

481—579.3(153) Shared standards for moderate sedation, deep sedation and general anesthesia.

579.3(1) A dentist may only administer moderate sedation, deep sedation or general anesthesia if the dentist holds a current moderate sedation permit or general anesthesia permit pursuant to rule 481—572.11(153).

579.3(2) A dentist administering sedation anesthesia must maintain current advanced cardiac life support (ACLS) certification. A dentist administering moderate sedation to pediatric patients may maintain current pediatric advanced life support (PALS) certification in lieu of current ACLS certification.

579.3(3) A dentist may only start a sedative procedure after evaluating a patient. A dentist should review a patient's medical history, medication(s) and NPO (nothing by mouth) status. For a patient with significant medical considerations (ASA III, IV), a dentist may need to consult with the patient's primary care provider or consulting medical specialist. The dentist should consult the body mass index as part of the preprocedural workup.

579.3(4) A dentist may only administer sedation or anesthesia if the following requirements are met:

- a. Facilities are appropriately staffed to reasonably handle emergencies;
- b. A patient monitor remains present in the treatment room to continually monitor the patient until the patient returns to a level of minimal sedation;
- c. The dentist provides postoperative verbal and written instructions to the patient and caregiver prior to discharging the patient;
- d. The dentist remains in the facility until the patient meets the criteria for discharge;
- e. The dentist or another designated permit holder or licensed sedation provider is available for appropriate postoperative aftercare for a minimum of 48 hours following the administration of sedation; and
- f. The dentist establishes emergency protocols that comply with the following:
 - (1) Establishment of a procedure for immediate access to backup emergency services;
 - (2) Employment of initial life-saving measures by a patient monitor in the event of an emergency, including activation of the emergency medical service (EMS) system for life-threatening complications;
 - (3) Avoidance of chest or airway obstruction when applying an immobilization device and allowance for the ongoing exposure of a hand or foot; and
 - (4) Availability of a functioning suction apparatus as well as the ability to provide >90 percent oxygen and positive-pressure ventilation, along with age- and size-appropriate rescue equipment in the recovery room for pediatric patients.

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