Dental Success Network

Does Your Anesthesia System Actually Have a System?

A self-audit for doctors and clinical teams

Unpredictable anesthesia isn't just a clinical problem — it's a schedule problem, a team confidence problem, and a patient trust problem. If 'I'm not numb' still catches your team off guard, this checklist will show you where the gaps are.

Your Primary (Plan A) Protocol

- ■ **You have a consistent, documented first-line anesthesia technique for mandibular molars.**
  Consistency is what makes failure the exception rather than the rule.
- ■ **Your team uses a stopwatch for onset time — not guesswork.**
  Rushing the onset window is the most common avoidable cause of failure.
- ■ **You have a clear 'go / no-go' test at 5 minutes before beginning any procedure.**
  Tongue, buccal probe, and air blast — all three, every time.
- ■ **Your assistant knows the onset confirmation protocol without being told.**

Your Rescue (Plan B) Protocol

- ■ **You have a documented Plan B — a clear escalation sequence when Plan A doesn't work.**
  If you're improvising in the chair, that's the gap.
- ■ **Your Plan B is written down and accessible in the operatory — not just in your head.**
  Laminated reference cards eliminate hesitation under pressure.
- ■ **Your assistant pre-sets the rescue tray before every procedure begins.**
  Waiting until you need it costs time and confidence.
- ■ **Your whole clinical team knows what Plan B looks like — not just the doctor.**
- ■ **You have a specific protocol for 'hot tooth' / inflamed pulp cases.**
  These require a modified approach — and that approach should be written down.

PRF (Platelet-Rich Fibrin) Readiness

■ **Your practice has a centrifuge and your team is trained to use it.**

■ **Your assistant knows the blood draw and centrifuge timing protocol.**

PRF should be assistant-driven — not dependent on doctor availability.

■ **You have a documented workflow that syncs the blood draw with anesthesia onset.**

This eliminates waiting and maximizes the biological window.

■ **Your team knows the placement window — how long after centrifuge PRF remains viable.**

■ **You're billing PRF correctly — D4265 or D7921 depending on use.**

Oral Sedation Readiness

■ **You offer oral sedation as an option for anxious patients.**

Anxious patients produce more adrenaline — which directly reduces anesthetic effectiveness.

■ **Your team has a written pre-appointment checklist for oral sedation cases.**

NPO instructions, driver confirmation, consent — all should be systematized.

■ **You have a written discharge criteria checklist — not just a judgment call.**

■ **Your state permit requirements for the sedation level you offer are confirmed and current.**

How many did you check? 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

14–18	Strong clinical systems — your team can execute predictably.
8–13	Solid in some areas, gaps in others. The rescue protocol is the highest priority.
0–7	Significant opportunity to systematize. Start with writing down Plan B.

✏ *When was the last time anesthesia failed mid-procedure? What would a written Plan B have changed about that experience?*

Based on DSN webinar content: "What If Your Anesthesia Worked Every Single Time?" featuring Dr. Aaron Nicholas.