office. Mr. McCollum stated that it has not been required of moderate sedation permit holders for several years.

Dr. Frank stated that sedation is a continuum, and permit holders should be prepared to handle the next level of sedation in the event of an emergency. Dr. Vargas agreed; though, she believed that the use of succinylcholine went beyond that.

Dr. DeJong and Dr. Frank reported that succinylcholine is the shortest acting drug to address emergencies such as these. Other medications have a much longer half-life.

Dr. Clark believed that most of the permit holders would not have used this. Dr. Vargas believed that the use of this drug could cause more harm than good.

Dr. Frank clarified that not all patients with whom succinylcholine is used require intubation; most do not.

- ❖ MOVED by ROTH, SECONDED by VARGAS, to maintain the current standard to *not* require for moderate sedation permit holders. Motion APPROVED 5-2; Dr. Frank and Dr. DeJong dissented.

Mr. McCollum asked about any other drugs that the committee members may want to have added to the list, or changed. Dr. Frank indicated that lidocaine was no longer necessary as an anti-arrhythmic. It could be maintained; though, it should not be required if other anti-arrhythmic drugs are available.

Mr. McCollum asked again for clarification on the types of muscle relaxant drugs that could be used for moderate sedation permit holders. Dr. Roth stated that versed should be sufficient.

Dr. Clark stated that a muscle relaxant and a neuromuscular blocking agent are two different things. Dr. Clark stated that valium would be used to break a seizure as a muscle relaxant, but would not be appropriate for laryngospasms.

Dr. Roth stated that the neuromuscular blocking agents are required for deep sedation/general anesthesia. Moderate sedation permit holders should have a muscle relaxant to break seizures. Versed or valium would be sufficient for the purposes of anti-seizure medication. Most offices will have these drugs on hand since they are implemented in the use of sedation.

- *Discussion of Sedation Drugs*
  - *Recommended Restrictions for Use in Moderate Sedation*

Ms. Braness provided an overview of the reason for discussion. Historically, drugs such as ketamine and hydromorphone have been restricted from use in moderate sedation given the level of sedation typically reached, or the post-operative observation required, due to a longer half-life of the medication.

After further discussion, the committee agreed that ketamine, propofol, and hydromorphone would continue to be prohibited in the use of moderate sedation. As new drugs are introduced, that may have similar effects, they may be added to this list.

- *Other Recommendations, If Any*

There weren't any other recommendations.

- *Discussion of Moderate Sedation Training in Continuing Education Courses*

Dr. Frank stated that he had reviewed some of the shorter moderate sedation courses available. In the courses that he has reviewed, there was often exposure to the use of versed in the course of treatment; though, there may be a question as to whether training would be sufficient for use of multiple drugs.

Dr. Roth and Dr. Vargas pointed out that training changes all of the time. To limit use of certain drugs to those in which training was received was a standard that is not applied in other areas of dentistry.

Dr. Roth believed that the changes already implemented are sufficient regarding pediatric patients and medically-compromised patients. Those who receive training in sedation should be able to recognize when they are having troubles and know how to respond accordingly.

The committee indicated that they would continue to review courses for approval upon request.

- *Discussion of Peer Evaluations*

- This agenda item was taken out of order due to the nature of the discussion and how it related to the previous agenda item.

Dr. Roth believed that it is a good idea to conduct peer evaluations of moderate sedation permit holders; however, there were issues to consider such as who would complete those evaluations, and the related costs.

Ms. Braness provided an overview of this agenda item. Dr. Westlund, historically, has recommended them; though, there has always been a question about who would complete these if they are required.

Dr. Vargas advocated doing peer evaluations, particularly, for pediatric dentists. It would be responsible of the committee to do this.

Dr. Horton asked about the possibility of increasing the fees to cover the costs related to this. Mr. McCollum and Ms. Braness indicated that fee increases would not likely be approved.

Dr. DeJong indicated that he completed some of those for the western part of the state, at his own cost.

Dr. Vargas asked if these could be completed over the phone. Mr. McCollum asked if a peer evaluation needed to be done by a dentist, or if it could be completed by Board staff since they are going into offices anyway.

There a number of concerns with all of the proposed options. The committee recommended that Board staff look into alternatives, and to bring this back to the committee at a later date.

- Dr. Vargas left the meeting at 4:23 p.m.
  - *Review and Discussion of Application Updates – Moderate Sedation Permit and General Anesthesia Permit*

Ms. Braness asked if the committee members had any comments or suggestions related to the updated draft of the sedation application. The committee did not have any comments.

- *Discussion of ACLS/PALS Course Requirements*

Ms. Braness reported that the question has been raised about what ACLS/PALS courses are acceptable. Ms. Braness stated that renewal requirements for CPR required a hands-on course, and the Board has been applying the same standard to ACLS/PALS certification.

Dr. Horton reported that the ASDA has a sim-man course, which is a very beneficial course. Dr. Horton recommended making it a regular requirement. Ms. Braness stated that this would require a rule change; however, staff can add this to the list of suggestions if the committee was serious about requiring this. Dr. Frank stated that ACLS training is moving away from airway management, which is the big concern. The committee was in favor of requiring this once every five (5) years or so.

Dr. Frank inquired about minimal sedation and to what extent practitioners should be administering an anxiolytic in combination with nitrous or other drugs that may approach moderate sedation. Mr. McCollum clarified that this would be limited to patients ASA 1-2, age 13 years of age or older. Mr. McCollum stated that rules address intent. If the intention or belief is that moderate sedation would be reached, a permit would be required.

Ms. Braness stated that the topic can be discussed by the committee further at a later date.

## **VI. OPPORTUNITY FOR PUBLIC COMMENT**

There weren't any comments received.

## **VII. ADJOURN**

- ❖ **MOVED** by FRANK, **SECONDED** by DEJONG, to **ADJOURN**. Motion **APPROVED** unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 4:38 p.m.

## **NEXT MEETING OF THE COMMITTEE**

The next meeting of the Anesthesia Credentials Committee is scheduled for July 11, 2016. 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.