INDIANA SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS
ANESTHESIA REEXAMINATION

Date of Exam: _____

Examinee: Name:_____

Location of Exam: _____

_____

Phone:(_____)_____Fax:(_____)_____

Examiner: Name:_____

Phone:(_____)_____Fax:(_____)_____

Dear Examinee:

Thank you for inviting a colleague into your office for your Indiana Society of Oral and Maxillofacial Surgeons anesthesia reexamination. This effort reveals your commitment to quality, safe anesthesia care for your patients as well as satisfies the membership requirements of the AAOMS.

Only through these ongoing quality of care reexaminations can we as oral and maxillofacial surgeon anesthesiologists demonstrate to all concerned that in-office general anesthesia/deep sedation is a safe and effective procedure for our patients.

Please keep up the good work and continue this process **every five years**. Also, don't hesitate to reciprocate the favor and **reexamine** your neighboring Indiana Society of Oral and Maxillofacial Surgeons' members whenever asked.

As a reminder, remember that you need to have an active ISOMS (dues paying or life member) member perform this evaluation. You cannot use a retired member or a member of your own practice, even if they do not practice in the same office as you.

Thank you!

ISOMS Anesthesia Committee

Examination completed on: _____, 2019 Examiner initials:_____

Dear Examiner:

Thank you for agreeing to perform this quality of care reexamination for your colleague on behalf of the Indiana Society of Oral and Maxillofacial Surgeons. Although there is no fee involved to the examinee, by continuing this process every five years, a more formal (and costly) reexamination by the ISOMS Anesthesia Committee will not be required. **Please note that you will need to initial and date each page for this to qualify as a completed examination.**

Please conduct the examination as follows:

1. EVALUATE THE FACILITY

Include the anesthesia record, anesthesia delivery system, monitors, and dated, labeled drugs.

Present	Absent		
		1	Available drugs are to be examined for outdates, availability, and appropriateness.
		2	Reserve oxygen supply checked
		3	Monitoring equipment must include at least an EKG, pulse oximeter, and blood pressure apparatus.
		4	End-tidal carbon dioxide monitor (after 1/1/2014)
		5	Reserve suction (other than electrically powered) available and in operating condition.
		6	Laryngoscope checked regularly for function.
		7	Nasopharyngeal tubes.
		8	Oropharyngeal airways.
		9	Endotrachael tubes and connectors.
		10	Anesthesia records.
		11	Trained personnel in recommended numbers.
		12	Preoperative history, physical, blood pressure, pulse, and weight.
		13	Safety-indexed fittings on all piped gas connections to prevent transpositions.
		14	Accuracy of anesthesia machines or O_2 and anesthetic agent monitors checked regularly.
		15	Patient transportation equipment.
		16	Instrument sterilization.
		17	Preparation of medications.
		18	Record of Hepatitis vaccinations.
		19	Gas storage facility appropriate and safe.
		20	Record of mock emergency drills with staff.
		21	Defibrillator.
		22	Auxiliary lighting system.

Examination completed on: _____, 2018 Examiner initials:_____

2. OBSERVE, SIMULATE, OR DISCUSS THREE ANESTHETIC TECHNIQUE CASES.
Include a child <5 years of age. Describe patient profile and list medications with dosages used or proposed.

Case 1 – Adult

1. Proposed procedures_____
2. Patient profile (age, weight, medical history):_____
3. Monitors used:_____
4. Anesthetic technique: ☐ general, ☐ deep sedation, ☐ conscious sedation, ☐ intubated?
5. Induction agents:_____
6. Maintenance agents:_____
7. Recovery procedure:_____

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Case 2– Adult

1. Proposed procedures_____
2. Patient profile (age, weight, medical history):_____
3. Monitors used:_____
4. Anesthetic technique: ☐ general, ☐ deep sedation, ☐ conscious sedation, ☐ intubated?
5. Induction agents:_____
6. Maintenance agents:_____
7. Recovery procedure:_____

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Case 3 – Child

1. Proposed procedures_____
2. Patient profile (age, weight, medical history):_____
3. Monitors used:_____
4. Anesthetic technique: ☐ general, ☐ deep sedation, ☐ conscious sedation, ☐ intubated?
5. Induction agents:_____
6. Maintenance agents:_____
7. Recovery procedure:_____

Examination completed on: _____, 2019 Examiner initials:_____

3. DISCUSS EMERGENCY SITUATIONS.

Present a scenario that requires full office mobilization of the emergency plan. Suggest having a written list of functions for each staff member to efficiently manage the situation. The following may be used as a guideline. The examiner may take into account current ACLS certification as part of proficiency in discussing emergency situations suggested. **Please mark which scenarios you go over, or list anything not listed in the remarks section.**

SIMULATED EMERGENCIES

1. Laryngospasm
2. Bronchospasm
3. Emesis and Aspiration of Vomitus
4. Foreign Bodies in the Airway
5. Angina Pectoris
6. Myocardial Infarction
7. Cardiopulmonary Resuscitation
    a. Bradycardia
    b. Ventricular Tachycardia
    c. Ventricular Fibrillation
    d. Asystole
    e. Pulseless Electrical Activity (PEA)
8. Hypotension
9. Hypertensive Crisis
10. Acute Allergic Reaction
11. Hyperventilation Syndrome
12. Convulsion of Unknown Etiology

REMARKS:

Dear Examiner:

Thank you again for completing this quality of care reexamination. Please discuss any deficiencies noted and make recommendations for their correction above. You may do so on an additional piece of paper if you wish, but please be sure to attach that to the booklet. Also, be sure to note any techniques or equipment you find that may be helpful in your practice!

Please make a copy of this evaluation for the examinee's records and send the **ORIGINAL** copy via mail to:

Laney Dezelan, Executive Secretary
Indiana Society of Oral and Maxillofacial Surgeons
11307 Reflection Point Drive
Fishers, IN 46037

EXAMINER'S SIGNATURE_____DATE:_____