COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Non-Hospital Medical and Surgical Facilities Accreditation Program

GUIDE

Accreditation Standards for Anesthesia Services in Dental Facilities

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Introduction

Background

The following Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) accreditation standards apply to anesthesiologists and those providing family practice anesthesia (FPA) in dental facilities:

- *Anesthesia*
- *IV Procedural Sedation and Analgesia for Adults*
- *Post-Anesthesia Care*
- *Emergency Cart Medication and Equipment Standards:*
    - *Class 1 General Anesthesia Facility Emergency Cart*
    - *Class 2 IV Sedation/Analgesia Facility Emergency Cart*
    - *Pediatric Emergency Care*
    - *Malignant Hyperthermia*
- *Medical Records and Documentation*

This guidance document provides brief clarification on some of the terms used in the NHMSFAP standards and on the application of some clauses in the dental setting. In circumstances where additional details are required, beyond what has been included in this guidance document, relevant NHMSAFP accreditation standards will be referenced.

For the purpose of this document, FPA (family practice anesthesia) is equivalent to GPA (general practice anesthetist).

General terms

NHMSFAP term	Dental setting
Anesthesiologist	Registrant of the College of Physicians and Surgeons of BC (anesthesiologist, FPA) practising in a dental facility
Medical director	Owner as defined by the BC College of Oral Health Professionals (BCCOHP)
Non-hospital facility	Dental facility where anesthesiologist(s) practise
Operating/procedure room	Room where any level of anesthesia is provided by an anesthesiologist/FPA
Post-anesthesia care unit (PACU)	Recovery area

NHMSFAP *Anesthesia* accreditation standard

The NHMSFAP *Anesthesia* accreditation standard outlines the equipment, monitoring and other factors required to support the safe delivery of anesthesia care. It is based upon the Canadian Anesthesiologists' Society's *Guidelines for the Practice of Anesthesiology*.

Additional guidance on specific standards

ANES1.1.1 Preoperative anesthetic consultations are conducted when clinically indicated.

The guidance applies to dental facilities **except for** the parameter about patients scheduled for laparoscopic adjustable gastric banding surgery (second sentence).

ANES1.2.1 A head of anesthesia organizes and directs the anesthesia services.

Where more than one anesthesiologist/FPA provides services at the facility, one anesthesiologist/FPA is identified as the head of anesthesia and works in collaboration with the owner of the dental facility to ensure:

- anesthesia services are provided by qualified and competent physicians
- anesthesia services are organized
- anesthetic-related policy and procedures are established and followed
- the quality of anesthetic care provided at the facility
- medical administrative responsibility for the post-anesthesia care unit

Where there is only one anesthesiologist/FPA who provides service, this anesthesiologist/FPA is the head of anesthesia and works in collaboration with the owner of the dental facility to organize and direct the anesthesia services.

ANES1.2.3 The circulating RN is present during the induction and extubation/emergence phases of anesthesia.

General anesthesia and/or deep sedation rooms are to be staffed as follows:

- Two registered nurses (RN) each with current advanced cardiovascular life support (ACLS) training must be present in the room during induction and extubation/emergence **or** the dentist with recognized university affiliated training program in anesthesiology is present in the operating room **and** dedicated to supporting the anesthesiologist/FPA during induction and extubation/emergence, plus one registered nurse (RN) with ACLS is present during induction and extubation/emergence.
- During the dental procedure, one RN with ACLS must remain in the room from the start to the finish of the procedure (induction through extubation/emergence).

A second RN with ACLS must remain immediately available to assist if required.

ANES1.3.1 An emergency cart is immediately available.

Refer to the NHMSFAP Emergency cart section to determine which emergency cart(s) are required based upon the level of anesthesia and patient populations provided at the facility.

ANES1.3.2 A malignant hyperthermia kit is immediately available.

Refer to the NHMSFAP Malignant Hyperthermia standard for the kit requirements.

ANES1.3.3 Difficult intubation equipment is immediately available

Any facility with an anesthesiologist/FPA on staff is required to have difficult intubation equipment.

ANES1.3.4 Difficult intubation equipment includes at least two non-invasive equipment options.

The guidance applies to dental facilities except for the parameter regarding laparoscopic adjustable gastric banding surgery (second sentence).

ANES1.4.3 Monitoring equipment includes electrocardiography.

