



STATE OF IOWA

IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

AGENDA

September 29, 2016

12:00 P.M.

Updated 9/27/2016

Location: The public can participate in the public session of the teleconference by speakerphone at the Board's office, 400 SW 8th St., Suite D, Des Moines, Iowa. The public can also participate by telephone using the call-in information below:

- | | |
|---|----------------|
| 1. Dial the following number to join the conference call: | 1-866-685-1580 |
| 2. When promoted, enter the following conference code: | 0009990326# |

Members: *Steven Fuller, D.D.S. Chair; 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.; Jonathan DeJong, D.D.S. (alternate)*

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. COMMITTEE MINUTES**
 - a. July 14, 2016 – Teleconference
- III. APPLICATION FOR GENERAL ANESTHESIA PERMIT**
- IV. APPLICATION FOR MODERATE SEDATION PERMIT**
 - a. Kimberly A. Morio, D.D.S.
 - b. **Logan T. Dudzinski, D.D.S.**
- V. OTHER BUSINESS**
 - a. 2017 Meeting Dates
- VI. OPPORTUNITY FOR PUBLIC COMMENT**
- VII. ADJOURN**

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.



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TERRY E. BRANSTAD, GOVERNOR
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JILL STUECKER
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

MINUTES

July 14, 2016

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

Committee Members

Steven Fuller, D.D.S.
Steven Clark, D.D.S.
John Frank, D.D.S.
Douglas Horton, D.D.S.
Gary Roth, D.D.S.
Kaaren Vargas, D.D.S.
Kurt Westlund, D.D.S.
Jonathan DeJong, D.D.S. (*alternate*)

July 14, 2016

Present
Absent
Present
Absent
Present
Absent
Present
Present

Staff Member

Christel Branness, David Schultz

I. CALL MEETING TO ORDER – JULY 14, 2016

Ms. Branness called the meeting of the Anesthesia Credentials Committee to order at 12:02 p.m. on Thursday, July 14, 2016. 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 general anesthesia permits, and other committee business. It was impractical for the committee to meet in person with such a short agenda. A quorum was established with five (5) members present.

Roll Call:

Member	Clark	DeJong	Frank	Fuller	Horton	Roth	Westlund	Vargas
Present		x	x	x		x	x	
Absent	x				x			x

II. COMMITTEE MEETING MINUTES

- *May 19, 2016 – Meeting*

- ❖ MOVED by ROTH, SECONDED by FRANK, 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 of the application.

Dr. Frank asked about hospital privileges that Dr. Jacobs may have, whether she is in good standing, and whether Ms. Jacobs was working in a private office. Ms. Braness stated that, to date, Dr. Jacobs has not responded to requests for some of that information. Dr. Frank asked if we could request that and other information related to her clinical privileges and sedation permit status in Oklahoma.

The committee members agreed.

- ❖ MOVED by FRANK, SECONDED by FULLER, to REQUEST additional information. Motion APPROVED unanimously.

- *Amine Bellil, D.M.D.*

Ms. Braness provided an overview of the application. It appears that Dr. Bellil will be providing sedation at multiple practices, including A-1 Dental. Ms. Braness stated that the facilities will be clarified prior to issuance, and inspections would be completed as required.

Dr. Fuller stated that A-1 Dental is a dental support organization (DSO), and are setting up multiple locations.

Mr. Schultz reported that he has scheduled to do an inspection the following Monday at the Marshalltown location.

Dr. Frank feels that the training was sufficient.

- ❖ MOVED by ROTH, SECONDED by DEJONG, to APPROVE the permit pending completion of facility and site inspections as required. Motion APPROVED unanimously.

- *Jason M. Thompson, D.D.S.*

Ms. Braness provided an overview of the application.

- ❖ MOVED by FRANK, SECONDED by ROTH, to APPROVE the permit application. 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

- *Discussion – American Academy of Pediatrics Updates Guidelines of Sedation in Pediatric Patients*

Dr. Fuller commented on the information provided. The report included recommendations for practitioners to have skills to treat children, including airway obstructions and laryngospasms. It again raised the question as to whether moderate sedation permit providers should be required to have succinylcholine on hand in the event of an emergency.

The committee also inquired about the recommendation that a “skilled observer” be trained in PALS. The committee members were not sure whether this would include dental assistants and nurses. The remainder of the article referred to “practitioner.” Dr. Roth and Ms. Braness referred to the current rules in Iowa Administrative Code 650—Chapter 29. Dr. Roth believed that the terminology was used interchangeably.

Dr. Westlund discussed the equipment requirements. Specifically, Dr. Westlund discussed the need for an EKG machine. Ms. Braness clarified the current equipment requirements for sedation permit holders. Dr. Roth provided an overview of the discussion with Dr. Vargas from the last meeting, and the use of a combined EKG/AED machine. There were some remaining questions as to whether or not one could use the EKG portion of the machine without employing the AED. Dr. Roth believed that you could use the EKG without the AED portion being used.

Dr. Frank recommended that practitioners refer patients, even if seemingly young and healthy, who may have some type of arrhythmia or other related issues, to a cardiologist.

Ms. Braness stated that staff can research some of these issues further and bring those back for further discussion at a later date.

- *Discussion – Definition of “Hospitalization” with Respect to Adverse Occurrences*

Ms. Braness provided an overview of the request related to this discussion. Based on two separate cases, there were specific questions about when reporting would be required.

Dr. DeJong reported that he referred to FDA guidelines for their requirements. The FDA defines hospitalization as an admission to the hospital or other prolonged treatment.

Dr. Frank stated that this question may have arisen during treatment that he provided. Dr. Frank provided an overview of what happened. Dr. Frank referred patient to ER for an X-ray of the patient’s airway. The patient did not require additional treatment. Dr. Westlund did not believe that this sort of incident would require a report. The others agreed.

Mr. Schultz provided an overview of the cases that resulted in the referral of this discussion to the committee.

- ❖ MOVED by WESTLUND, SECONDED by ROTH, to DEFINE hospitalization as in-patient treatment or extended treatment; out-patient treatment would not be subject to reporting requirements. Motion APPROVED unanimously.

VI. OPPORTUNITY FOR PUBLIC COMMENT

No comments were received.

VII. ADJOURN

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

The Anesthesia Credentials Committee adjourned its meeting at 12:33 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee is scheduled for September 29, 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.



IOWA DENTAL BOARD
 400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
 Phone (515) 281-5157 Fax (515) 281-7969
<http://www.dentalboard.iowa.gov>

APPLICATION FOR MODERATE SEDATION PERMIT

SECTION 1 - APPLICANT INFORMATION

Instructions - Please read the accompanying instructions prior to completing this form. Answer each question. If not applicable, mark "N/A."

Full Legal Name: (Last, First, Middle, Suffix)

Kimberly Ann Morio

Other Names Used: (e.g. Maiden)

Home E-mail:

kimimorio@gmail.com

Work E-mail:

Kimberly-morio@uiowa.edu

Home Address:

3183 Stillwater Cove NE

City:

Solon

State:

IA

Zip:

52333

Home Phone:

(319) 331-2800

License Number:

DDS - 08560

Issue Date:

Sept 2, 2014

Expiration Date:

Aug 31, 2016

Type of Practice:

Endodontics

SECTION 2 - LOCATION(S) IN IOWA WHERE MODERATE SEDATION SERVICES ARE PROVIDED

Principal Office Address:

1295 Bayson Rd

City:

Hawatha

Zip:

52233

Phone:

(319) 743-0011

Office Hours/Days:

8-5/W-F

Other Office Address:

City:

Zip:

Phone:

Office Hours/Days:

SECTION 3 - BASIS FOR APPLICATION

Check each box to indicate the type of training you have completed.

Check if completed.

DATE(S):

Moderate Sedation Training Program that meets ADA Guidelines for Teaching Pain Control and Sedation to Dentists of at least 60 hours and 20 patient experiences

Completed

8/14-6/16

ADA-accredited Residency Program that includes moderate sedation training

Completed

You must have training in moderate sedation AND one of the following:

Formal training in airway management; OR

Completed

8/2014

Moderate sedation experience at graduate level, approved by the Board

Completed

SECTION 4 - ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION

Name of Course:

Advanced Cardiovascular Life Support

Location:

St Lukes Hospital Cedar Rapids, IA

Date of Course:

4/2016

Date Certification Expires:

4/2018

Office Use	Lic. #	Sent to ACC:	Inspection	Fee
	Permit #	Approved by ACC:	Inspection Fee Pd:	ACLS
	Issue Date:	Temp #	ASA 3/4?	Form A/B
	Brd Approved:	T. Issue Date:	Pediatric?	Peer Eval

3421 \$815-

Name of Applicant Kimberly A. Moniz

SECTION 5 - MODERATE SEDATION TRAINING INFORMATION

Type of Program:

Postgraduate Residency Program Continuing Education Program Other Board-approved program, specify:

Name of Training Program: <u>University of Iowa Endodontics</u>	Address: <u>801 Newton Rd</u>	City: <u>Iowa City</u>	State: <u>IA</u>
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Type of Experience:
Specializing in Root canal w/ IV sedation training in Endodontics

Length of Training: <u>Endo (7/13-7/15) Sedation (8/14-6/16)</u>	Date(s) Completed: <u>Sedation training 8/14-6/16</u>
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Number of Patient Contact Hours: <u>60 hrs of contact time</u>	Total Number of Supervised Sedation Cases: <u>24 cases</u>
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- YES NO 1. Did you satisfactorily complete the above training program?
- YES NO 2. Does the program include at least sixty (60) hours of didactic training in pain and anxiety?
- YES NO 3. Does the program include management of at least 20 clinical patients?
- As part of the curriculum, are the following concepts and procedures taught:
- YES NO 4. Physical evaluation;
- YES NO 5. IV sedation;
- YES NO 6. Airway management;
- YES NO 7. Monitoring; and
- YES NO 8. Basic life support and emergency management.
- YES NO 9. Does the program include clinical experience in managing compromised airways?
- YES NO 10. Does the program provide training or experience in managing moderate sedation in pediatric patients?
- YES NO 11. Does the program provide training or experience in managing moderate sedation in ASA category 3 or 4 patients?

