Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

DENTISTRY EXAMINING BOARD

PROCEDURE FOR REPORTING ADVERSE OCCURRENCES RELATED TO ANESTHESIA ADMINISTRATION

PER WISCONSIN ADMINISTRATIVE CODE:

Wis. Admin. Code § DE 11.10: Reporting of adverse occurrences related to anesthesia administration.

- A dentist shall report to the Dentistry Examining Board any anesthesia or sedation related mortality which occurs during or as a result of treatment provided by the dentist within two (2) business days of the dentist's notice of such mortality.
- A dentist shall report any morbidity which may result in permanent physical or mental injury as a result of the administration of anesthesia or sedation by the dentist to the Dentistry Examining Board within thirty (30) days of the notice of the occurrence of any such morbidity.
- The report shall include, at the minimum, responses to all of the following:
  1. A description of the dental procedures;
  2. The names of all participants in the dental procedure and any witnesses to the adverse occurrence;
  3. A description of the preoperative physical condition of the patient;
  4. A list of drugs and dosage administered before and during the dental procedures;
  5. A detailed description of the techniques utilized in the administration of all drugs used during the dental procedure;
  6. A description of the adverse occurrence, including the symptoms of any complications, any treatment given to the patient, and any patient response to the treatment; and
  7. A description of the patient's condition upon termination of any dental procedures undertaken.

Report the occurrence on the Report of Adverse Occurrences Related to Anesthesia Administration (**Form #2764**), obtainable from the Department of Safety and Professional Services at http://dsps.wi.gov. Select "*Professions*" from the main toolbar, then "*Dentist*."

Send (**Form #2764**) to the DSPS office at Wisconsin Dentistry Examining Board, DSPS, P.O. Box 8935, Madison, WI 53708-8935, and a copy should be kept for your records. You may fax to 608-251-3036 or email to DSPSCredDentistry@wisconsin.gov.

Committed to Equal Opportunity in Employment and Licensing

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DENTISTRY EXAMINING BOARD

REPORT OF ADVERSE OCCURRENCES RELATED TO ANESTHESIA ADMINISTRATION

PLEASE TYPE OR PRINT IN INK **(Attach additional sheets if necessary.)**

Name of Dentist:

Last Name | **First Name** | **MI** | **License Number** -

Address (street, city, state, zip)

Daytime Telephone Number - -

Date of Occurrence: / /

Patient's Reaction:

Name(s)/Telephone Numbers of all participants in dental procedure and any witness to adverse occurrence:

Name | Daytime Telephone Number - -

Name | Daytime Telephone Number - -

Name | Daytime Telephone Number - -

Type of Dental Procedures performed: (Provide a detailed description.):

Description of the preoperative physical condition of the patient:

Detailed description of techniques utilized in the administration of all drugs used during dental procedure:

Description of the adverse occurrence, including symptoms of any complications, treatment given to patient, and patient response to the treatment:

Description of patient's condition upon termination of any dental procedures undertaken:

Please provide all dental charting relevant to this occurrence.

Wisconsin Department of Safety and Professional Services

LIST OF DRUGS AND DOSAGES ADMINISTERED BEFORE AND DURING THE DENTAL PROCEDURES

Drugs Administered Before Dental Procedure(s):

Name of Drug	Dosage Strength and Form	Quantity
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Drugs Administered During Procedure(s):

Name of Drug	Dosage Strength and Form	Quantity
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature: ____________________ Date: __ __ / __ __ / __ __ __ __
(Print and Sign Form)

Title: ____________________