Non-hospital facilities accredited by the College of Physicians and Surgeons of British Columbia (CPSBC) are not required to have 12-lead ECG equipment. CPSBC does not require anesthesiologists/FPAs practising in the community-setting to have on-site access to 12-lead ECG equipment.

ANES1.4.13 Diagnostic equipment is available as required.

Diagnostic equipment is not relevant to dental facilities.

ANES1.11.1 The patient is accompanied from the OR to the PACU by the OR RN and the anesthesiologists.

General anesthesia and/or deep sedation rooms are to be staffed as follows:

- Two registered nurses (RN) each with current ACLS training must be present in the room during induction and extubation/emergence *or* the Dentist with Recognized University Affiliated Training Program in Anesthesiology is present in the operating room and dedicated to supporting the anesthesiologist/FPA during induction and extubation/emergence, plus one registered nurse (RN) with ACLS is present during induction and extubation/emergence.
- During the dental procedure, one RN with ACLS must remain in the room from the start to the finish of the procedure (induction through extubation/emergence).
- A second RN with ACLS must remain immediately available to assist if required.

The patient is accompanied from the general anesthesia and/or deep sedation room to the PACU by the anesthesiologist/FPA plus an RN with ACLS or the Dentist with Recognized University Affiliated Training Program in Anesthesiology.

ANES1.11.11 The anesthesiologist is immediately available while the patient is intubated and is in attendance for extubation.

The practice of transferring intubated patients to the PACU is discouraged. The practice of extubating the patient immediately upon arrival or within minutes of arrival in the PACU is acceptable.

ANES1.13.5 There is policy and procedures for local anesthesia toxicity.

If the anesthesiologist/FPA or dentist is administering bupivacaine or ropivacaine in dental facilities, there should be policy and procedures for the management of local anesthetic toxicity should the anesthesiologist/FPA be needed to manage this adverse event.

ANES1.13.6 There is policy and procedures for fast-tracking to phase II.

If there are no circumstances in which patients would be fast-tracked to phase II, then facility fast- tracking to phase II policy simply states that there are no circumstances in which patients would be fast- tracked to phase II.

Equipment requirements for deep sedation or total intravenous anesthesia (TIVA)

The following anesthesia equipment is **not required** in dental facilities where the general anesthesia technique used is total intravenous anesthesia (TIVA) or where deep sedation is used:

- **ANES1.4.5** Monitoring equipment includes an agent-specific anesthetic gas monitor.
- **ANES1.5 (section)** The anesthesia workstation is appropriately equipped for general anesthesia **with four possible exceptions:**
    - **ANES1.5.5** There is a means of suction for the exclusive use by the anesthesiologist/FPA. This applies to deep sedation and TIVA.
    - **ANES1.5.11** An alternate means of ventilation is immediately available at each anesthesia workstation. This applies to deep sedation and TIVA.
    - **ANES1.5.12** The anesthesia workstation has a secondary oxygen source with pressure gauge, regulator and wrench.

      This may not apply to a facility that uses deep sedation/TIVA; however, this is required for a general anesthesia facility and is part of the anesthetic machine set-up specifications. Dental facilities may or may not have a central medical gas pipeline. If they don't do GAs, then it is

unlikely they would have an "anesthesia workstation" (i.e. "anesthetic machine").

The availability of a portable oxygen supply in the procedure room could be covered through section ANES1.8, either

ANES1.8.2 Special equipment availability is verified each surgical day.

Guidance: Special equipment includes but is not limited to defibrillator, emergency medications, difficult intubation kit, MH kit, portable oxygen supply.

and/or

ANES 1.8.8 Routine equipment availability is verified.

Guidance: Routine equipment includes airway management equipment and supplies.

- **ANES1.5.13** The anesthesia workstation is connected to backup power.

Guidance: The anesthesia workstations with automatic ventilations should have an internal battery capable of powering the unit for at least 30 minutes. All other anesthesia workstations are connected to an uninterruptible power supply (UPS) capable of powering the unit for at least 30 minutes.

This may not apply to a facility that uses deep sedation/TIVA if they don't have an anesthesia workstation (aka anesthetic machine); however, this is required for a general anesthesia facility, as this is part of the anesthetic machine set-up/specifications.

