



Indiana Society of Oral and Maxillofacial Surgeons  
2023 Anesthesia Reevaluation

Dear Examinee:

Thank you for inviting a colleague into your office for your anesthesia reevaluation. This effort reveals your commitment to quality, safe anesthesia care for your patients as well as satisfies the membership requirements of both the ISOMS and AAOMS.

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

As a reminder, it is YOUR responsibility to have an active ISOMS member (dues paying or life 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 Board of Directors



Indiana Society of Oral and Maxillofacial Surgeons  
2023 Anesthesia Reevaluation

Date of Exam: \_\_\_\_\_

Examinee: \_\_\_\_\_  
(Printed Name)

Location of Exam: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone)

Examiner: \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Phone)

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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 you, by continuing this process every five years, a more formal (and costly) reexamination by a formed committee is not required.

Once you have completed the form, please do the following:

1. Provide a signed copy to the examinee
2. Email a signed copy to: [isoms4489@gmail.com](mailto:isoms4489@gmail.com)
3. Mail the **ORIGINAL** copy to:  
ISOMS  
c/o Laney Dezelan  
11307 Reflection Point Drive  
Fishers, IN 46037

\*\*You may also wish to keep a copy for yourself.



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**FACILITY EVALUATION**

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 <b>MUST</b> include at least the following: EKG Pulse oximeter Blood pressure apparatus End-tidal carbon dioxide monitor
		4	Reserve suction (other than electrically powered) available and in operating condition.
		5	Laryngoscope checked regularly for function.
		6	Nasopharyngeal tubes.
		7	Oropharyngeal airways.
		8	Endotracheal tubes and connectors.
		9	Anesthesia records.
		10	Trained personnel in recommended numbers.
		11	Preoperative history, physical, blood pressure, pulse, weight.
		12	Safety-indexed fittings on all piped gas connections to prevent transpositions.
		13	Accuracy of anesthesia machines or O <sub>2</sub> and anesthetic agent monitors checked regularly.
		14	Patient transportation equipment.
		15	Instrument sterilization.
		16	Preparation of medications.
		17	Record of Hepatitis vaccinations.
		18	Gas storage facility appropriate and safe.
		19	Record of mock emergency drills with staff.
		20	Defibrillator.
		21	Auxiliary lighting system.



**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 procedure(s): \_\_\_\_\_  
\_\_\_\_\_
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: \_\_\_\_\_  
\_\_\_\_\_

**Case 2 - Adult**

1. Proposed procedure(s): \_\_\_\_\_  
\_\_\_\_\_
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: \_\_\_\_\_  
\_\_\_\_\_



### Case 3 - Child

1. Proposed procedure(s): \_\_\_\_\_  
\_\_\_\_\_
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: \_\_\_\_\_  
\_\_\_\_\_

### 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 examination may consider current ACLS certification as part of the proficiency in discussing emergency situations suggested.

**YOU MUST INDICATE WHICH SCENARIOS YOU GO OVER OR LIST ANYTHING NOT INCLUDED BELOW:**

### SIMULATED EMERGENCIES

- |  |                                    |
|--|------------------------------------|
| ___ Laryngospasm                       | ___ Bronchospasm                   |
| ___ Emesis and Aspiration of Vomitus   | ___ Foreign Bodies in Airway       |
| ___ Angina Pectoris                    | ___ Myocardial Infarction          |
| ___ Cardiopulmonary Resuscitation      | ___ Hypotension                    |
| a. Bradycardia                         | ___ Hypertensive Crisis            |
| b. Ventricular Tachycardia             | ___ Acute Allergic Reaction        |
| c. Ventricular fibrillation            | ___ Hyperventilation Syndrome      |
| d. Asystole                            | ___ Convulsion of Unknown Etiology |
| e. Pulseless Electrical Activity (PEA) |                                    |



**DEFICIENCIES and CORRECTIONS NEEDED**

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**SUGGESTIONS**

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**REMARKS:**

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**EXAMINER'S**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Thank you again, Examiner, for completing this quality-of-care reexamination. Please note above and discuss any deficiencies noted and make recommendations for their correction. Please also note anything you note any techniques or other equipment that you find that may be helpful for you and your colleagues.

Again, please mail the original copy of this evaluation to:

ISOMS  
c/o Laney Dezelan  
11307 Reflection Point Drive  
Fishers IN 46037

Also, email a copy to: [isoms4489@gmail.com](mailto:isoms4489@gmail.com) and provide a copy to the examinee