

# Pediatric Local Anesthesia Checklist

- P** **Pediatric Advanced Life Support (PALS):** Dentist & staff trained? Ask to see current certification.
- E** **Emergency Mock Drills:** Ask if it is performed on a monthly basis.
- D** **Designated Plan:** Ask how the office reacts to an emergency. Red Flag: "We call 911".
- I** **Identify Sudden Cardiac Arrest Symptoms:** Ask if they can accurately identify the symptoms.
- A** **Automatic External Defibrillator (AED) and other Emergency Equipment:** Ask to see them.
- T** **Temper Tantrums:** Ask how your child is kept calm. Papoose Boards can cause airway constriction.
- R** **Respiratory Distress:** Ask how they monitor for it?
- I** **In-Room Observation by Parent or Guardian:** Ask if they allow it.
- C** **Children are Different from Adults:** Ask how they are prepared to handle the differences.
- L** **Links:** Ask if they've taken the Six Links Pledge.
- O** **Oxygen:** Ask if it is available in portable form.
- C** **Constricted Breathing – Anxiety Induced:** Ask what their stress reduction protocol is.
- A** **Assessment:** Ask how fitness of patients is assessed before surgery.
- L** **Local Anesthetic:** Ask if it is calculated according to patient weight.
- A** **Allergy and Anaphylaxis:** Ask how they are prepared for this.
- N** **Neurological Risk Assessment:** Ask how it is performed.
- E** **Epinephrine:** Ask if it is on hand & if the staff is trained to administer.
- S** **Sniffles and Colds:** Ask how they address immune issues.
- T** **Teeth:** Ask how the problematic tooth is confirmed.
- H** **Heart Conditions (angina, high blood pressure, etc.):** Ask if they are identified, if so, how?
- E** **Emergency Drug Kit:** Ask to see it.
- S** **Surgical & Medical History:** Ask when this is taken.
- I** **Informed Consent Form:** Ask to see it.
- A** **Anxiety Constricted Breathing:** Ask what their stress reduction protocol is.