- **ANES1.8.3** MAINS AC power is confirmed and the anesthesia workstation activates on AC power.
- **ANES1.8.4** Adequate auxiliary oxygen cylinder pressure is verified.
- **ANES1.8.5** Adequate central medical gas pipeline pressure is verified.
- **ANES1.8.6** Leak testing is performed.
- **ANES1.8.7** Waste anesthetic gas scavenging system is present and connected.
- **ANES1.8.12** Vaporizer supply levels are checked and, if applicable, filler ports are tightly closed.
- **ANES1.8.13** Carbon dioxide absorbent capacity is verified.
- **ANES1.8.14** Breathing system pressure is verified and leak tested.

- **ANES1.8.15** Proper gas flow through the breathing circuit during inspiration and exhalation is verified.

Although not specified in the NHMSFAP anesthesia standard, when TIVA is to be maintained by propofol infusion an infusion pump is used.

NHMSFAP *IV Procedural Sedation and Analgesia for Adults* accreditation standard

The NHMSFAP *IV Procedural Sedation and Analgesia for Adults* accreditation standard applies to **minimal to moderate sedation only**. When the intended level of sedation is moderate sedation, patients must be monitored in accordance with the requirements for moderate sedation. The standard outlines appropriate staffing levels and the equipment, monitoring and other factors required to support the safe delivery of minimal to moderate sedation.

When administering IV procedural sedation and analgesia medications intended for general anesthesia (e.g. propofol, ketamine, etomidate) or where the intended level of sedation is more than moderate sedation, patient care must be consistent with that required for general anesthesia.

Additional guidance on specific standards

IVS1.1.2 Each anesthesiologist holds non-hospital privileges.

This means that each anesthesiologist/FPA meets BCCOHP requirements and credentials to be authorized to work in a dental facility by the dental owner.

IVS1.1.3 Each anesthesiologist that has not practiced anesthesia in a hospital setting within three years holds current ACLS training.

This applies to any anesthesiologist/FPA who has not held active or provisional privileges in a health authority within three years.

IVS1.1.4 Each anesthesiologist that has not practiced anesthesia in a hospital setting within three years has completed a difficult airway management course.

This applies to any anesthesiologist/FPA who has not held active or provisional privileges in a health authority within three years.

IVS 1.2 Physicians who administer or direct the administration of IV procedural sedation and analgesia are qualified.

This section does not apply. Non-anesthesiologist or non-FPA physicians shall not administer or direct the administration of IV procedural sedation and analgesia in the dental setting.

IVS 1.3 Registered nurses who administer IV procedural sedation or monitor a patient under IV procedural sedation are qualified.

This section does not apply. In the context of this setting, it is the anesthesiologist/FPA who administers and monitors the patient under minimal to moderate procedural sedation.

IVS 1.4 The procedure room is appropriately staffed during IV procedural sedation and analgesia under the care of an anesthesiologist and when both the scrub and circulating roles are required for the procedure being performed.

This section does not apply. In the context of this setting, the dentist is assisted by certified dental assistant(s).

IVS1.5 The procedure room is appropriately staffed during IV procedural sedation and analgesia under the care of an anesthesiologist and when the circulating role is required for the procedure being performed.

This section does not apply. In the context of this setting, the dentist is assisted by certified dental assistant(s).

IVS 1.6 The procedure room is appropriately staffed during IV procedural sedation and analgesia under the care of an anesthesiologist when the scrub role and circulating role are not required for the procedure being performed.

This section applies when neither the scrub or circulating role is required for the procedure being performed (i.e. when only certified dental assistants are needed for the procedure being performed). The physician dedicated to the operating/procedure room from the start to the finish of the procedure refers to the operating dentist. This is assumed to be the most likely scenario for minimal to moderate procedural sedation under the care of an anesthesiologist/FPA in dental facilities.

IVS 1.7 The procedure room is appropriately staffed during IV procedural sedation and analgesia given in the absence of an anesthesiologist (IV-PSA) and when both the scrub role and circulate role are required for the procedure being performed.

This section does not apply as it refers to a staffing model when IV-PSA is given in the absence of an anesthesiologist/FPA.

IVS 1.8 The procedure room is appropriate staffed during IV procedural sedation and analgesia given in the absence of an anesthesiologist (IV-PSA) and when the circulating role is required for the procedure being performed.

This section does not apply as it refers to a staffing model when IV-PSA is given in the absence of an anesthesiologist/FPA.

