

## EXHIBIT A

### STATE OF HAWAII BOARD OF DENTISTRY ANESTHESIA SITE EVALUATION CHECK LIST

<b>PATIENT RECORDS</b>	<b>YES</b>	<b>NO</b>
An adequate medical history of the patient.		
An adequate physical evaluation of the patient.		
Anesthesia record showing: continuous monitoring of heart rate, blood pressure, and respiration using electrocardiographic monitoring and pulse oximetry		
Recording of monitoring every 5 minutes		
Evidence of continuous recovery monitoring, with notation of patient's condition upon discharge and person to whom the patient was discharged		
Accurate recording of medications given, including amounts and times given		
Records illustrating length of procedure		
Records reflecting any complications of anesthesia		
Informed consent of appropriate for the level of anesthesia being administered		

<b>DRUGS</b>	<b>YES</b>	<b>NO</b>
Vasopressor drug available?		
Corticosteroid drug available?		
Bronchodilator drug available?		
Muscle relaxant drug available?		
IV medications and fluids for treatment of cardiopulmonary arrest available?		
Narcotic antagonist drug available?		
Benzodiazepine antagonist drug available?		
Antihistamine drug available?		
Antiarrhythmic drug available?		
Anticholinergic drug available?		
Coronary artery vasodilator drug available? <i>(Exempt if treating pts 12 Y.O. or younger)</i>		
Antihypertensive drug available? <i>(Exempt if treating pts 12 Y.O. or younger)</i>		
Medication for treatment during acute seizure available?		
Mechanism for response to Malignant Hyperthermia (if applicable)-Dantrolene		
Dextrose 50% or other Antihypoglycemic drug available?		

<b>OFFICE FACILITY AND EQUIPMENT</b>		
<b>MONITORS</b>	<b>YES</b>	<b>NO</b>
Noninvasive blood pressure monitor		
Electrocardiograph		
Defibrillator/Automated External Defibrillator		
Pulse Oximeter		
End-tidal Carbon Dioxide Monitor-Capnography		
Temperature probe or thermometer		

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<b>OFFICE FACILITY AND EQUIPMENT (continued from previous page)</b>		
<b>OPERATING THEATER</b>	<b>YES</b>	<b>NO</b>
Operating theater large enough to accommodate the patient on a table or in an operating chair	<input type="checkbox"/>	<input type="checkbox"/>
Operating theater permits an operating team consisting of at least 3 individuals to move freely about the patient	<input type="checkbox"/>	<input type="checkbox"/>
<b>OPERATING CHAIR OR TABLE</b>	<b>YES</b>	<b>NO</b>
Permits the patient to be positioned so the operating team can maintain the airway	<input type="checkbox"/>	<input type="checkbox"/>
Permits the team to alter the patient's position quickly in an emergency	<input type="checkbox"/>	<input type="checkbox"/>
Provide a firm platform for the management of cardiopulmonary resuscitation	<input type="checkbox"/>	<input type="checkbox"/>
<b>LIGHTING SYSTEM</b>	<b>YES</b>	<b>NO</b>
Permits the evaluation of the patient's skin and mucosal color	<input type="checkbox"/>	<input type="checkbox"/>
There is a battery-powered backup lighting system	<input type="checkbox"/>	<input type="checkbox"/>
Backup lighting system is of sufficient intensity to permit completion of any operation underway at the time of a general power failure	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUCTION EQUIPMENT</b>	<b>YES</b>	<b>NO</b>
Suction equipment permits aspiration of the oral and pharyngeal cavities	<input type="checkbox"/>	<input type="checkbox"/>
There is a backup suction device available that can be used during a power failure	<input type="checkbox"/>	<input type="checkbox"/>
<b>OXYGEN AND SUPPLEMENTAL GAS DELIVERY SYSTEMS</b>	<b>YES</b>	<b>NO</b>
The oxygen delivery system has adequate full face masks & appropriate connectors, and is capable of delivering oxygen to the patient under positive pressure	<input type="checkbox"/>	<input type="checkbox"/>
There is an adequate backup oxygen delivery system	<input type="checkbox"/>	<input type="checkbox"/>
In addition to delivering positive pressure oxygen, the system should be installed and maintained according to the manufacturer's instructions:	<input type="checkbox"/>	<input type="checkbox"/>
1. Gas outlets for remote delivery systems must be pin-indexed	<input type="checkbox"/>	<input type="checkbox"/>
2. Fail-safe mechanism must be present	<input type="checkbox"/>	<input type="checkbox"/>
3. Gas outlets and systems are color coded	<input type="checkbox"/>	<input type="checkbox"/>
If Remote Gas Storage Is Used:	<input type="checkbox"/>	<input type="checkbox"/>
1. Must allow for rapid change over to reserve supplies	<input type="checkbox"/>	<input type="checkbox"/>
2. At least 2 tanks of oxygen must be connected to the system	<input type="checkbox"/>	<input type="checkbox"/>
3. An audible or visible low oxygen pressure warning device is mandatory	<input type="checkbox"/>	<input type="checkbox"/>
4. System is in place to secure the tanks	<input type="checkbox"/>	<input type="checkbox"/>
<b>RECOVERY AREA (Can be the operating theater)</b>	<b>YES</b>	<b>NO</b>
Recovery area has available oxygen	<input type="checkbox"/>	<input type="checkbox"/>
Recovery area has adequate suction	<input type="checkbox"/>	<input type="checkbox"/>

**STATE OF HAWAII BOARD OF DENTISTRY ANESTHESIA SITE EVALUATION CHECK LIST**

<b>OFFICE FACILITY AND EQUIPMENT (continued from previous page)</b>		
<b>RECOVERY AREA (Can be the operating theater)</b>	<b>YES</b>	<b>NO</b>
Recovery area has adequate lighting		
Recovery area has adequate electrical outlets		
Patient can be observed by a member of the staff at all times during recovery period		

<b>ANCILLARY EQUIPMENT</b>	<b>YES</b>	<b>NO</b>
Working laryngoscope complete with adequate selection of blades, spare batteries and bulbs		
Endotracheal tubes and appropriate connectors		
Oral airways		
Laryngeal mask airways		
Tonsillar or pharyngeal type suction tip adaptable to all office outlets		
Endotracheal tube (McGill) forceps		
Sphygmomanometer and stethoscope		
Electrocardioscope and defibrillator/automated external defibrillator		
Pulse Oximeter		
Adequate equipment for the establishment of an intravenous infusion		
Equipment available to perform a cricothyroidotomy or surgical airway		

<b>TRANSPORT EQUIPMENT AND EMERGENCY EVACUATION PLAN</b>	<b>YES</b>	<b>NO</b>
Portable chairs to allow for transport of patient from surgery area to recovery area		
Fire/disaster plan and equipment in place for evacuation of a sedated patient.		

<b>COMMUNICATION EQUIPMENT</b>	<b>YES</b>	<b>NO</b>
Ability to communicate within the office in case of emergency (call button/intercom)		
Ability to quickly call 911		

<b>DRUG STORAGE AND PREPARATION AREA</b>	<b>YES</b>	<b>NO</b>
Drugs and stored and prepared in an area that allows for sterile technique		
DEA compliant storage of controlled medications		
Provision for separate drug refrigeration		

<b>REGULATED INDUSTRIES COMPLAINTS OFFICE ("RICO") SIGN</b>	<b>YES</b>	<b>NO</b>
RICO sign is displayed in an area visible to patients and staff		

Name of Inspector Completing Check List: \_\_\_\_\_

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date