Please attach the appropriate form to verify your moderate sedation training. Applicants who received their training in a postgraduate residency program must have their postgraduate program director complete Form A. In addition, attach a copy of your certificate of completion of the postgraduate program. Applicants who received their training in a formal moderate sedation continuing education program must have the program director complete Form B.

SECTION 6 - MODERATE SEDATION EXPERIENCE

- YES NO A. Do you have a license, permit, or registration to perform moderate sedation in any other state?
If yes, specify state(s) and permit number(s): _____
- YES NO B. Do you consider yourself engaged in the use of moderate sedation in your professional practice?
- YES NO C. Have you ever had any patient mortality or other incident that resulted in the temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, your use of anti-anxiety premedication, nitrous oxide inhalation analgesia, moderate sedation or deep sedation/general anesthesia?
- YES NO D. Do you plan to use moderate sedation in pediatric patients?
- YES NO E. Do you plan to use moderate sedation in medically compromised (ASA category 3 or 4) patients?
- YES NO F. Do you plan to engage in enteral moderate sedation?
- YES NO G. Do you plan to engage in parenteral moderate sedation?

What major drugs and anesthetic techniques do you utilize or plan to utilize in your use of moderate sedation? Provide details (IV, inhalation, etc.) and attach a separate sheet if necessary.

Benzodiazepine (primarily midazolam)
Narcotic (primarily fentanyl)
IV, inhalation (nitrous oxide)

Name of Applicant Kimberly A Mond

Facility Address 1395 Boyson Rd Thawaha, IA 52233

SECTION 7 - AUXILIARY PERSONNEL

A dentist administering moderate sedation in Iowa must document and ensure that all auxiliary personnel have certification in basic life support (BLS) and are capable of administering basic life support. Please list below the name(s), license/registration number, and BLS certification status of all auxiliary personnel.

Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:
<u>Mikki Dohlman RN</u>	<u>116764</u>	<u>9/14</u>	<u>9/14</u>
<u>Kimberly Swanger RN</u>	<u>095963</u>	<u>5/16</u>	<u>5/18</u>
<u>Cindi Glenski RN</u>	<u>100008</u>	<u>12/2/14</u>	<u>12/2/16</u>
<u>Dominic Morio DDS</u>	<u>06382</u>	<u>10/22/14</u>	<u>10/31/16</u>
<u>Nicole Beier DA</u>	<u>QDA-12261</u>	<u>4/16</u>	<u>4/2018</u>
<u>Lina Chentlager DA</u>	<u>QDA-03784</u>	<u>4/16</u>	<u>4/2018</u>
Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:

SECTION 8 - FACILITIES & EQUIPMENT

Each facility in which you perform moderate sedation must be properly equipped. Copy this page and complete for each facility. You may apply for a waiver of any of these provisions. The Board may grant the waiver if it determines there is a reasonable basis for the waiver.

YES NO Is your dental office properly maintained and equipped with the following:

- 1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?
- 2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?
- 3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure?
- 4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?
- 5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?
- 6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)
- 7. Is the patient able to be observed by a member of the staff at all times during the recovery period?
- 8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail safe mechanism?
- 9. EKG monitor?
- 10. Laryngoscope and blades?
- 11. Endotracheal tubes?
- 12. Magill forceps?
- 13. Oral airways?
- 14. Stethoscope?
- 15. A blood pressure monitoring device?
- 16. A pulse oximeter?
- 17. Emergency drugs that are not expired?
- 18. A defibrillator (an automated defibrillator is recommended)?
- 19. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?

5 20. In the space provided, list the number of nitrous oxide inhalation analgesia units in your facility.

SECTION 9 – If you answer Yes to any of the questions below, attach a full explanation. Read the instructions for important definitions.

	YES	NO
1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. If YES to any of the above, are you receiving ongoing treatment or participation in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been requested to repeat a portion of any professional training program/school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever voluntarily surrendered a license or permit issued to you by any professional licensing agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered?	<input type="checkbox"/>	<input type="checkbox"/>
8. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license or permit you held?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily surrendered or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 10 – AFFIDAVIT OF APPLICANT

STATE: Iowa COUNTY: Linn

I, the below named applicant, hereby declare under penalty of perjury that I am the person described and identified in this application and that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license or permit to provide moderate sedation. I also declare that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I understand that I have no legal authority to administer moderate sedation until a permit has been granted. I understand that my facility is subject to an on-site evaluation prior to the issuance of a permit and by submitting an application for a moderate sedation permit, I hereby consent to such an evaluation. In addition, I understand that I may be subject to a professional evaluation as part of the application process. The professional evaluation shall be conducted by the Anesthesia Credentials Committee and include, at a minimum, evaluation of my knowledge of case management and airway management.

I certify that I am trained and capable of administering Advanced Cardiac Life Support and that I employ sufficient auxiliary personnel to assist in monitoring a patient under moderate sedation. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support. I understand that a dentist performing a procedure for which moderate sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel.

I am aware that pursuant to Iowa Administrative Code 650—29.9(153) I must report any adverse occurrences related to the use of sedation. I also understand that if moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

I hereby authorize the release of any and all information and records the Board shall deem pertinent to the evaluation of this application, and shall supply to the Board such records and information as requested for evaluation of my qualifications for a permit to administer moderate sedation in the state of Iowa.

I understand that based on evaluation of credentials, facilities, equipment, personnel, and procedures, the Board may place restrictions on the permit.

I further state that I have read the rules related to the use of sedation and nitrous oxide inhalation analgesia, as described in 650 Iowa Administrative Code Chapter 29. I hereby agree to abide by the laws and rules pertaining to the practice of dentistry and moderate sedation in the state of Iowa.

MUST BE SIGNED IN PRESENCE OF NOTARY ►	SIGNATURE OF APPLICANT	
NOTARY SEAL	SUBSCRIBED AND SWORN BEFORE ME, THIS <u>12</u> DAY OF <u>August</u> , YEAR <u>2016</u>	
	NOTARY PUBLIC SIGNATURE <u>Rhonda Ann Cohn</u>	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	MY COMMISSION EXPIRES:
	<u>Rhonda Ann Cohn</u>	<u>January 25, 2019</u>



IOWA DENTAL BOARD
 400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
 Phone (515) 281-5157 Fax (515) 281-7969
<http://www.dentalboard.iowa.gov>

PLEASE TYPE OR PRINT LEGIBLY IN INK.

**FORM A: VERIFICATION OF MODERATE SEDATION TRAINING
 IN A POSTGRADUATE RESIDENCY PROGRAM**

SECTION 1 - APPLICANT INFORMATION

Instructions - Use this form if you obtained your training in moderate sedation from an approved postgraduate residency program. Complete Section 1 and mail this form to the Postgraduate Program Director for verification of your having successfully completed this training.

NAME (First, Middle, Last, Suffix, Former/Maiden):

Kimberly Ann Morio

MAILING ADDRESS:

3183 Stinwater Lane NE

CITY:

Colon

STATE:

IA

ZIP CODE:

52333

PHONE:

(319) 331-2800

To obtain a permit to administer moderate sedation in Iowa, the Iowa Dental Board requires that the applicant submit evidence of having completed an approved postgraduate training program or other formal training program approved by the Board. The applicant's signature below authorizes the release of any information, favorable or otherwise, directly to the Iowa Dental Board at the address above.

APPLICANT'S SIGNATURE:

[Signature]

DATE:

8-12-16

SECTION 2 - TO BE COMPLETED BY POSTGRADUATE PROGRAM DIRECTOR

NAME OF POSTGRADUATE PROGRAM DIRECTOR:

Dr. Anne Williamson (Endodontics) / Dr. Steve Clark (Sedation Component)

THIS POSTGRADUATE PROGRAM IS APPROVED OR ACCREDITED TO TEACH POSTGRADUATE DENTAL OR MEDICAL EDUCATION BY ONE OF THE FOLLOWING:

- American Dental Association;
- Accreditation Council for Graduate Medical Education of the American Medical Association (AMA); or
- Education Committee of the American Osteopathic Association (AOA).

NAME AND LOCATION OF POSTGRADUATE PROGRAM:

*University of Iowa Dental School
 Endodontics Department*

PHONE:

(319) 335-7471

DATES APPLICANT PARTICIPATED IN PROGRAM ▶

FROM (MO/YR):

6/13

TO (MO/YR):

7/15

DATE PROGRAM COMPLETED:

7/15

- YES NO 1. DID THE APPLICANT SATISFACTORILY COMPLETE THE ABOVE POSTGRADUATE TRAINING PROGRAM?
- YES NO 2. DOES THE PROGRAM INCLUDE AT LEAST SIXTY (60) HOURS OF DIDACTIC TRAINING IN PAIN AND ANXIETY?
- YES NO 3. DOES THE PROGRAM COVER THE AMERICAN DENTAL ASSOCIATION GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS?
- YES NO 4. DOES THE PROGRAM INCLUDE CLINICAL EXPERIENCE IN MANAGING COMPROMISED AIRWAYS?
- YES NO 5. DOES THE PROGRAM INCLUDE MANAGEMENT OF AT LEAST 20 PATIENTS?

