



Georgia Society of Oral and Maxillofacial Surgeons

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Guidelines for Office Anesthesia Evaluation

Note to advisors: Please take this outline and evaluation form with you to guide the office anesthesia evaluation visit. After completing the evaluation, be sure to notify the GSOMS office and the GSOMS anesthesia chairman of your findings. For your convenience we have attached the necessary forms.

PART I:

Office Equipment, Records, and Emergency Medications.

All office equipment and records related to patient care should be available for inspection by the visiting doctor.

Special attention should be directed to:

1. Primary oxygen and supplemental gas delivery system and the backup system.
2. Provision for suction and the backup system.
3. End-tidal Carbon Dioxide Monitor (required by January 2014)
4. Auxiliary lighting system.
5. Gas storage facilities.
6. Size and layout of the operating suite.
7. Patient transportation equipment.
8. Recovery areas.
9. Sterilization areas.
10. Preparation of medications.
11. Completeness of emergency anesthetic equipment and medications.
12. Monitoring equipment.
13. Completeness of office patient care records.

PART II:

Simulated Emergencies

The evaluators and the OMS team should not just talk about emergency situations and how they should be managed. The oral and maxillofacial surgeon and his team should demonstrate their methods for managing the following situations:

1. Laryngospasm
2. Bronchospasm
3. Emesis and aspiration of vomitus
4. Airway obstruction
5. Stable angina
6. Unstable angina/myocardial infarction
7. Cardiopulmonary resuscitation (CPR)

- a. Bradycardia
 - b. Ventricular tachycardia (VT)
 - c. Ventricular fibrillation (VF)
 - d. Asystole
 - e. Pulseless electrical activity (PEA)
8. Hypotension
 9. Hypertension
 10. Severe allergic reaction
 11. Hyperventilation syndrome
 12. Seizures
 13. Malignant hyperthermia (MH)

An exact simulation of the emergency situation should be demonstrated in the surgery area, with full participation of the office staff. The “patient” should be positioned and draped, and all equipment (such as the mouth prop, the anesthetic machine, and the suction apparatus) that may be used should be demonstrated. A simulated IV line should be taped into position, and all emergency equipment should be present, including syringes and medications.

**PART III:
Discussion Period**

This part of the evaluation should be conducted in private with the oral and maxillofacial surgeon. The evaluators may note deficiencies and make positive suggestions for improving the office facility and patient management. It is appropriate at this time to discuss management of high-risk patients if this has not been covered during an earlier phase.

**PART IV:
Observation of Anesthesia/Surgeries in the office (optional).**

Surgical cases may be observed. It is highly recommended that two short cases and one longer case, including a child, be performed when feasible. This portion of the evaluation should not exceed 1 hour.

Part IV is conducted at the discretion of the component society and may consist of an observation of anesthesia/surgeries performed in the office.

At the end of the evaluation visit, the evaluator should remember to complete the letter to the GSOMS office and to the GSOMS anesthesia chairman.