



The Tennessee Sunshine Law Passed by the General Assembly in 1974 requires that meetings of state, city and county government bodies be open to the public and that any such governmental body give adequate public notice of such meeting.

TENNESSEE DEPARTMENT OF HEALTH

MEMORANDUM

Date: September 26, 2011
To: Andrea Turner, Director of Communications and Media Relations
From: Wanda E. Hines, Board Administrator

Name of Board or Committee: Board for Licensing Health Care Facilities
Special Meeting-Dantrolene Usage Subcommittee Meeting.

Date of Meeting: October 18, 2011

Time: 9:00 a.m., Central Daylight Time

Place: Iris Conference Room
227 French Landing, Suite 150
Heritage Place Metrocenter
Nashville, TN 37243

Major Item(s) on Agenda: Discussion on the necessity for Dantrolene usage in a facility where there is no possibility of Malignant Hyperthermia occurring.

This memo shall be forwarded from individual programs to the Public Information Office on the 15th day of the preceding month. The Public Information Office will prepare the monthly list of meetings within the Department and have ready for distribution to state media by the 28th day of the preceding month.

AGENDA

**BOARD FOR LICENSING HEALTH CARE FACILITIES
DANTROLENE USAGE SUBCOMMITTEE MEETING
227 French Landing
Heritage Place Metrocenter
IRIS Conference Room, Suite 150
Nashville, TN 37243**

October 18, 2011

9:00 a.m.

- 1. Call the meeting to order.**
- 2. Discussion.**
- 3. Public Comments.**
- 4. Adjourn.**

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
DANTROLENE USAGE SUBCOMMITTEE
October 18, 2011

The Board for Licensing Health Care Facilities Dantrolene Usage Subcommittee was called to order by Ms. Ann Rutherford Reed on October 18, 2011 commencing at 9:00 a.m.

Ms. Reed detailed the origin of this subcommittee. It was established by the Board at the September 14, 2011 Board meeting based upon a request for interpretation regarding Ambulatory Surgical Treatment Center Rules 1200-08-10-.06(2)(g) by a facility provider.

Ms. Reed called the roll to establish a quorum.

Dr. Larry Arnold
Dr. Jennifer Gordon-Maloney
Dr. Roy King

Present and representing the Office of General Counsel:

Ms. Diona Layden

Also present:

Ms. Ann Rutherford Reed, Director, Board for Licensing, Health Care Facilities
Ms. Wanda Hines, Board Administrator

A quorum was established by roll call vote.

Ms. Reed instructed the subcommittee members to determine who would serve as chair. Dr. Arnold nominated Dr. Gordon-Maloney to serve in this capacity and she accepted it.

Dr. Gordon-Maloney, is an oral surgeon, had brought her anesthesia evaluation manual. She stated this manual is from the American Association of Oral Maxillofacial Surgeons. Dr. Maloney-Gordon explained her office gets an anesthesia evaluation every five (5) years. When they come to her office they evaluate her staff in a working situation and also evaluate all emergency equipment. This manual specifies that preparedness is essential to prevent death from malignant hyperthermia. Practitioners who use triggering agents must have Dantrolene immediately available, anesthesia equipment and EKG monitors. The facility should have a written plan to treat malignant hypothermia.

Dr. King stated he spoke with colleagues who use anesthesia. These colleagues stated if you are not using the triggering agents that may cause malignant hypothermia you shouldn't have to maintain Dantrolene, but felt it would be good practice to maintain a safe policy.

Further discussion ensued around the need for Dantrolene if using malignant hypothermia triggering agents and developing a policy statement. Further information was asked for regarding the requestor.

Ms. Reed informed the subcommittee members that Mr. Sam Lecates, who originally contacted was basically saying the same thing our office, Dr. Gordon-Maloney was identifying from the anesthesia inspection manual. Ms. Reed stated that Mr. Chris Guess who presented identified a list of unsafe anesthetics agents which cause malignant hypothermia. Dr. Gordon-Maloney stated Mr. Guess was very thorough compiling this information.

The subcommittee further discussed development of rule language which would require Dantrolene only if identified triggering agents were used or agents that have potential to cause malignant hypothermia. It was also discussed to leave the language as is.

Ms. Layden inquired if the subcommittee wanted to submit a rule change and a policy statement going forward. Ms. Reed explained the request was to do an interpretative guideline on that rule but a rule change can followed. Ms. Layden agreed this can be done and she suggested doing an interpretative guideline or policy statement clearly defining general anesthesia and then do a rule change.

Discussion ensued between the subcommittee on how to proceed with wording of the interpretative guideline/policy statement and rule language.

After further discussion, Ms. Reed read the interpretative guideline that was developed by the subcommittee which is to address the term anesthesia. The interpretation will be “general anesthesia is interpreted to include inhaled volatile agents which cause malignant hypothermia, and also includes any future agents known to cause malignant hypothermia and/or succinylcholine which are present in the facility.”

Ms. Layden read what she had written as rule language which will be similar to the interpretative guideline. The rule language will read, “When inhaled general anesthesia known to trigger malignant hypothermia and/or succinylcholine are maintained in the facility there shall be 36 ampules of Dantrolene for injection onsite. This requirement applies to anesthesia agents current or future shown to cause malignant hypothermia. If Dantrolene is administered, appropriate monitoring must be provided post-operatively.”

The subcommittee was in an agreement with the proposed interpretative guidelines and the rule language which will be presented to the Board at the January 2012 board meeting.

With all business concluded, Ms. Reed adjourn the meeting.

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