(If no to above, please provide a detailed explanation.)

- YES NO 6. DID THE APPLICANT EVER RECEIVE A WARNING OR REPRIMAND, OR WAS THE APPLICANT PLACED ON PROBATION DURING THE TRAINING PROGRAM? If yes, please explain.
- YES NO 7. WAS THE APPLICANT EVER REQUESTED TO REPEAT A PORTION OF THE TRAINING PROGRAM? If yes, please explain.
- YES NO 8. DOES THE PROGRAM INCLUDE ADDITIONAL CLINICAL EXPERIENCE IN PROVIDING MODERATE SEDATION FOR PEDIATRIC (AGE 12 OR YOUNGER) PATIENTS? If yes, please provide details.
- YES NO 9. DOES THE PROGRAM INCLUDE ADDITIONAL CLINICAL EXPERIENCE IN PROVIDING MODERATE SEDATION FOR MEDICALLY COMPROMISED (ASA CLASS 3 OR 4) PATIENTS? If yes, please provide details.

I further certify that the above named applicant has demonstrated competency in airway management and moderate sedation.

PROGRAM DIRECTOR SIGNATURE:

Anne W. Williamson DDS MS

DATE:

8-18-16

Steve H. Clark DDS/Sedation component of post-doc program

Date: 7/19/2016

To: Iowa State Board of Dentistry

RE: Dr. Kimberly A. Morio Moderate Parenteral Sedation Permit Application

To whom it may concern:

This letter is written to describe Dr. Kimberly A. Morio's conscious sedation training and experience at The University of Iowa, College of Dentistry. Dr. Morio completed a Certificate in Advanced Education in Endodontics at The University of Iowa as well as a Master's of Oral Science. Her curriculum included a total of 108 didactic hours relevant to conscious sedation. In addition, she completed a 2 week anesthesia rotation at The University of Iowa Hospitals and Clinics in Iowa City. This included operating room experience, including airway management and intubation treating pediatric and adult patients. She completed 24 intravenous conscious sedation cases at the University Of Iowa College Of Dentistry under the direction of qualified faculty. These experiences occurred from 2014 – 2016.

The didactic content of her training relevant to conscious sedation is outlined below.

Prerequisite: Basic Life Support (BLS/CPR) – current

<u>Course Title</u>	<u>Semester Hours</u>	<u>Contact Hours</u>	<u>Schedule</u>
Advanced Human Anatomy	2	76	Summer semester - 2013
Pain and Anxiety Control	1	16	Fall semester - 2013
Advanced Dental Therapeutics	1	16	Fall semester - 2013

Total = 108 hours

The clinical content of her training relevant to conscious sedation is outlined below.

Prerequisite: Advanced Cardiac Life Support (ACLS) - current

Anesthesia Rotation, University of Iowa Hospitals and Clinics, June 2014, 2 weeks, 80 hours of both patient care time and anesthesia didactics. This rotation provided experience in maintaining mask airway on 13 patients with specific skills as follows: 5 Operating Room intubations, 6 LMA placements and 2 nasal placements. Dr. Morio performed 24 intravenous (IV) conscious sedation cases, at the University of Iowa, College of Dentistry, July 2014 to June 2016, with approximately 60 hours of patient contact time.

Periodontics and Endodontics Clinic, College of Dentistry, University of Iowa

09241 IV Conscious Sedation procedures	24 patients	7/2014 - 6/2016
09230 Nitrous Oxide Analgesia	5 patients	7/2014- 6/2016
09248 Oral Sedation	2 patients	7/2014- 6/2016

Dr. Kimberly Morio has been an outstanding resident at The University of Iowa and is competent to administer parenteral conscious sedation. She is trained in moderate and deep sedation with the use of multiple I.V. sedative drugs and multiple types of narcotics to alleviate anxiety and control pain and discomfort. This includes adult ASA 1, ASA 2, and ASA 3 patients. She is also competent in oral and nitrous oxide inhalation sedation. Her course materials conformed to the American Dental Association (ADA) Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry. Please do not hesitate to contact us if there are further questions.

Sincerely,



Steven H. Clark, DDS
Clinical Associate Professor
Department of Periodontics
University of Iowa College of Dentistry
Ph. 319-335-7235
Fax 319-335-7239



Fabricio B. Teixeira, DDS, MS, PhD
Professor and Head
Department of Endodontics
University of Iowa College of Dentistry
Ph. 319-335-7471
Fax 319-335-9663



THE UNIVERSITY OF IOWA

College of Dentistry

THIS IS TO CERTIFY THAT

Kimberly Ann Morio

HAS SUCCESSFULLY COMPLETED THE REQUIREMENTS FOR THE

Certificate in Endodontics

TO THE SATISFACTION OF THE FACULTY

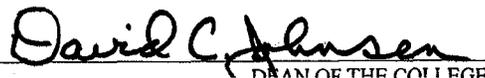
IN WITNESS WHEREOF, THIS CERTIFICATE IS AWARDED AT IOWA CITY

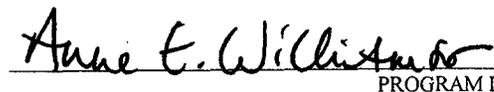
THIS THIRTIETH DAY OF JUNE, TWO THOUSAND AND FIFTEEN.


PRESIDENT OF THE UNIVERSITY




HEAD OF DEPARTMENT


DEAN OF THE COLLEGE


PROGRAM DIRECTOR



IOWA DENTAL BOARD
 400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
 Phone (515) 281-5157 Fax (515) 281-7969
<http://www.dentalboard.iowa.gov>

APPLICATION FOR MODERATE SEDATION PERMIT

SECTION 1 – APPLICANT INFORMATION

Instructions – Please read the accompanying instructions prior to completing this form. Answer each question. If not applicable, mark "N/A."

Full Legal Name: (Last, First, Middle, Suffix)

Dudzinski, Logan, Thomas

Other Names Used: (e.g. Maiden)

Home E-mail:

Work E-mail:

Home Address:

4237 North Branch Dr

City:

Omaha

State:

NE

Zip:

68116

Home Phone:

(402) 961-7777

License Number:

09280

Issue Date:

5/24/2016

Expiration Date:

8/31/2016

Type of Practice:

General Practice

SECTION 2 – LOCATION(S) IN IOWA WHERE MODERATE SEDATION SERVICES ARE PROVIDED

Principal Office Address:

3331 Marketplace Drive

City:

Council Bluffs

Zip:

51501

Phone:

(712) 366-7077

Office Hours/Days:

7-4 MTWR 7A-F

Other Office Address:

City:

Zip:

Phone:

Office Hours/Days:

SECTION 3 – BASIS FOR APPLICATION

Check each box to indicate the type of training you have completed.

Check if completed.

DATE(S):

Moderate Sedation Training Program that meets ADA Guidelines for Teaching Pain Control and Sedation to Dentists of at least 60 hours and 20 patient experiences

Completed

7/24/16

ADA-accredited Residency Program that includes moderate sedation training

Completed

7/24/16

You must have training in moderate sedation AND one of the following:

Formal training in airway management; OR

Completed

7/24/16

Moderate sedation experience at graduate level, approved by the Board

Completed

SECTION 4 – ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION

Name of Course:

ACLS Medical Training

Location:

Omaha NE

Date of Course:

09/15/2016

Date Certification Expires:

09/15/2018

Office Use	Lic. #	Sent to ACC:	Inspection	Fee
	Permit #	Approved by ACC:	Inspection Fee Pd:	ACLS
	Issue Date:	Temp #	ASA 3/4?	Form A/B
	Brd Approved:	T. Issue Date:	Pediatric?	Peer Eval

Name of Applicant Logan Oudezinski

SECTION 5 – MODERATE SEDATION TRAINING INFORMATION

Type of Program:
 Postgraduate Residency Program Continuing Education Program Other Board-approved program, specify:

Name of Training Program: <u>Rocky Mountain Sedation</u>	Address: <u>505 South Villa Real</u>	Zip: <u>92807</u>	City: <u>Anaheim</u>	State: <u>CA</u>
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Type of Experience:
IV Sedation

Length of Training: <u>80 CEU 7/5/2016 - 7/24/2016</u>	Date(s) Completed: <u>7/24/2016</u>
Number of Patient Contact Hours: <u>30</u>	Total Number of Supervised Sedation Cases: <u>30</u>

- YES NO 1. Did you satisfactorily complete the above training program?
- YES NO 2. Does the program include at least sixty (60) hours of didactic training in pain and anxiety?
- YES NO 3. Does the program include management of at least 20 clinical patients?
As part of the curriculum, are the following concepts and procedures taught:
- YES NO 4. Physical evaluation;
- YES NO 5. IV sedation;
- YES NO 6. Airway management;
- YES NO 7. Monitoring; and
- YES NO 8. Basic life support and emergency management.
- YES NO 9. Does the program include clinical experience in managing compromised airways?
- YES NO 10. Does the program provide training or experience in managing moderate sedation in pediatric patients?
- YES NO 11. Does the program provide training or experience in managing moderate sedation in ASA category 3 or 4 patients?

