## Appendix 2:

## *Practice appraisal protocol*

| REF | TOPIC | YES | NO |
|---|---|---|---|
| **A** | **GENERAL** | | |
| 1 | Does the practice provide basic intravenous sedation e.g. midazolam only? | | |
| 2 | Does the practice provide advanced intravenous sedation techniques (combination of drugs)? | | |
| 3 | Does the practice provide inhalation sedation (IS)? | | |
| 4 | Do children under 12 receive intravenous sedation at the practice? If yes, which drugs are used? | | |
| 5 | Are sedation patients only ASA I or II?<br>Do you do any fragile ASA II patients under sedation?<br>Do you do any ASA III patients? | | |
| 6 | Does the practice only use operator-sedation practitioners?<br>Which drugs are they using for sedation? | | |
| 7 | Does the practice normally operate with a separate sedation practitioner (dedicated)? | | |
| 8 | Is the practice in good standing with the HPCSA? | | |
| **B** | **FACILITIES** | | |
| 1 | Do the premises appear to be well maintained? | | |
| 2 | Are the recovery and waiting areas separate? | | |
| 3 | Is there good lighting and ventilation in all clinical areas? | | |
| 4 | Is there access for emergency services to the building? | | |
| 5 | Is there access for emergency services to the surgery?<br>Do you have a wheelchair available to transport patients? | | |
| 6 | Is there space within the surgery to deal with an emergency? | | |
| 7 | Is there space within the surgery for the sedation practitioner to work effectively? | | |
| 8 | Does the practice layout provide privacy for sedation of patients? | | |
| 9 | Can the dental chair be placed in the head-down tilt position where applicable? | | |
| **C** | **SEDATION PRACTICE** | | |
| 1 | Does the practice follow a recognised sedation protocol? | | |
| 2 | Are patients normally assessed for suitability for sedation at a preceding appointment? | | |
| 3 | Are the possible options for anxiety and pain control explained to the patient prior to obtaining consent for sedation? | | |
| 4 | Do patients have the opportunity to ask questions? | | |
| 5 | Are blood pressure and pulse oximetry assessed as part of the patient assessment and documented?<br>Is capnography used in the practice? | | |
| 6 | Is the patient monitored by a trained and experienced member of staff, during sedation and recovery? | | |
| 7 | Are recognised discharge criteria followed? | | |
| 8 | Where are patients normally recovered? | | |

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| 9 | Does the sedation practitioner or trained staff discharge the patient? | | |
| 10 | Are patients given a telephone or cell phone number to call in case of problems or complications? | | |
| 11 | Do all sedation patients have an escort?<br>Do they leave for home by car/taxi? | | |
| 12 | Does the practice prohibit patient escorts from remaining in the surgery during the procedure? | | |
| 13 | Is there an agreed protocol with the local hospital and paramedics in case of an emergency? | | |
| **D** | **DOCUMENTATION** | | |
| 1 | Are patients given written preoperative instructions? | | |
| 2 | Are patients given written postoperative instructions? | | |
| 3 | Are the following noted and checked prior to sedation?<br>• Medical, dental and social histories: medical history questionnaire<br>• Previous sedations/general anaesthesia<br>• ASA category<br>• Fasting<br>• Preoperative vital signs (including BP)<br>• Treatment required<br>• Information to the patient regarding the procedure | | |
| 4 | Is written valid consent for sedation and the procedure obtained prior to sedation?<br>Is this sometimes changed during sedation? | | |
| 5 | Is a contemporaneous record (sedation flow sheet) kept of the administration of sedation? | | |
| 6 | Do sedation practitioners keep a logbook or records of sedation cases? | | |
| **E** | **EQUIPMENT** | | |
| 1 | Is there equipment for measurement of blood pressures and oxygen saturation values? | | |
| 2 | Is there a dedicated IS machine? Does this have the following?<br>– Minimum delivery of 30% $O_2$<br>– Emergency $N_2O$ cut-off | | |
| 3 | Is the IS machine checked by a suitably trained and qualified member of staff prior to each session? | | |
| 4 | Is there scavenging of waste gases? | | |
| 5 | Is the IS machine serviced according to the manufacturers' guidelines? | | |
| 6 | Is nitrous oxide stored according to current safety requirements? | | |
| 7 | Date of last service? | | |
| 8 | Is a pulse oximeter available?<br>Is an ECG monitor available?<br>Is a capnograph available?<br>Are they all being used to monitor the patient? | | |
| 9 | Does the pulse oximeter have audible alarms? | | |
| 10 | Is the monitoring equipment serviced according to the manufacturers' guidelines? | | |
| 11 | Date of last service? | | |
| 12 | Is emergency oxygen available? What size cylinder? Is there a back-up supply/cylinder? | | |

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| 13 | Is there a self-inflating bag valve mask with reservoir bag (e.g. Ambu-bag)?<br>Is there a 40% oxygen mask?<br>Is there a rebreathing bag? | | |
| 14 | Is there a pocket face mask (e.g. Laerdal pocket mask) to provide assistance with ventilation? | | |
| 15 | Is there a set of nasal cannulae available? | | |
| 16 | Is suction available and in working order? How often is suction cleaned and checked? | | |
| 17 | Is back-up suction available? | | |
| 18 | Is a laryngeal mask available? | | |
| 19 | Are Yankauer suckers available? | | |
| 20 | Is a defibrillator available? | | |
| 21 | Is an AED available? | | |
| 22 | Date of last service of monitoring equipment? | | |
| 23 | Is the emergency equipment readily available? (see SASA guidelines) | | |
| **F** | **DRUGS** | | |
| 1 | Are emergency drugs immediately available? (see SASA guidelines)<br>Which ones do you have? | | |
| 2 | Are all drugs, sedation and emergency, in date? | | |
| 3 | Is there a designated person responsible for stock control? | | |
| 4 | Are all emergency drugs readily available? | | |
| **G** | **STAFF** | | |
| 1 | Names and qualifications of all dentists, doctors and nursing staff involved in sedation practice at this address. Do they all have airway certification. Please supply details. | | |
| 2 | Can all staff demonstrate in-house training in sedation, as well as a commitment to continuing professional education? Give details. | | |
| 3 | Can all nurses assisting demonstrate in-house training in sedation? | | |
| 4 | Can all recovery staff (if applicable) demonstrate training appropriate to their duties? | | |
| 5 | Are all staff trained in at least BLS (airway certification)? | | |
| 6 | How often is emergency training provided? Give dates. | | |
| 7 | When was the last emergency training session?<br>Is in-house training done? | | |
| 8 | The facility is suitable to provide moderate sedation and analgesia?<br>If no, the following observations would need to be addressed for successful practice appraisal:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | | |

Comments:

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Assessed by: _____

Date: _____

Position/qualifications: _____

Signature: _____