

**WSDA's Concerns with the Proposed Anesthesia Rule**

Rule Section(s)	Summary of WSDA Concern
246-817-722; Defibrillator	<p>The proposed rule requires every dental office that administers anesthetic agents of any kind to have an AED or defibrillator.</p> <p><u>WSDA asked that offices that administer topical anesthetic only be exempt from keeping a defibrillator.</u></p>
246-817-724; Recordkeeping, equipment, and emergency medications or drugs	<p>The proposed rule provides that in the case the patient is aged 13 years or younger and is classified as being an ASA I patient, whether to take vitals is at the discretion of the dentist. However, outside of that exception, any time anesthesia is administered, including when only topical anesthesia is administered, vitals must be obtained.</p> <p><u>WSDA had requested that in cases where only topical anesthetic is administered, the patient is classified as being an ASA I, and a review of patient medical history shows no change, whether to take vitals should be left to the discretion of the provider, regardless of patient age. As such, in the context of topical anesthesia, WSDA requested the following language be incorporated:</u></p> <p><u>"In the case of a patient being an ASA classification I at the time of treatment and having had normal vitals at the time of the initial examination, regardless of patient age, whether to record vitals shall be up to the dentist's discretion."</u></p>
<p>246-817-740; Minimal sedation with nitrous oxide</p> <p>246-817-745; Minimal sedation</p> <p>246-817-755; Moderate sedation with enteral agents</p>	<p>The proposed rule requires a second individual to be in the office and able to immediately respond to any request from the person administering minimal sedation with or without nitrous oxide or moderate sedation with enteral agents.</p> <p><u>WSDA was concerned that this could affect rural providers on call in terms of an assistant required to be present with them after hours.</u></p>
<p>246-817-755; Moderate sedation with enteral agents</p> <p>246-817-760; Moderate sedation with parenteral agents</p> <p>246-817-770 General anesthesia and deep sedation</p>	<p>The proposed rule requires that a patient's BMI be assessed as part of a pre-procedural workup.</p> <p><u>As BMI as a concept is being challenged, WSDA recommended that BMI not be required here.</u></p>
246-817-760; Moderate sedation with parenteral agents	<p>The proposed rule requires that a backup suction device be available.</p>

	<p><u>WSDA had noted that this was originally included on the moderate sedation with parenteral agents onsite form but not in the proposed rules, and did not think this was necessary to include on either the form or rules as it is extremely unlikely to be needed. Instead of removing it from the onsite form, the Anesthesia Committee added the requirement to the rules.</u></p>
246-817-760; Moderate sedation with parenteral agents	<p>The proposed rule requires that for moderate sedation with parenteral agents, providers must perform “continuous electrocardiographic monitoring when the patient has clinically significant cardiovascular disease.”</p> <p><u>WSDA submitted a letter relaying concern that has the potential to cause confusion among providers as to which patients this requirement applies, that the improvement to patient outcomes is unclear, and that whether to perform ECG monitoring should be left to the discretion of the provider.</u></p>
246-817-760; Moderate sedation with parenteral agents	<p>The proposed rule requires consultation with the patient’s PCP or consulting medical specialist when the patient is an ASA classification of III or IV.</p>
246-817-770; General anesthesia and deep sedation	<p><u>WSDA had concerns on trying to contact a patient’s PCP or specialist in emergent scenarios and requested that language be added in to mitigate this.</u></p>
246-817-774; Permitting and renewal requirements	<p>The proposed rule requires moderate sedation with enteral and parenteral agents permit holders to keep a written declaration that a minimum of 12 emergency drill scenarios were performed at least two times per year.</p> <p><u>WSDA had requested the Committee lower the number of drills as the completion of 12 might be logistically unfeasible.</u></p>