Please attach the appropriate form to verify your moderate sedation training. Applicants who received their training in a postgraduate residency program must have their postgraduate program director complete Form A. In addition, attach a copy of your certificate of completion of the postgraduate program. Applicants who received their training in a formal moderate sedation continuing education program must have the program director complete Form B.

SECTION 6 – MODERATE SEDATION EXPERIENCE

- YES NO A. Do you have a license, permit, or registration to perform moderate sedation in any other state?
If yes, specify state(s) and permit number(s): _____
- YES NO B. Do you consider yourself engaged in the use of moderate sedation in your professional practice?
- YES NO C. Have you ever had any patient mortality or other incident that resulted in the temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, your use of antianxiety premedication, nitrous oxide inhalation analgesia, moderate sedation or deep sedation/general anesthesia?
- YES NO D. Do you plan to use moderate sedation in pediatric patients?
- YES NO E. Do you plan to use moderate sedation in medically compromised (ASA category 3 or 4) patients?
- YES NO F. Do you plan to engage in enteral moderate sedation?
- YES NO G. Do you plan to engage in parenteral moderate sedation?

What major drugs and anesthetic techniques do you utilize or plan to utilize in your use of moderate sedation? Provide details (IV, inhalation, etc.) and attach a separate sheet if necessary.

I.V. Moderate Sedation using: Versed
Fentanyl

Name of Applicant Logan Duidzinski

Facility Address 3331 Marketplace Dr. Council Bluffs, IA 51501

SECTION 7 - AUXILIARY PERSONNEL

A dentist administering moderate sedation in Iowa must document and ensure that all auxiliary personnel have certification in basic life support (BLS) and are capable of administering basic life support. Please list below the name(s), license/registration number, and BLS certification status of all auxiliary personnel.

Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Raina McAuliffe PDA	FCAF7B285	3-30-14	3-30-18
Heather Olson PDA	5B97A3	3-30-14	3-30-18
Rebecca Petty PDA	FD3889	3-30-14	3-30-18
Peggy Somson PDA	48 B35	3-31-14	3-31-18
Mercedes Shire CPA PDA	D22CFW08	4-6-14	4-6-18
Nicole Heikes RDH	2ACE9A	3-31-14	3-31-18
Tracie Hawkins RDH	CCB9ADE	3-31-14	3-31-18
Meghan Watson RDH	82DD22	3-30-14	3-30-18

SECTION 8 - FACILITIES & EQUIPMENT

Each facility in which you perform moderate sedation must be properly equipped. Copy this page and complete for each facility. You may apply for a waiver of any of these provisions. The Board may grant the waiver if it determines there is a reasonable basis for the waiver.

YES NO Is your dental office properly maintained and equipped with the following:

- 1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?
- 2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?
- 3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure?
- 4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?
- 5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?
- 6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)
- 7. Is the patient able to be observed by a member of the staff at all times during the recovery period?
- 8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail safe mechanism?
- 9. EKG monitor?
- 10. Laryngoscope and blades?
- 11. Endotracheal tubes?
- 12. Magill forceps?
- 13. Oral airways?
- 14. Stethoscope?
- 15. A blood pressure monitoring device?
- 16. A pulse oximeter?
- 17. Emergency drugs that are not expired?
- 18. A defibrillator (an automated defibrillator is recommended)?
- 19. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?
- 6 20. In the space provided, list the number of nitrous oxide inhalation analgesia units in your facility.

Printable Wallet Card



NationalCPRFoundation

Student: Meghan Watson

The mentioned individual is now Certified in the mentioned Course by demonstrating proficiency by successfully passing the Examination in accordance with the Terms and Conditions of National CPR Foundation (NCPRF). Valid for 2 Years.

(Infant, Child, Adult) ID#: 82DD22

Certificate: Healthcare - CPR / AED Date: 3-30-16

Course administered by National CPR Foundation in Accordance with the 2015 ECC/ILCOR and AHA® guidelines

NationalCPRFoundation.com

SECTION 9 – If you answer Yes to any of the questions below, attach a full explanation. Read the instructions for important definitions.

	YES	NO
1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. If YES to any of the above, are you receiving ongoing treatment or participation in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you ever been requested to repeat a portion of any professional training program/school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever voluntarily surrendered a license or permit issued to you by any professional licensing agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license or permit you held?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily surrendered or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 10 – AFFIDAVIT OF APPLICANT

STATE: Iowa COUNTY: Pottawattamie

I, the below named applicant, hereby declare under penalty of perjury that I am the person described and identified in this application and that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license or permit to provide moderate sedation. I also declare that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I understand that I have no legal authority to administer moderate sedation until a permit has been granted. I understand that my facility is subject to an on-site evaluation prior to the issuance of a permit and by submitting an application for a moderate sedation permit, I hereby consent to such an evaluation. In addition, I understand that I may be subject to a professional evaluation as part of the application process. The professional evaluation shall be conducted by the Anesthesia Credentials Committee and include, at a minimum, evaluation of my knowledge of case management and airway management.

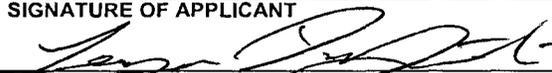
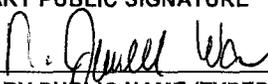
I certify that I am trained and capable of administering Advanced Cardiac Life Support and that I employ sufficient auxiliary personnel to assist in monitoring a patient under moderate sedation. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support. I understand that a dentist performing a procedure for which moderate sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel.

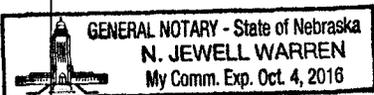
I am aware that pursuant to Iowa Administrative Code 650—29.9(153) I must report any adverse occurrences related to the use of sedation. I also understand that if moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

I hereby authorize the release of any and all information and records the Board shall deem pertinent to the evaluation of this application, and shall supply to the Board such records and information as requested for evaluation of my qualifications for a permit to administer moderate sedation in the state of Iowa.

I understand that based on evaluation of credentials, facilities, equipment, personnel, and procedures, the Board may place restrictions on the permit.

I further state that I have read the rules related to the use of sedation and nitrous oxide inhalation analgesia, as described in 650 Iowa Administrative Code Chapter 29. I hereby agree to abide by the laws and rules pertaining to the practice of dentistry and moderate sedation in the state of Iowa.

MUST BE SIGNED IN PRESENCE OF NOTARY ▶	SIGNATURE OF APPLICANT 	
	SUBSCRIBED AND SWORN BEFORE ME, THIS <u>21</u> DAY OF <u>September</u> , YEAR <u>2016</u>	
NOTARY SEAL	NOTARY PUBLIC SIGNATURE 	
	NOTARY PUBLIC NAME (TYPED OR PRINTED) <u>N. Jewell Warren</u>	MY COMMISSION EXPIRES: <u>10-4-2016</u>



ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**

**ACLS
MEDICAL TRAINING**

Logan Dudzinski

This card certifies that the above individual has successfully completed the Advanced Cardiovascular Life Support (ACLS) course requirements and cognitive evaluation in accordance with the curriculum of ACLS Medical Training and American Heart Association guidelines.

09/5/2016

Issue Date

09/5/2018

Recommended Renewal Date

Training Center: ACLS Medical Training

Provider Number: BECX4PA9BHN4W1

Exam Code: ACLS-400


Holder's Signature:



IOWA DENTAL BOARD
 400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
 Phone (515) 281-5157 Fax (515) 281-7969
<http://www.dentalboard.iowa.gov>

RECEIVED

SEP 26 2016

PLEASE TYPE OR PRINT LEGIBLY IN INK.

IOWA DENTAL BOARD

**FORM B: VERIFICATION OF MODERATE SEDATION TRAINING
 IN A CONTINUING EDUCATION PROGRAM**

SECTION 1 - APPLICANT INFORMATION

Instructions - Use this form if you obtained your training in moderate sedation from another program that must be approved by the Board (i.e. you did NOT obtain your training in moderate sedation while in a postgraduate residency program). Complete Section 1 and mail this form to the Program Director for verification of your having successfully completed this training.

NAME (First, Middle, Last, Suffix, Former/Initials):

Logan Thomas Odeniski

MAILING ADDRESS:

4237 North Branch Drive

CITY: Omaha	STATE: NE	ZIP CODE: 68116	PHONE: (402) 981-7777
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To obtain a permit to administer moderate sedation in Iowa, the Iowa Dental Board requires that the applicant submit evidence of having completed an approved postgraduate training program or other formal training program approved by the Board. The applicant's signature below authorizes the release of any information, favorable or otherwise, directly to the Iowa Dental Board at the address above.