IVS 1.9 The procedure room is appropriately staffed during IV procedural sedation and analgesia given in the absence of an anesthesiologist (IV-PSA) when the scrub role and circulating role are not required for the procedure being performed.

This section does not apply as it refers to a staffing model when IV-PSA is given in the absence of an anesthesiologist/FPA.

Nursing staff qualifications

General

Each nurse holds current practising registration with the British Columbia College of Nurses and Midwives (BCCNM).

Each nurse holds current basic life support (BLS) certification for health-care professionals (health-care provider or equivalent (i.e. BLS-Provider)).

Dental procedure room (RNs with ACLS)

Each registered nurse holds current advanced cardiovascular life support (ACLS) training.

All registered nurses in dental procedure room to support the anesthesiologist/FPA during intubation and extubation must possess the requisite knowledge and skills to assist the anesthesiologist/FPA during intubation and extubation and must hold current ACLS. ACLS courses may be taken directly through the Heart and Stroke Foundation of Canada (HSFC) and/or from a third-party provider. Medical directors must ensure third-part providers instruct in accordance to the HSFC guidelines. Following initial certification, re-certification is required every two years.

Post-anesthesia care unit (post-anesthesia care/critical care nurses)

- Each registered nurse has completed a post-secondary educational institution post-anesthesia care or critical care nursing program or has the equivalent in education and experience.
- All registered nurses in the post-anesthesia care area hold Canadian Nurses Association (CNA) peri-anesthesia certification or critical care certification, have completed a post-secondary educational institution peri-anesthesia nursing or critical care nursing program (i.e. British Columbia Institute of Technology), have completed a health authority peri-anesthesia or critical care education program and/or have post-anesthesia and/or critical care experience in the hospital setting. In-house peri-anesthesia nursing care training by a non-hospital facility is not considered the equivalent in education and experience. Evidence of completion of a post- secondary educational institution program or the equivalent in education and experience (i.e. resume, certificate, work experience) is maintained in the individual's human resource file.

Acceptable alternates to post-anesthesia care/critical care nurses:

- Anesthesiologist/FPA
- Dentist with recognized university affiliated training program in anesthesiology

Note: Both the minimum number of staff (PACU1.1) **and** the appropriate regulated health professional-to-patient ratios (PACU1.2 through PACU1.5) must be observed at times. If the recovery area is staffed with an alternate (i.e. anesthesiologist/FPA, dentist with recognized university affiliated training program in anesthesiology), there must be a minimum of two regulated health professionals (i.e. anesthesiologist/FPA and PACU RN) present in the recovery area at all times and more than two regulated health professionals may be necessary to meet the minimum 'nurse'-to-patient ratio requirements.

Pediatric care

- Perioperative registered nurses providing care to pediatric patients hold current PALS certification, as appropriate.
- Post-anesthesia care registered nurses providing care to pediatric patients hold current PALS certification, as appropriate.

At minimum, there is one registered nurse on site with pediatric emergency training when pediatric patients are receiving care at the facility. It is recommended that facilities providing pediatric services have both an RN in the operating room and an RN in the post-anesthesia care area that hold current pediatric advanced life support (PALS) certification.

In the non-hospital setting, the pediatric population age range is defined as children aged three and at minimum 12 kilograms in weight to children aged 12 and/or under 24 kilograms in weight. Facilities that provide medical, surgical, dental or anesthesia services to pediatric patients must have at minimum one RN on site that holds current PALS certification when pediatric patients are receiving care. It is recommended that facilities providing pediatric services have both an RN in the operating room and a RN in the post-anesthesia care area that hold current PALS certification. The medical director is responsible for ensuring nursing staff are current for emergency training prior to working in a non-hospital facility. PALS courses must include an in person/hands-on component and be renewed every two years. Medical directors must ensure that providers of emergency training courses meet acceptable theory and in- person/hands-on components. When there is a nationally or internationally recognized body, e.g. Heart and Stroke Foundation of Canada (HSFC) that publishes guidelines the medical director must ensure third party course providers instruct in accordance with those guidelines. Copies of PALS certification are maintained in the individual's human resource file.

NHMSFAP *Post-Anesthesia Care* accreditation standard

The NHMSFAP *Post-Anesthesia Care* accreditation standard covers minimum staffing levels, staffing qualifications, nurse-to-patient ratios, equipment and supplies and levels of post-anesthesia care.

