LOUISIANA STATE BOARD OF DENTISTRY
ANESTHESIA INSPECTION FORM

<table>
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<tr>
<th>Type of anesthesia:</th>
<th>Date:</th>
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<tr>
<th>Dentist:</th>
<th>License No.:</th>
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<th>Office Address:</th>
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1. Operatory and Recovery Room

- Room cleanliness
- Room accessibility
- Lighting
- Operating chair

2. Equipment

- Stethoscope
- Pulse oximeter
- Suction system—primary
- Suction system—secondary
- CO₂ monitoring
- Sphygmomanometer
- Oral airways—appropriate sizes
- IV kits (verification form)
- Scale (pediatric only)
- EKG and defibrillator

3. Emergency Drugs

- Epinephrine
- Vasopressor
- Corticosteroid
- Bronchodilator (rescue inhaler)
- Appropriate drug antagonists
- Antihistaminic
- Anticholinergic
- Coronary artery vasodilator
- Anticonvulsant
- Oxygen—portable
- 50% dextrose or other antihypoglycemic
- Emergency drug log

4. Personnel

- Dentist—BLS
- Dentist ACLS/PALS
- Auxiliary BLS
- Auxiliary BLS (general only)

5. Controlled Substances

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<th>CDS inventory:</th>
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- Drug log
- Patient records: 1.  
- Anesthesia records 2.  
- 3.  

6. Comments

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Inspector __________________________ Dentist (or dentist’s representative) __________________________

Revised 5/22/2017