

LOUISIANA STATE BOARD OF DENTISTRY ANESTHESIA INSPECTION FORM

Type of anesthesia: _____ Date: _____

Dentist: _____ License No.: _____

Office Address: _____

1. Operatory and Recovery Room

- | | |
|---|--|
| <input type="checkbox"/> Room cleanliness | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Room accessibility | <input type="checkbox"/> Operating chair |

2. Equipment

- | | |
|---|---|
| <input type="checkbox"/> Stethoscope | <input type="checkbox"/> Sphygmomanometer |
| <input type="checkbox"/> Pulse oximeter | <input type="checkbox"/> Oral airways—appropriate sizes |
| Suction <input type="checkbox"/> primary <input type="checkbox"/> secondary | <input type="checkbox"/> IV kits |
| <input type="checkbox"/> CO ₂ monitoring | <input type="checkbox"/> Scale (pediatric only) |
| <input type="checkbox"/> Defibrillator | <input type="checkbox"/> EKG |

3. Emergency Drugs

- | | |
|---|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Anticholinergic (e.g. Atropine) |
| <input type="checkbox"/> Vasopressor | <input type="checkbox"/> Antihistaminic (e.g. Benadryl IV) |
| <input type="checkbox"/> Corticosteroid (e.g. Solu-Medrol) | <input type="checkbox"/> 50% dextrose or other antihypoglycemic |
| <input type="checkbox"/> Bronchodilator (e.g. Albuterol inhaler) | <input type="checkbox"/> Oxygen delivery system |
| <input type="checkbox"/> Appropriate drug antagonists (e.g. Flumazenil, Narcan, Dantrolene) | <input type="checkbox"/> Anticonvulsant (e.g. injectable Diazepam or Midazolam) |
| <input type="checkbox"/> Coronary artery vasodilator (Nitroglycerin spray or tablets) | <input type="checkbox"/> Emergency kit list of contents and record of contents being checked |

4. Personnel

- | | |
|---|-------|
| <input type="checkbox"/> Auxiliary BLS | _____ |
| <input type="checkbox"/> Auxiliary BLS (general only) | _____ |

5. Controlled Substances

CDS inventory: _____

- | | |
|---|---------------------------|
| <input type="checkbox"/> Drug log | Patient records: 1. _____ |
| <input type="checkbox"/> Anesthesia records | 2. _____ |
| | 3. _____ |

6. Comments

Inspector

Dentist (or dentist's representative)