

**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS  
ANESTHESIA SURVEY**

**This survey will provide the AAOMS with essential information on the practice and safety of our office-based anesthesia team model. We appreciate your time, and your continued commitment to providing safe anesthesia and preserving our right to administer anesthesia.**

1. Please check one box to indicate your primary practice model

- Private Practice
- Academic Practice
- Non-teaching Hospital Based Practice
- Military/Federal Service/Community Health Center

2. Please indicate any and all of the following drugs you use routinely during office-based anesthesia procedures:

- |  |  |
|--|--|
| <input type="checkbox"/> Atropine        | <input type="checkbox"/> Flumazenil    |
| <input type="checkbox"/> Nalbuphine      | <input type="checkbox"/> Propofol      |
| <input type="checkbox"/> Diazepam        | <input type="checkbox"/> Sevoflurane   |
| <input type="checkbox"/> Glycopyrrolate  | <input type="checkbox"/> Midazolam     |
| <input type="checkbox"/> Demerol         | <input type="checkbox"/> Ondansetron   |
| <input type="checkbox"/> Scopolamine     | <input type="checkbox"/> Narcan        |
| <input type="checkbox"/> Ketamine        | <input type="checkbox"/> Fentanyl      |
| <input type="checkbox"/> Methohexital    | <input type="checkbox"/> Remifentanyl  |
| <input type="checkbox"/> Dexmedetomidine | <input type="checkbox"/> Dexamethasone |
| <input type="checkbox"/> Nitrous oxide   | <input type="checkbox"/> Toradol       |
| <input type="checkbox"/> Other _____     |  |

3. What anesthesia team model do you utilize in your office? (select all that apply):

- OMS with trained anesthesia assistant and surgical assistant
- OMS and second OMS provider for select types of cases
- OMS and other anesthesia provider (CRNA, DA, MD anesthesiologist)
- OMS with OMS residents
- Other-please describe \_\_\_\_\_

4. How often do you premedicate patients prior to sedation?

- Routinely (Weekly)       Occasionally (Less than Monthly)       Never

5. If routinely or occasionally, which oral premedication drugs do you use? (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> midazolam (Versed)  | <input type="checkbox"/> Clonidine          |
| <input type="checkbox"/> Triazolam (Halcion) | <input type="checkbox"/> Alprazolam (Xanax) |
| <input type="checkbox"/> Diazepam (Valium)   | <input type="checkbox"/> Ketamine           |
| <input type="checkbox"/> Other _____         |   |

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6. Please indicate the total number of patients treated in 20XX who received these anesthesia types: (exclude anesthesia cases with nitrous oxide only)

	Age 7 & younger	Age 8-12	Age 13-22	Age 23-64	Age 65 & older
GA with planned airway (ETT/LMA)					
Deep sedation/ General anesthesia					
Moderate sedation					

7. During the year \_\_\_\_, please note the number of anesthesia related events that occurred to patients treated by you in your office? (Check all that apply)

	<b>General Anesthesia with Planned Airway (LMA or ETT)</b>	<b>Deep Sedation/ General Anesthesia</b>	<b>Moderate Sedation</b>
911 Call			
Hospitalization			
Organ Damage			
Death			

Please consider making a confidential report to [DAIRS](#) for any of the above complications. DAIRS is an AAOMS-endorsed anonymous self-reporting system to improve the quality of dental anesthesia care.