## *B3 Dental Procedure*

## 1 Particulars of the service

|  |  |  |
| --- | --- | --- |
| Scope of service |  | |
| Operating hours |  | |
| Recovery | No of beds/ chairs: | |
| Sedation performed includes deep sedation or above[[1]](#footnote-1)? | Yes[[2]](#footnote-2) | No |

## 2 Dentist in-charge

|  |  |  |
| --- | --- | --- |
| Is the dentist in-charge of the dental service same as the Chief Medical Executive (CME)? | Yes | No |

|  |  |  |
| --- | --- | --- |
| If no, please complete the following information for the dentist in-charge: | | |
| Name in English | (Surname) | (Given names) |
| Name in Chinese | (Surname) | (Given names) |
| Qualifications |  | |
| Telephone number | (Daytime) | (Emergency) |
| E-mail address |  | |

## 3 Nurse-in-charge (if applicable[[3]](#footnote-3))

|  |  |  |
| --- | --- | --- |
| Name in English | (Surname) | (Given names) |
| Name in Chinese | (Surname) | (Given names) |
| Qualifications |  | |

## 4 Staffing

|  |  |  |
| --- | --- | --- |
|  | Number of staff | |
| Nurse | RN: | EN: |
| Dental hygienist |  | |
| Dental surgery assistant |  | |
| Dental technician |  | |
| Others (please specify): |  | |
|  |  | |

## 5 Procedural sedation

|  |  |  |
| --- | --- | --- |
| Is procedural sedation performed in the facility? | Yes (Please proceed to section 5.1) | No (Please proceed to section 6) |

## 5.1 Staffing for procedural sedation

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. For each procedure with sedation, in addition to the dentist responsible for the procedure, there is: |  | |  |
| 1. an appropriately trained staff in monitoring vital signs and procedural complications | Yes | No | Duty roster |
| 1. technical/ nursing assistance as required | Yes | No | Duty roster |
| 1. Competency requirements set out by Hong Kong Academy of Medicine (HKAM) for dentist or medical practitioners responsible for the sedation and staff assisting in sedation process are met | Yes | No | Staff qualification/ credentialing policy |

## 5.2 Facilities and equipment for procedural sedation

| All procedures are performed in a location equipped with: | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. source of oxygen and suitable devices for administering oxygen to spontaneously breathing patients | Yes | No | Oxygen supply |
| 1. source of oxygen with a suitable delivery system, a means of inflating the lungs, a supply of drugs for resuscitation, and a range of intravenous equipment and fluids for cardiopulmonary resuscitation | Yes | No | Resuscitation equipment and drugs |
| 1. drugs for the reversal of benzodiazepines and opioids | Yes | No | Drugs |
| 1. a tilting operating table, trolley or chair with ready access for induction and recovery of sedation | Yes | No | Venue for induction and recovery |
| 1. pulse oximeter and devices for the monitoring of vital signs | Yes | No | Equipment |
| 1. an ECG and a defibrillator | Yes | No | Equipment |

## 5.3 Monitoring and recovery for procedural sedation

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. All patients are monitored continuously with pulse oximetry, which must give off visual and audible alarms when appropriate limits are transgressed | Yes | No | Equipment |
| 1. There is end-tidal carbon dioxide monitoring with capnography for patients where there is high risk of sudden unexpected loss of consciousness or when loss of consciousness has already occurred | Yes | No | Equipment |
| 1. There are regular recordings of pulse rate, oxygen saturation and blood pressure throughout the procedure in all patients | Yes | No | Form/ record |
| 1. Patient is monitored for an appropriate duration after the procedure in an area adequately equipped and staffed for recovery care and monitoring of patients | Yes | No | Form/ record/ document |
| 1. Patient discharge is authorized by the dentist or medical practitioner providing the sedation after adequate assessment, or by another dentist or medical practitioner with proper delegation and handover | Yes | No | Form/ record/ document |
| 1. A set of standard discharge criteria is adopted to facilitate a consistent and reliable assessment and a safe discharge | Yes | No  NA | Form/ document/ record |

## 6 Critical or major equipment

**(e.g. monitoring and resuscitation equipment)**

| Type of equipment | Quantity | Schedule of maintenance as per the manufacturer’s recommendation | Date of last serviced |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 Policies and procedures

| Written policies and procedures on the following are in place: | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. staffing arrangements for surgical procedures and anaesthesia | Yes | No | Duty roster |
| 1. informed consent | Yes | No | Consent form |
| 1. checking of consent forms before surgical procedures | Yes | No | Form/ record |
| 1. pre-procedural assessment | Yes | No | Form/ record |
| 1. pre-procedural instructions (e.g. fasting, medication) and care | Yes | No | Form/ notice |
| 1. accomplishment of pre-procedural preparation before surgical procedures | Yes | No | Form/ record |
| 1. verification processes before surgical procedures, including time-out | Yes | No | Form/ record |
| 1. counting of items used during the procedures and what to do if items cannot be accounted for | Yes | No | Form/ record |
| 1. documentation of procedures | Yes | No | Form/ record |
| 1. patient discharge and care after discharge: |  |  |  |
| * 1. discharge criteria | Yes | No | Form/ record |
| * 1. discharge instructions and advice | Yes | No | Notice |
| * 1. arrangements for enquiries or assistance outside operating hours | Yes | No | Notice |
| 1. arrangement for post-procedural complications (e.g. arrangement for inpatient care) | Yes | No | Document |
| 1. infection control | Yes | No | Document |
| 1. emergency transfer of patient to hospital | Yes | No | Document |
| 1. review of appropriateness of patient care and monitoring of clinical performance and outcomes (e.g. complication, emergency transfer, unanticipated hospital admission) | Yes | No | Document |

## 8 Resuscitation and contingency

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. Emergency medications are stored in a designated and easily accessible area in the facility | Yes | No | Site environment |
| 1. Viability of emergency medications are regularly checked | Yes | No | Document |
| Frequency: | Every       month(s) | |
| 1. There are staff-to-staff communication systems for emergency in the operating/ procedure room and recovery area | Yes | No | Document |
| 1. Drills for emergency transfer | Yes | No | Drill/ record |
| Frequency: | Every       month(s) | |

1. Please refer to the *Guidelines on Procedural Sedation* published by the Hong Kong Academy of Medicine for definitions of sedation-related states. [↑](#footnote-ref-1)
2. If sedation involving deep sedation or above, please complete “Part B7 Anaesthetic procedure” of this Report. [↑](#footnote-ref-2)
3. Requirement of nurse-in-charge is applicable for a facility equipped with operating room. [↑](#footnote-ref-3)