APPLICANT'S SIGNATURE:

Logan Thomas Odeniski

DATE:

9/1/16

SECTION 2 - TO BE COMPLETED BY TRAINING PROGRAM DIRECTOR

NAME OF PROGRAM DIRECTOR:

Cory Pickens, MD, CEO

NAME AND LOCATION OF PROGRAM:

The Sedation Institute, 505 S Villa Real, Anaheim, CA 92807

PHONE:

(855) 406-7671

FAX: 406 794-0340	E-MAIL: cory@rmsedation.com	WEB ADDRESS: www.RMSedation.com
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DATES APPLICANT PARTICIPATED IN PROGRAM ▶	FROM (MO/DAY/YR): July 5, 2016	TO (MO/DAY/YR): July 24, 2016	DATE PROGRAM COMPLETED: July 24, 2016
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- YES NO 1. DID THE APPLICANT SATISFACTORILY COMPLETE THE ABOVE TRAINING PROGRAM?
 - YES NO 2. DOES THE PROGRAM COMPLY WITH THE AMERICAN DENTAL ASSOCIATION GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS OR DENTAL STUDENTS?
 - YES NO 3. DOES THE PROGRAM INCLUDE AT LEAST SIXTY (60) HOURS OF DIDACTIC TRAINING IN PAIN AND ANXIETY?
 - YES NO 4. DOES THE PROGRAM INCLUDE CLINICAL EXPERIENCE FOR PARTICIPANTS TO SUCCESSFULLY MANAGE MODERATE SEDATION IN AT LEAST TWENTY (20) PATIENTS?
- AS PART OF THE CURRICULUM, ARE THE FOLLOWING CONCEPTS AND PROCEDURES TAUGHT:
- YES NO 5. PHYSICAL EVALUATION;
 - YES NO 6. IV SEDATION;
 - YES NO 7. AIRWAY MANAGEMENT;
 - YES NO 8. MONITORING; AND
 - YES NO 9. BASIC LIFE SUPPORT AND EMERGENCY MANAGEMENT.

(If no to any of above, please attach a detailed explanation.)

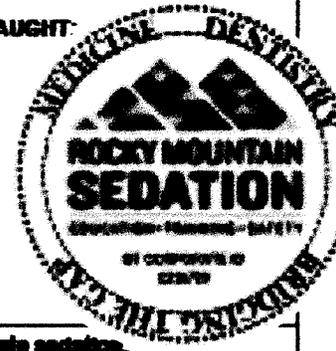
I further certify that the above named applicant has demonstrated competency in airway management and moderate sedation.

PROGRAM DIRECTOR SIGNATURE:

Cory Pickens

DATE:

8/4/2016



10515
\$ 500

ROCKY MOUNTAIN SEDATION

EDUCATION • TRAINING • SAFETY

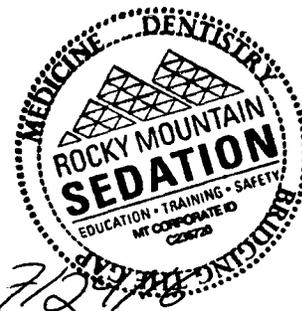
Rocky Mountain Sedation Course Objectives: Moderate Parenteral Sedation

Rocky Mountain Sedation's Dental Sedation Training Course ensures its curriculum, airway training, dental office emergency response training, and use of case simulation, adhere to the **ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry** in effect at the time training occurred. This form verifies and outlines the completion of the course content and objectives listed below. The course content and objectives adhere to the 2012 ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students and adhere to Part V *Teaching Administration of Moderate Sedation*.

Upon completion of this course in IV Conscious Sedation,
Logan Dudzinski DDS, Dental License # DN 09280 (IA) #DN 7299 (NE)
Has demonstrated proficiency in the following:

1. Ability to screen and choose the appropriate patients for sedation and list and discuss the advantages and disadvantages of IV conscious sedation.
2. Ability to identify complications associated with IV conscious sedation. Demonstrate the skills to prevent complications associated with IV conscious sedation. Demonstrate the proficient ability to manage complications associated with IV conscious sedation.
3. Administering IV conscious sedation to patients in a clinical office based setting in a safe and effective manner. Recognition of recovery phases and appropriate patient recovery criteria must be understood.
4. Explain the technique of intravenous access, intramuscular injection and other parenteral techniques.
5. Mastery of pharmacology of the selected drugs for administration including classification, dosing, and mechanism of action, drug synergy, precautions, indications, contraindications and adverse reactions associated with the selected drugs.
6. Ability to select the appropriate drug and dosing based on the patient's medical profile.

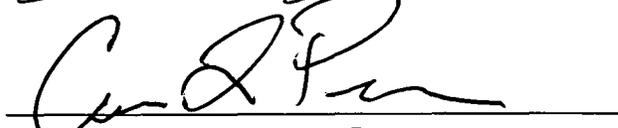
7. Create a pre-sedation anesthesia plan that includes the patients:
 - Medical profile to include pre-sedation weight and vital signs
 - Disease states
 - Medications
 - Contraindications
 - Potential drug interactions
 - Drug selection
 - Predicted doses
 - Emergency scenarios
8. Utilize this plan and administer the selected drugs to dental patients in a clinical setting in a safe and effective manner.
9. List the complications associated with techniques of IV conscious sedation.
10. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for the prevention and management of emergency situations.
11. Be proficient in advanced cardiac life support in the dental office setting.
12. Demonstrate confidence and excel in the ability to manage emergency situations.
13. Detail the abuse potential of all anesthetics used in conscious sedation.
14. Outline the occupational hazards and the appropriate requirements for prevention.
15. DEMONSTRATED PROFICIENCY IN PLACING 21 IV LINES.
16. DEMONSTRATED SUCCESSFUL MANAGEMENT OF
 - a. ORAL AIRWAY PLACEMENT
 - b. LMA PLACEMENT
 - c. AMBU BAG WITH PPV




 Logan Dudzinski, DDS

7/24/16

 Date


 Cory Pickens, MD-BCA
 President - Rocky Mountain Sedation

7/24/16

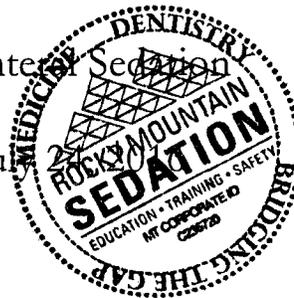
 Date

ROCKY MOUNTAIN SEDATION

Didactic Outline:

Conscious/Moderate Parenteral Sedation

Course Dates: July 5 – July 24



July 5 - July 24 / 2016

Cozy Pickens

Cozy Pickens MD, CEO

ROCKY MOUNTAIN SEDATION

EDUCATION • TRAINING • SAFETY

Course Content

- A. Medical vs. Dental
- 1) State regulations
 - 2) Scope of practice
 - 3) Safety: Office Sedation vs Hospital Sedation

B. Legal Liability

C. Historical Review

- 1) Dental Anesthesia
- 2) Medical Anesthesia

D. Sedatives and Analgesics:

- 1) Benzodiazepines
- 2) Opiates
- 3) Opiates
- 4) Sedative Hypnotics
- 5) Benadryl

(Certifying 1-5 above)

- i. Clinical uses
- ii. Mechanism of action
- iii. Dosage
- iv. Route of administration
- v. Drug interactions
- vi. Side effects
- vii. Adverse reactions
- viii. Clinical half-life
- ix. Emergency protocol
- x. Administration protocol

E. Regional Anesthesia

- 1) Local anesthetic block
- 2) Local anesthetics
- 3) Pharmacology review
 - i. Local anesthetic toxicity
 - ii. Local anesthetic dosing
- 4) Local anesthesia emergency protocol
- 5) Administration protocol

F. Anti-nausea Medicine

- 1) Clinical uses
- 2) Mechanism of action
- 3) Dosage
- 4) Route of administration
- 5) Drug interactions
- 6) Side effects

Instructor

Dentist

Dr.

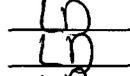
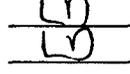
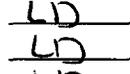
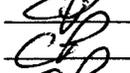
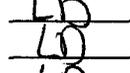
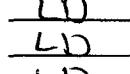
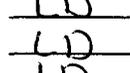
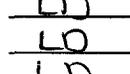
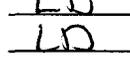
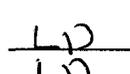
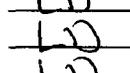
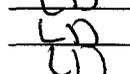
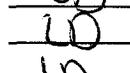
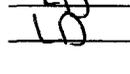
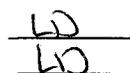
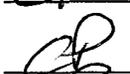
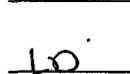
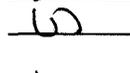
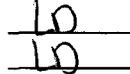
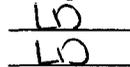
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Course Content

Instructor

Dentist

- 7) Adverse reactions
- 8) Clinical half-life
- 9) Emergency protocol
- 10) Administration protocol
- G. Nitrous Oxide
 - 1) Clinical uses
 - 2) Mechanism of action
 - 3) Hypoxic effects
 - 4) Monitoring
 - 5) MAC
 - 6) Drug interactions with combined use
 - 7) Clinical effects
 - 8) Side effects
 - 9) Adverse reactions
 - 10) Emergency protocol
 - 11) Administration protocol
 - 12) Hazards
 - 13) Scavenging system
- H. Emergency Medications:
 - 1) Pharmacologic intense tutorial
 - 2) Clinical uses
 - 3) Mechanism of action
 - 4) Dosage
 - 5) Route of administration
 - 6) Drug interactions
 - 7) Clinical half-life
 - 8) Emergency protocol
 - 9) Administration protocol
- I. Respiratory Physiology:
 - 1) Respiratory effects of sedatives/opiates
 - 2) Emergency procedures
- J. Cardiac Physiology:
 - 1) Cardiac effects of sedatives/opiates
 - 2) Emergency procedure
- K. Emergency Protocols:
 - 1) ACLS
 - 2) Airway Anatomy
 - 3) Airway management
 - i. Intensive Tutorial

