LOUISIANA STATE BOARD OF DENTISTRY
ANESTHESIA INSPECTION FORM

Type of anesthesia: ___________________________ Date: ________________

Dentist: ___________________________ License No.: ________________

Office Address: ___________________________

1. **Operatory and Recovery Room**
   - [ ] Room cleanliness
   - [ ] Room accessibility
   - [ ] Lighting
   - [ ] Operating chair

2. **Equipment**
   - [ ] Stethoscope
   - [ ] Pulse oximeter
   - [ ] Suction (primary) (secondary)
   - [ ] CO₂ monitoring
   - [ ] Defibrillator
   - [ ] Sphygmomanometer
   - [ ] Oral airways—appropriate sizes
   - [ ] IV kits
   - [ ] Scale (pediatric only)
   - [ ] EKG

3. **Emergency Drugs**
   - [ ] Epinephrine
   - [ ] Vasopressor
   - [ ] Corticosteroid (e.g. Solu-Medrol)
   - [ ] Bronchodilator (e.g. Albuterol inhaler)
   - [ ] Appropriate drug antagonists (e.g. Flumazenil, Narcan, Dantrolene)
   - [ ] Coronary artery vasodilator (Nitroglycerin spray or tablets)
   - [ ] Anticholinergic (e.g. Atropine)
   - [ ] Antihistaminic (e.g. Benadryl IV)
   - [ ] 50% dextrose or other antihypoglycemic
   - [ ] Oxygen delivery system
   - [ ] Anticonvulsant (e.g. injectable Diazepam or Midazolam)
   - [ ] Emergency kit list of contents and record of contents being checked

4. **Personnel**
   - [ ] Auxiliary BLS
   - [ ] Auxiliary BLS (general only)

5. **Controlled Substances**
   - CDS inventory:

   Patient records: 1. ____________________________
   2. ____________________________
   3. ____________________________

6. **Comments**

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   __________________________________________________________________________

   ____________________________ Inspector ____________________________ Dentist (or dentist’s representative)

Revised 8/8/2018