



[New Section]

WAC 246-919-603 Use of nitrous oxide in office-based

settings. (1) The purpose of this rule is to promote and establish consistent standards, continuing competency, and promote patient safety. The commission establishes the following rule for physicians licensed under this chapter who perform surgical procedures and use nitrous oxide in office-based settings.

(2) The use of nitrous oxide is exempt from WAC 246-919-601 requirements if the following conditions are met:

(a) Nitrous oxide is administered at a concentration of 50 percent or less;

(b) Nitrous oxide is used without another inhaled anesthetic, sedative, or opioid drug; and

(c) The following safeguards are in place:

(i) The physician performing the procedure must demonstrate competence by completing a continuing medical education course in nitrous oxide administration;

(ii) At least one healthcare practitioner must be present who is certified in an advanced resuscitative technique such as, but not limited to, the following:

(A) Advanced cardiac life support (ACLS);


(B) Pediatric advanced life support (PALS); or

(C) Advanced pediatric life support (APLS).

(iii) The physician must be capable of resuscitating a patient from deeper sedation levels and ensure the patient's vital signs are monitored;

(iv) The physician performing the procedure must not administer nitrous oxide or monitor the patient;

(v) The physician administering nitrous oxide must continuously monitor the patient throughout the duration of its administration.

(vi) The facility must have a documented plan for transferring patients to a hospital in case of complications,  including arrangements for emergency medical services and appropriate escort of the patient to the hospital;

(vii) The physician must maintain legible, complete, comprehensive, and accurate medical records including the following:

- (A) Identity of the patient;
- (B) History and physical, diagnosis and plan;
- (C) Appropriate lab, X-ray, or other diagnostic reports;
- (D) Appropriate preanesthesia evaluation;
- (E) Documentation of nitrous oxide administered or dispensed; and
- (F) Documentation of vital signs during the nitrous oxide sedation, including respiratory rate, oxygen saturation, heart rate, and blood pressure.

(viii) The following equipment must be available and include:

- (A) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;
- (B) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivery positive pressure, oxygen enriched ventilation to the patient;

(C) Blood pressure cuff or sphygmomanometer of appropriate size; and

(D) Stethoscope or equivalent monitoring device.



(ix) A discussion with a parent or guardian of a pediatric patient of the particular risks of the use of nitrous oxide for a patient who:

(A) Is younger than six years old;

(B) has special needs;

(C) has airway abnormalities; or

(D) has a chronic condition.

This discussion must include reasoning why the pediatric patient can safely receive nitrous oxide in an outpatient environment and any alternatives.

(ix) Excess nitrous oxide must be removed from the procedure room to protect staff via a scavenging system;



(x) Equipment used for monitoring patients must be calibrated or performance verified according to manufacturer's instructions; and

(xi) Nitrous oxide must be stored securely and accessible only by authorized individuals.

[246-817-776](tel:246-817-776) - Dental



Discharge criteria for all levels of sedation or general anesthesia.

The licensed dentist shall ensure an anesthesia provider assesses patient responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met, except when their prior baseline is below the noted criteria:

(1) Vital signs including blood pressure, pulse rate and respiratory rate are stable. Vital signs are not required when:

(a) A pediatric ASA I or ASA II patient is undergoing a routine dental procedure using either local anesthetic, nitrous oxide, or both with no other sedating medications;
or

(b) A pediatric patient is uncooperative or the emotional condition is such that obtaining vital signs is not possible.

(c) Reasons why vital signs were not obtained must be documented.

(2) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(3) The patient can talk and respond coherently to verbal questioning as appropriate to age and preoperative psychological status;

(4) The patient can sit up unassisted;

(5) The patient can walk with minimal assistance;

(6) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness;

(7) The anesthesia provider has made a discharge entry in the patient's record. Discharge entries must include:

(a) The patient's condition upon discharge; and

(b) The name of the responsible party to whom the patient is released, if a patient is required to be released to a responsible party;

(8) If the patient does not meet established discharge criteria, the anesthesia provider must evaluate the patient

and determine if the patient has safely recovered to be discharged. The evaluation determining that the patient can be safely discharged must be noted in the patient's record.