ROCKY MOUNTAIN SEDATION

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Course Content

Instructor

Dentist

- 4) IV Access
 - i. Intensive Tutorial
- 5) Cardiopulmonary management
 - i. Intensive Tutorial
- 6) Office/emergency set-up
 - i. Intensive Tutorial
- 7) Reversal agents
 - i. Intensive Tutorial
- 8) Emergency medicines
 - i. Intensive Tutorial

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L. Office Structure

- 1) Review
- 2) 911 designator
- 3) ACLS certified staff and ACLS appointee
- 4) Ancillary staff
- 5) Monitoring Layout
- 6) Emergency Equipment Layout
- 7) Location of ACLS handbook and
Emergency protocols
- 8) 911 entrance and exit
- 9) Reserve positive pressure oxygen delivery
- 10) Lighting
- 11) Recovery area and standards
- 12) Medication storage area - Federal Regulations
- 13) Gas storage area
- 14) Sterilization area
- 15) Designated IV supplies/equipment room

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M. Balanced Anesthesia

- 1) Technique consideration based on patient medical profile
- 2) Pre-evening benzodiazepine or anti-nausea medication
- 3) Pre-surgical benzodiazepine
- 4) Local anesthetic block
- 5) Nitrous oxide
- 6) Oxygen
- 7) Monitoring
- 8) Supplemental analgesia

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Course Content

Instructor

Dentist

- 9) Balanced approach
 - i. Pre-evening oral Sedatives
 - ii. Day of sedatives
 - iii. Local anesthesia block
 - iv. Nitrous oxide
 - v. Analgesics
- N. Clinical Scenarios for patients receiving IV Sedation
 - 1) Combining patient profiles with pharmacology
- O. IV Practicum
 - 1) Intravenous access: anatomy, equipment and technique
 - 2) Prevention, recognition and management of complication of venipuncture and other parenteral techniques.
 - 3) IV solutions
 - i. LR
 - ii. Isolyte
 - iii. Normal Saline
 - b. IV lines
 - i. Needleless
 - ii. Lengths
 - iii. Diameters
 - iv. Ports
- P. Mock Code
 - 1) Respiratory distress
 - 2) Cardiovascular collapse
 - 3) Neurologic deficit
- Q. Review of Pharmacology
- R. Monitoring / Equipment
 - 1) Monitoring review during all stages of the sedation process
 - 2) Clinical monitoring
 - 3) Monitoring through devices/equipment
 - 4) Documentation
 - 5) Oxygenation
 - 6) Precordial Stethoscope
 - 7) Stethoscope
 - 8) Capnography
 - 9) Plethography
 - 10) EKG
 - 11) Blood pressure
 - 12) Temperature
 - 13) BIS – Neurologic function
 - 14) Defibrillator

Course Content

Instructor

Dentist

- 15) Airway Equipment
 - i. Masks
 - ii. Ambu Bags
 - iii. Oral Airways
 - iv. Nasal Airways
 - v. Intubating equipment
 - vi. Emergency Airway Devices
- 16) Patient transport equipment
- 17) Operatory table/chair – standards
- 18) Oxygen tanks
 - i. Regulators
- 19) N2O tanks
 - i. Regulators
- 20) Suction
- 21) Communication equipment

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S. Depth of Sedation

- 1) Highlighting the distinction between the conscious and the unconscious state
- 2) Phase 1
- 3) Phase 2
- 4) Phase 3
- 5) Conscious sedation
- 6) Moderate sedation
- 7) Deep sedation
- 8) General anesthesia
- 9) Review of Definitions
 - i. American Board of Anesthesiology
 - ii. American Dental Association

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T. Practice Preference

- 1) Dental sedation
- 2) Oral surgery sedation techniques
- 3) Anesthesiologist – balanced anesthetic
- 4) Amnesia
- 5) Analgesia
- 6) Akenisis

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U. Safety Protocol Review

- 1) Office setup
- 2) Mock code review
- 3) Reversal agents
- 4) Equipment review
- 5) ACLS

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Course Content

V. The Business of Dental Sedation

- 1) Logistics
- 2) Review of Business and Professions Code
- 3) Billing
- 4) Efficiency

W. Pre-Dental Screening:

CROSSING THE RED LINE. WHO IS AN APPROPRIATE SEDATION CANDIDATE

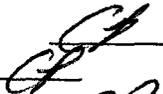
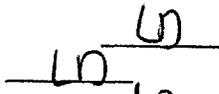
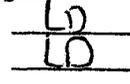
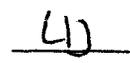
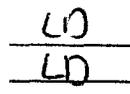
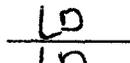
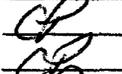
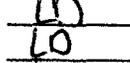
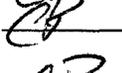
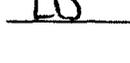
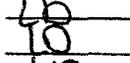
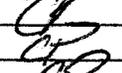
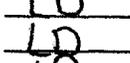
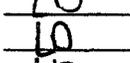
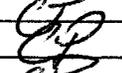
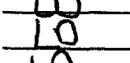
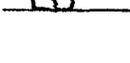
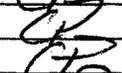
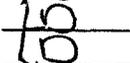
- 1) Review of dental procedures possible under all spectrums of sedation
- 2) Description and rationale for the technique to be employed
- 3) Medical history
- 4) Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations
- 5) Definitions and descriptions of physiological and psychological aspects of anxiety and pain
- 6) Indications for IV or Oral Sedation
- 7) Contraindications for IV or Oral Sedation
 - i. Age Extremes: Pediatric / Geriatric
 - ii. Medical Conditions
 - iii. Medication Interactions
 - iv. Drug Use
 - v. Screening Form with Review of Physiologic/ Medical Systems
- 8) AGE: Age appropriate candidates
- 9) Medical physical exam
- 10) Drug allergies
- 11) Medication list & history of drug use
- 12) Previous hospitalizations
- 13) Previous emergency room visits
- 14) Primary Doctor Consultation
- 15) NPO status (eating and drinking risks prior to procedure)

X. Pre-sedation anesthesia plan - written prior to every case

- 1) Medical profile to include pre-sedation weight and vital signs
- 2) Disease states
- 3) Medications
- 4) Contraindications
- 5) Potential drug interactions

Instructor

Dentist

Course Content

Instructor

Dentist

CC. Documentation Review

- a) Sedation flow chart
 - i. Identifying information
 - ii. Rationale for procedure
 - iii. Baseline evaluation
 - iv. Patient response to sedative
 - v. Frequency of vital signs and patient response

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Charting

- b) Technique
- c) Prescreening form with instructions and dietary Considerations
- d) Documented physical exam and review of disease states and medications
- e) Consent form
- f) Post procedure observation form
- g) Discharge form with instructions and Emergency contact info

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DD. Pain Management

- 1) Historical, philosophical and psychological aspects of anxiety and pain control.
- 2) Opiate – sedation synergy
- 3) Respiratory risks of post-sedation and prescribed narcotics
 - i. Pharmacology
 - ii. Duration of action
 - iii. Chart documentation
 - iv. Recommended doses/safety guidelines
- 4) Analgesic Post-dental Procedure Protocol

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EE. Discussion of abuse potential

FF. Discussion of sedation based occupational hazards

- 1) Addiction
- 2) Gasses
- 3) Medications
 - i. Federal Regulations
- 4) Needles
- 5) Waste
- 6) Staff
- 7) Location, security, and documentation standards for narcotics

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**ROCKY MOUNTAIN
SEDATION**
EDUCATION • TRAINING • SAFETY

Course Content

GG. Office inspection

- 1) Only the state in which a dentist practices has the authority to issue a sedation permit.
This is a preparation tool for the dentist to be ready for the official inspection.
- RMS places extra emphasis on safety and emergency response for preparation of this inspection.
- 2) Permit feasibility
- 3) Set-up and layout
- 4) Emergency response set-up
- 5) Review of section 12 & 18 (see above)
- 6) Staff participation and understanding

Instructor

Dentist

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Cory Pickens
Cory Pickens MD-BCA
Rocky Mountain Sedation
Senior Instructor/CEO

7/24/16
Date

Logan Dudzinski
Logan Dudzinski, DDS

7/24/16
Date

#09280 (IA) # 7299 (NE)
Dental License Number



ROCKY MOUNTAIN SEDATION

EDUCATION • TRAINING • SAFETY

CLINICAL CASE LOG

	<u>CASE 1</u>	<u>CASE 2</u>	<u>CASE 3</u>	<u>CASE 4</u>	<u>CASE 5</u>
Date	07/22/2016	07/22/2016	07/22/2016	07/22/2016	07/22/2016
Pt Name	S. Cervantes	J. Thompson	E. Watson	R. Marquez	G. Ko
DOB/Sex/WT (kg)	12-13-71/F/86kg	10-01-90/M/11kg	09-19-65/F/76kg	09-02-91/M/102kg	05-24-94/M/91kg
Case	PRO A	PRO A	SRP UL/LL	PRO A	PRO A
Clinical Observation and Clinical Director	Raihan Nazir, DDS Gary Mermel, MD				
Didactic Instruction Signature	Cory Pickens, MD <i>CAP</i>				
Dentist in Training	<i>Logan Dudzinski</i>				
Pre-Op History	<input checked="" type="checkbox"/> Performed/Proficient				
Consent	<input checked="" type="checkbox"/> Performed/Proficient				
Sedation Technique	Moderate Parenteral Sedation				
Medicines Used	<input checked="" type="checkbox"/> Midazolam: 2.5 mg <input checked="" type="checkbox"/> Fentanyl: 25 mcg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 2.5mg <input checked="" type="checkbox"/> Fentanyl: 150 mcg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 5.0mg <input checked="" type="checkbox"/> Fentanyl: 25 mcg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 5.0mg <input checked="" type="checkbox"/> Fentanyl: 50mcg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 10mg <input checked="" type="checkbox"/> Fentanyl: 50 mcg <input type="checkbox"/>
IV Placement	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient L HAND	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R HAND
IV FLUIDS	250 ml				
Post Sedation Exam	<input checked="" type="checkbox"/> Performed/Proficient				
Discharge Exam	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions
Intra-Operative Sedation Record	<input checked="" type="checkbox"/> Performed & Proficient. Record attached				
Emergency Protocol Review	<input checked="" type="checkbox"/> Performed/Proficient				

Rocky Mountain Sedation certifies that the trained dentist Logan Dudzinski has completed and demonstrated proficiency in the above cases. Logan Dudzinski participated in and reviewed the preoperative screening/medical history & physical exam, preoperative sedation plan, IV placement, administration of sedative-analgesics, sedative flow chart documentation, airway and circulatory management, global pharmacological & physiological management, phase I recovery evaluation, phase II recovery evaluation, discharge examination, and follow up of the above documented cases.