Post-anesthesia care involves different phases of care, phase I, phase II and extended observation. The level of care that is provided is dependent on where the patient is in their recovery. All three levels of care may be provided in a single post-anesthesia care unit.

Levels of care

Phase I is the period immediately following the dental procedure under anesthesia and continues until such time as the patient's airway and ventilatory status is adequate, they are hemodynamically stable, and their pain and any nausea and vomiting are effectively managed. Patients who continue to be physiologically unstable, require complex care or whose status regresses require phase I level of care.

Phase II is the period immediately following phase I and continues until such time as the patient has met criteria for discharge home. This level of care is focused on the patient's continued recovery, maintaining adequate pain relief and comfort, taking of oral fluids and preparing the patient for discharge home.

Extended observation is the period immediately following phase II. This level of care is for patients who have met discharge criteria and may be waiting for transportation home.

Dental facilities are likely to have a single post-anesthesia care area where all three levels of care area provided, phase I, phase II and extended observation and where patients remain until they leave the facility.

Additional guidance on specific standards

Both the minimum number of staff (PACU1.1) **and** the appropriate nurse-to-patient ratios (PACU1.2 through PACU1.5) must be observed at all times.

PACU1.1 PACU staffing supports safe patient care.

If different levels of care (i.e. phase I and phase II) take place in a single post-anesthesia care unit, the nurse qualifications and nurse-to-patient ratios are to be in accordance with the highest level of care required by any patient receiving care (i.e. phase I).

PACU1.1.3 Two registered nurses, one whom is competent in post-anesthesia care, are present in the PACU at all times when the patient is receiving phase II level care.

For minimal to moderate procedural sedation (excluding TIVA with Propofol), two registered nurses, one whom is competent in procedural sedation care, are present in the PACU at all times when the patient is receiving phase II level care after minimal to moderate sedation.

PACU1.1.4 The anesthesiologist is immediately available while the patient is intubated and is in attendance for extubation.

The practice of transferring intubated patients to the PACU is discouraged. The practice of extubating the patient immediately upon arrival or within minutes of arrival in the PACU is acceptable.

PACU 1.6 The PACU is appropriately equipped.

Recovery bays used for both phase I and phase II levels of care are equipped in accordance with the higher phase I bay requirements.

PACU 1.7.1 The patient is accompanied from the OR to the PACU by the OR RN and the anesthesiologist.

General anesthesia and/or deep sedation rooms are to be staffed as follows:

Two registered nurses (RN) each with current ACLS training must be present in the room during induction and extubation *or* the Dentist with Recognized University Affiliated Training Program in Anesthesiology or is present in the operating room and dedicated to supporting the anesthesiologist/FPA during induction and extubation, plus one registered nurse (RN) with ACLS is present during induction and extubation.

During the dental procedure, one RN with ACLS must remain in the room from the start to the finish of the procedure (induction through extubation).

A second RN with ACLS must remain immediately available to assist if required.

The patient is accompanied from the general anesthesia and/or deep sedation room to the PACU by the anesthesiologist/FPA plus an RN with ACLS or the Dentist with Recognized University Affiliated Training Program in Anesthesiology.

NHMSFAP *Emergency Cart Medication and Equipment* accreditation standards

The NHMSFAP emergency cart medication and equipment accreditation standards specify the medications, equipment and supplies required on a rolling/mobile cart located in close proximity to both the procedure room(s) and the post-anesthesia care unit.

The emergency cart(s) must be stocked with the medications, equipment and supplies, and in the quantities, exactly as listed in the standard. Its contents must be organized and easy to retrieve in the event of an emergency.

The NHMSFAP emergency cart medication and equipment standards which apply to anesthesiologists/FPAs practising in dental facilities are as follows:

Class 1 General Anesthesia Facility Emergency Cart

This standard applies to facilities where the highest level of anesthesia provided by an anesthesiologist/FPA is general anesthesia and/or deep sedation.

AEM1.3.17 20% Lipid emulsion.

If the anesthesiologist/FPA is administering bupivacaine or ropivacaine in dental facilities, 20% lipid emulsion shall be on the emergency cart should the anesthesiologist/FPA be needed to manage an anesthetic toxicity event.

AEM1.4.8 Intraosseous driver.

Although the guidance refers to a power driver, a manual driver is also acceptable.

AEM1.3.27 Succinylcholine.

AEM1.3.28 Rocuronium.

AEM1.3.29 Sugammadex.

The dental owner/medical director in consultation with the head of anesthesia makes the decision on which neuromuscular blocking agent is stocked on the emergency cart, either succinylcholine or rocuronium and sugammadex. If the medical director in consultation with their head of anesthesia makes the decision to stock both neuromuscular blocking agents on the emergency cart, then the required vials for succinylcholine, rocuronium and sugammadex must be in conformance with this standard.

When succinylcholine is stocked even if just for emergency purposes and even if there are no other malignant hyperthermia (MH) triggering agents on site, an MH kit in conformance with the NHMSFAP Malignant Hyperthermia standard is required. (Highlights are the same as the NHMSFAP standards.)

Class 2 IV Sedation/Analgesia Facility Emergency Cart

This standard applies to facilities where the highest level of anesthesia provided by an anesthesiologist/FPA is minimal to moderate procedural sedation only.

In facilities where an anesthesiologist/FPA may provide a higher level of anesthesia (i.e. deep sedation, general anesthesia), then the facility is required to have a Class 1 General Anesthesia Facility Emergency Cart.

AEM1.3.10 20% Lipid emulsion.

If the anesthesiologist/FPA is administering bupivacaine or ropivacaine in dental facilities, 20% lipid emulsion shall be on the emergency cart should the anesthesiologist/FPA be needed to manage an anesthetic toxicity event.

AEM1.4.6 Intraosseous driver.

Although the guidance refers to a power driver, a manual driver is also acceptable.

Pediatric emergency cart

This standard applies to facilities providing pediatric services and supports pediatric emergencies in children aged three (3) and at minimum 12 kilograms in weight to children aged 12 and 24 kilograms in weight or children older than age twelve but under 24 kilograms in weight. Although the BCMQI provincial privileging dictionary for anesthesiology lists core privileges in anesthesiology as patients 2 years through adult, the NHMSFAP Committee does not consider children under the age of three and/or less than 12 kilograms suitable for the non-hospital setting.

Dental facilities which provide pediatric services to children that weigh less than 24 kilograms are required to have a dedicated pediatric emergency cart, in addition to a dedicated adult emergency cart if they serve both pediatric and adult populations. If, for example, the dental facility provides pediatric services to children at least 15 kilograms, then they are required to have a 15-18 kg (white) drawer (PEM1.6), a 19-23 kg (blue) drawer (PEM1.7), a 24-29 kg (orange) drawer (PEM1.8) and a 30-36 kg (green) drawer (PEM1.9). They would not be required to have a 12-14 kg (yellow) emergency equipment and supplies drawer (PEM1.5.1)

PEM1.10.7 Intraosseous driver.

Although the guidance refers to a power driver, a manual driver is also acceptable.

Malignant hyperthermia

This standard applies to facilities providing general anesthesia and/or deep sedation. It also applies to facilities providing minimal to moderate procedural sedation if the anesthesiologists/FPAs choose to keep succinylcholine on site, even when succinylcholine is only stocked for emergency purposes and where the facility has no other volatile agents on site.

MHE1.6.1 (There is policy and procedures for laboratory analysis of bloodwork) does not apply to dental facilities.

The malignant hyperthermia kit must be stocked exactly as listed in the standard, with one exception, a large sterile Steri-Drape™ is not required (MHE1.2.8).

NHMSFAP *Medical Records and Documentation* accreditation standard

The NHMSFAP *Medical Records and Documentation* accreditation standard covers all aspects pertaining to medical records and documentation such as privacy and security, access and retention, quality improvement and clinical care documentation.

For the purpose of this quality assurance activity, the focus will be on sections MRDOC1.9 and MRDOC1.13 only.

MRDOC1.9 of the standard outlines the expectations for documentation of the clinical care provided by anesthesiologists/FPAs.

MRDOC1.13 of the standard outlines the expectation for documentation of the clinical care provided in the post-anesthesia care area. The head of anesthesia has medical administrative responsibility for the PACU and therefore is responsible for establishing and monitoring the quality of post-anesthesia care provided at the facility.

It is, however, important to note that assessing the quality of the anesthesiologist's/FPA's documentation requires the full context of the patient's dental anesthesia encounter. This can only be achieved through access to the patient's full record containing all information and documentation related to the patient's dental anesthesia encounter, such as pre-admission, admission, procedural and post-anesthesia care documentation.