Logan Dudzinski

Cory Pickens
Cory Pickens MD-BCA, CEO
Raihan Nazir DDS, Senior Instructor
Rocky Mountain Sedation

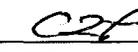
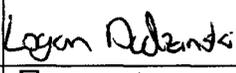
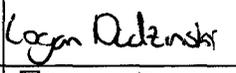
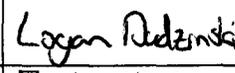
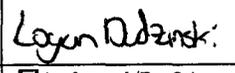
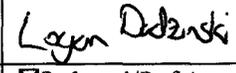
7/24/16
Date



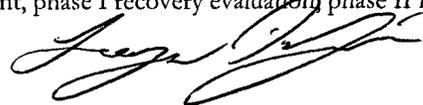
ROCKY MOUNTAIN SEDATION

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CLINICAL CASE LOG

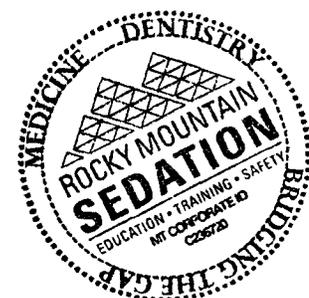
	CASE 6	CASE 7	CASE 8	CASE 9	CASE 10
Date	07/22/2016	07/22/2016	07/22/2016	07/22/2016	07/22/2016
Pt Name	R. Hernandez	E. Pineda	A. Verdoorn	S. Juarez	G. Diss
DOB/Sex/WT (kg)	03-23-67/F/69kg	05-22-70/F/72kg	06-03-99/F/84kg	06-18-66/F/73kg	03-19-49/M/94kg
Case	PRO A	COMP #2, #3	EXT #1, #30, #32	PRO A	COMP #4, #5
Clinical Observation and Clinical Director	Raihan Nazir, DDS Gary Mermel, MD				
Didactic Instruction Signature	Cory Pickens, MD 	Cory Pickens, MD 	Cory Pickens, MD 	Cory Pickens, MD 	Cory Pickens, MD 
Dentist in Training	Logan Dzinski 	Logan Dzinski 	Logan Dzinski 	Logan Dzinski 	Logan Dzinski 
Pre-Op History	<input checked="" type="checkbox"/> Performed/Proficient				
Consent	<input checked="" type="checkbox"/> Performed/Proficient				
Sedation Technique	Parenteral Sedation				
Parenteral (IV) Medicines Used	<input checked="" type="checkbox"/> Midazolam 2.5 mg <input checked="" type="checkbox"/> Fentanyl: 5 mcg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 5.0mg <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 10mg <input checked="" type="checkbox"/> Fentanyl: 75mcg <input checked="" type="checkbox"/> Ketamine: 50mg	<input checked="" type="checkbox"/> Midazolam: 2.5mg <input checked="" type="checkbox"/> Fentanyl: 50 mcg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 2.5 mg <input checked="" type="checkbox"/> Fentanyl: 25 mcg <input type="checkbox"/>
IV Placement	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R HAND	<input checked="" type="checkbox"/> Performed/Proficient L HAND
IV FLUIDS	220 ml	180 ml	230 ml	250 ml	250 ml
Post Sedation Exam	<input checked="" type="checkbox"/> Performed/Proficient				
Discharge Exam	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions
Intra-Operative Sedation Record	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached
Emergency Protocol Review	<input checked="" type="checkbox"/> Performed/Proficient				

Rocky Mountain Sedation certifies that the trained dentist Logan Dzinski has completed and demonstrated proficiency in the above cases. Logan Dzinski participated in and reviewed the preoperative screening/medical history & physical exam, preoperative sedation plan, IV placement, administration of sedative-analgesics, sedative flow chart documentation, airway and circulatory management, global pharmacological & physiological management, phase I recovery evaluation, phase II recovery evaluation, discharge examination, and follow up of the above documented cases.




Cory Pickens MD-BCA, CEO
Raihan Nazir DDS, Senior Instructor
Rocky Mountain Sedation

Date 7/29/16



ROCKY MOUNTAIN SEDATION

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CLINICAL CASE LOG

	<u>CASE 11</u>	<u>CASE 12</u>	<u>CASE 13</u>	<u>CASE 14</u>	<u>CASE 15</u>
Date	07/22/2016	07/22/2016	07/22/2016	07/22/2016	07/22/2016
Pt Name	I. Barrias	L. Mihm	M. Garcia	C. Arizmendi	S. VerDoorn
DOB/Sex/WT (kg)	10-10-72/F/67kg	09-13-58/F/85kg	05-11-69/F/103kg	02-15-67/F/94kg	11-02-76/F/73kg
Case	PRO A	EXT #6	PRO A	PRO A	FMD
Clinical Observation and Clinical Director	Raihan Nazir, DDS Gary Mermel, MD				
Didactic Instruction Signature	Cory Pickens, MD <i>CZP</i>				
Dentist in Training	<i>Loyan Rudzinski</i>				
Pre-Op History	<input checked="" type="checkbox"/> Performed/Proficient				
Consent	<input checked="" type="checkbox"/> Performed/Proficient				
Sedation Technique	Parenteral Sedation				
Parenteral (IV) Medicines Used	<input checked="" type="checkbox"/> Midazolam: 5mg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 5mg <input checked="" type="checkbox"/> Fentanyl: 100mcg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 2.5mg <input checked="" type="checkbox"/> Fentanyl: 25mcg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 2.5mg <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 5.0mg <input checked="" type="checkbox"/> Fentanyl: 125 mcg <input checked="" type="checkbox"/> Zofran: 4mg <input checked="" type="checkbox"/> Dexamethasone: 4mg
IV Placement	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient L HAND	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)
IV FLUIDS					
Post Sedation Exam	<input checked="" type="checkbox"/> Performed/Proficient				
Discharge Exam	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions
Intra-Operative Sedation Record	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached
Emergency Protocol Review	<input checked="" type="checkbox"/> Performed/Proficient				

Rocky Mountain Sedation certifies that the trained dentist Loyan Rudzinski has completed and demonstrated proficiency in the above cases. Loyan Rudzinski participated in and reviewed the preoperative screening/medical history & physical exam, preoperative sedation plan, IV placement, administration of sedative-analgesics, sedative flow chart documentation, airway and circulatory management, global pharmacological & physiological management, phase I recovery evaluation, phase II recovery evaluation, discharge examination, and follow up of the above documented cases.

Loyan Rudzinski

CZP

Cory Pickens MD-BCA, CEO
Raihan Nazir DDS, Senior Instructor
Rocky Mountain Sedation

7/24/16
Date



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CLINICAL CASE LOG

	<u>CASE 16</u>	<u>CASE 17</u>	<u>CASE 18</u>	<u>CASE 19</u>	<u>CASE 20</u>
Date	07/23/2016	07/23/2016	07/23/2016	07/23/2016	07/23/2016
Pt Name	N. Rodriguez	A. Carrera	B. Barr	S. Allen	E. Watson
DOB/Sex/WT (kg)	02-17-89/M/	02-20-89/F	06-16-57/M	01-17-59/F	09-19-65/F
Case	SRP UR/LR	Ext	Ext	Ext	SRP
Clinical Observation and Clinical Director	Raihan Nazir, DDS Gary Mermel, MD				
Didactic Instruction Signature	Cory Pickens, MD <i>[Signature]</i>				
Dentist in Training	<i>Logan Dudzinski</i>				
Pre-Op History	<input checked="" type="checkbox"/> Performed/Proficient				
Consent	<input checked="" type="checkbox"/> Performed/Proficient				
Sedation Technique	Parenteral Sedation				
Parenteral (IV) Medicines Used	<input checked="" type="checkbox"/> Midazolam: 5mg <input checked="" type="checkbox"/> Fentanyl: 25mcg <input type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 5mg <input checked="" type="checkbox"/> Fentanyl: 100mcg <input checked="" type="checkbox"/> Zofran: 4mg	<input checked="" type="checkbox"/> Midazolam: 5.0 mg <input checked="" type="checkbox"/> Fentanyl: 50 mcg <input checked="" type="checkbox"/> Zofran: 4mg	<input checked="" type="checkbox"/> Midazolam: 7.5 mg <input checked="" type="checkbox"/> Fentanyl: 125 mcg <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 2.5 mg <input checked="" type="checkbox"/> Fentanyl: 100mcg <input checked="" type="checkbox"/>
IV Placement	<input checked="" type="checkbox"/> Performed/Proficient L ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient L ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)
IV FLUIDS	150 ML	220 ML	250 ML	230 ML	200 ML
Post Sedation Exam	<input checked="" type="checkbox"/> Performed/Proficient				
Discharge Exam	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions
Intra-Operative Sedation Record	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached
Emergency Protocol Review	<input checked="" type="checkbox"/> Performed/Proficient				

Rocky Mountain Sedation certifies that the trained dentist Logan Dudzinski has completed and demonstrated proficiency in the above cases. Logan Dudzinski participated in and reviewed the preoperative screening/medical history & physical exam, preoperative sedation plan, IV placement, administration of sedative-analgesics, sedative flow chart documentation, airway and circulatory management, global pharmacological & physiological management, phase I recovery evaluation, phase II recovery evaluation, discharge examination, and follow up of the above documented cases.

[Signature]

[Signature]
Cory Pickens MD-BCA, CEO
Raihan Nazir DDS, Senior Instructor
Rocky Mountain Sedation

7/24/16
Date



ROCKY MOUNTAIN SEDATION

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CLINICAL CASE LOG

	<u>CASE 21</u>	<u>CASE 22</u>	<u>CASE 23</u>	<u>CASE 24</u>	<u>CASE 25</u>
Date	07/23/2016	07/23/2016	07/23/2016	07/23/2016	07/24/2016
Pt Name	A. Carreto	J. Wong	D. Manuel	L. Manuel	E. Pineda
DOB/Sex	12-9-74/F	01-14-63/F	05-04-51/M	11-06-54/F	05-22-70/F
Case	Full Mouth Deb.	Ext	Ext	Ext	Comp. Rest. Placed
Clinical Observation and Clinical Director	Raihan Nazir, DDS Gary Mermel, MD				
Didactic Instruction Signature	Cory Pickens, MD <i>CJP</i>				
Dentist in Training	<i>Logan Delzinski</i>				
Pre-Op History	<input checked="" type="checkbox"/> Performed/Proficient				
Consent	<input checked="" type="checkbox"/> Performed/Proficient				
Sedation Technique	Parenteral Sedation				
Parenteral (IV) Medicines Used	<input checked="" type="checkbox"/> Midazolam: 2.5mg <input checked="" type="checkbox"/> Fentanyl: 25mcg <input checked="" type="checkbox"/> Zofran: 4 mg	<input checked="" type="checkbox"/> Midazolam: 2.5mg <input checked="" type="checkbox"/> Fentanyl: 50 mcg <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 5.0mg <input checked="" type="checkbox"/> Dexamthasone: 4mg	<input checked="" type="checkbox"/> Midazolam: 5.0mg <input checked="" type="checkbox"/> Fentanyl: 25mcg <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 2.5mg <input checked="" type="checkbox"/> Fentanyl: 25 mcg <input checked="" type="checkbox"/> Zofran: 4 mg
IV Placement	<input checked="" type="checkbox"/> Performed/Proficient R HAND	<input checked="" type="checkbox"/> Performed/Proficient L HAND	<input checked="" type="checkbox"/> Performed/Proficient R HAND	<input checked="" type="checkbox"/> Performed/Proficient L ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)
IV FLUIDS	200 ml	300 ml	350 ml	500 ml	500 ml
Post Sedation Exam	<input checked="" type="checkbox"/> Performed/Proficient				
Discharge Exam	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions
Intra-Operative Sedation Record	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached
Emergency Protocol Review	<input checked="" type="checkbox"/> Performed/Proficient				

Rocky Mountain Sedation certifies that the trained dentist Logan Delzinski has completed and demonstrated proficiency in the above cases. Logan Delzinski participated in and reviewed the preoperative screening/medical history & physical exam, preoperative sedation plan, IV placement, administration of sedative-analgesics, sedative flow chart documentation, airway and circulatory management, global pharmacological & physiological management, phase I recovery evaluation, phase II recovery evaluation, discharge examination, and follow up of the above documented cases.

Logan Delzinski

Cory Pickens

Cory Pickens MD-BCA, CEO
Raihan Nazir DDS, Senior Instructor
Rocky Mountain Sedation

Date

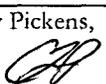
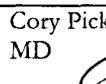
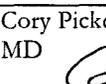
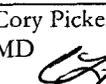
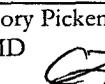
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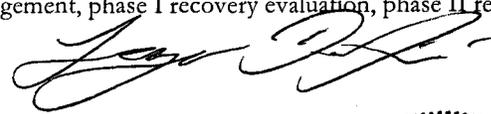
ROCKY MOUNTAIN SEDATION

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CLINICAL CASE LOG

	CASE 26	CASE 27	CASE 28	CASE 29	CASE 30
Date	07/24/2016	07/23/2016	07/24/2016	07/23/2016	07/24/2016
Pt Name	G. Ko	F. Mateski	R. Marquez	D. Marquez	L. Espinosa
DOB/Sex	05-24-94/M	06-28-57/M	09-02-91/M	01-22-76/M	09-09-78/F
Case	Composite	#18 forcep removal distal root with elevation	Fillings (3)	Ext	Ext
Clinical Observation and Clinical Director	Raihan Nazir, DDS Gary Mermel, MD				
Didactic Instruction Signature	Cory Pickens, MD 	Cory Pickens, MD 	Cory Pickens, MD 	Cory Pickens, MD 	Cory Pickens, MD 
Dentist in Training	<u>Leyan Dudzinski</u>				
Pre-Op History	<input checked="" type="checkbox"/> Performed/Proficient				
Consent	<input checked="" type="checkbox"/> Performed/Proficient				
Sedation Technique	Parenteral Sedation				
Medicines Used	<input checked="" type="checkbox"/> Midazolam: 2.5mg <input checked="" type="checkbox"/> Fentanyl: 25 mcg <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 5.0mg <input checked="" type="checkbox"/> Fentanyl: 25 mcg <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Midazolam: 5.0mg <input checked="" type="checkbox"/> Fentanyl: 50 mcg <input checked="" type="checkbox"/> Zofran: 4mg	<input checked="" type="checkbox"/> Midazolam: 5.0mg <input checked="" type="checkbox"/> Fentanyl: 25 mcg <input checked="" type="checkbox"/> Zofran: 4mg	<input checked="" type="checkbox"/> Midazolam: 2.5mg <input checked="" type="checkbox"/> Fentanyl: 75 mcg <input checked="" type="checkbox"/> Zofran: 4mg
IV Placement	<input checked="" type="checkbox"/> Performed/Proficient R HAND	<input checked="" type="checkbox"/> Performed/Proficient L ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)	<input checked="" type="checkbox"/> Performed/Proficient R ARM (AC)
Post Sedation Exam	<input checked="" type="checkbox"/> Performed/Proficient				
Discharge Exam	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions	Performed & Proficient <input checked="" type="checkbox"/> A&Ox3 <input checked="" type="checkbox"/> RR / %Sats <input checked="" type="checkbox"/> HR / BP <input checked="" type="checkbox"/> Walk Test <input checked="" type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> D/C Instructions
Intra-Operative Sedation Record	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached	<input checked="" type="checkbox"/> Performed & Proficient. Record attached
Emergency Protocol Review	<input checked="" type="checkbox"/> Performed/Proficient				

Rocky Mountain Sedation certifies that the trained dentist Leyan Dudzinski has completed and demonstrated proficiency in the above cases. Leyan Dudzinski participated in and reviewed the preoperative screening/medical history & physical exam, preoperative sedation plan, IV placement, administration of sedative-analgesics, sedative flow chart documentation, airway and circulatory management, global pharmacological & physiological management, phase I recovery evaluation, phase II recovery evaluation, discharge examination, and follow up of the above documented cases.





Cory Pickens MD-BCA, CEO
Raihan Nazir DDS, Senior Instructor
Rocky Mountain Sedation

7/24/16
Date



Certificate of Completion

Logan Dudzinski
has completed the requirements for

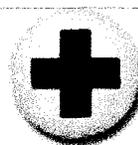
**CPR/AED for Professional Rescuers and
Health Care Providers**

conducted by
American Red Cross

Date completed: **06/01/2015**

Validity period: **2 Years**

Certificate ID: **GRT3DY**



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ANESTHESIA CREDENTIALS COMMITTEE (ACC)

DATE OF MEETING: September 29, 2017
RE: Meeting Dates
ACTION REQUESTED: Set 2017 Meeting Dates

Proposed meeting times would be scheduled for 12:00 p.m., noon, unless otherwise scheduled.

2017

January 12, 2017 (Thursday) or January 19, 2017 (Thursday)

April 6, 2017 (Thursday) or April 13, 2017 (Thursday)

May 25, 2017 (Thursday) or June 1, 2017 (Thursday)

June 22, 2017 (Thursday) or July 6, 2017 (Thursday)

August 24, 2017 (Thursday) or August 31, 2017 (Thursday)

September 28, 2017 (Thursday) or October 5, 2017 (Thursday)