



Name	
Grade	
Hospital	
Deanery	
Email address (that is still accessible when you rotate)	
Mobile	
Consultant supervisor	

Survey questions	<p>A 4-year-old boy, with no previous GA exposure, arrives for an elective dental clearance. He is 16kg, fit and well, has no comorbidities, no allergies and is starved in line with local policy. He is appropriately anxious but engaged with you during your pre-op assessment on the ward. There are no behavioural issues.</p> <p>1. What would be your first-choice induction technique for this scenario? (select all that apply)</p> <ul style="list-style-type: none"> <li>• Intravenous</li> <li>• Inhalational without nitrous oxide</li> <li>• Inhalational with nitrous oxide</li> <li>• Sedative premedication</li> </ul> <p>2. What would be your first choice airway device for this scenario, and would you use a throat pack? (select all that apply)</p> <ul style="list-style-type: none"> <li>• Throat pack</li> <li>• Oral uncuffed ETT</li> <li>• Oral cuffed ETT</li> <li>• Nasal uncuffed ETT</li> <li>• Nasal cuffed ETT</li> <li>• Classic LMA</li> <li>• Flexible LMA</li> <li>• Supreme LMA</li> <li>• iGel LMA</li> <li>• Proseal LMA</li> <li>• Nasal mask</li> <li>• Other .....</li> </ul> <p>3. What is the main determinant for your choice of airway (select all that apply)?</p> <ul style="list-style-type: none"> <li>• National guidelines</li> <li>• Local policy</li> <li>• Surgical operator request</li> <li>• Personal preference</li> <li>• Other.....</li> </ul>
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	<p>4. What would be your preferred maintenance drugs for this scenario? (select all that apply)</p> <ul style="list-style-type: none"><li>• Sevoflurane</li><li>• Isoflurane</li><li>• Desflurane</li><li>• Nitrous oxide</li><li>• Propofol</li><li>• Remifentanyl</li><li>• Alfentanil</li><li>• Other.....</li></ul> <p>5. How would you aim to remove the airway device at the end of the case, and how would you position the patient? (select all that apply)</p> <ul style="list-style-type: none"><li>• Extubate 'deep' in theatre</li><li>• Extubate fully awake in theatre</li><li>• Supraglottic Airway (SGA) device removal 'deep' in theatre</li><li>• SGA device removal in recovery</li><li>• Change ETT to SGA prior to wake up</li><li>• Patient in lateral position</li><li>• Patient in supine position</li></ul> <p>6. How often have you undertaken a paediatric dental GA list in the last 12 months? (select one)</p> <ul style="list-style-type: none"><li>• Not at all</li><li>• Rarely (once or twice)</li><li>• Occasionally (every few months)</li><li>• Often (monthly)</li><li>• Routinely (fortnightly/weekly)</li></ul> <p>7. Do you feel an educational article with joint input from anaesthetists and paediatric oral surgeons would be of interest to your clinical practice? (select one)</p> <ul style="list-style-type: none"><li>• Yes</li><li>• No</li><li>• Other comments .....</li></ul>
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	<p><i>PATRN standardized demographics questions (included for reference, these will be added to all successful submissions):</i></p> <p><i>1. What is your predominant clinical working environment ? (select one):</i></p> <ul style="list-style-type: none"> <li><i>• District general hospital</i></li> <li><i>• District general hospital with sessional commitments at a tertiary paediatric hospital</i></li> <li><i>• University teaching hospital without tertiary paediatrics on site</i></li> <li><i>• Tertiary paediatric hospital</i></li> <li><i>• Other (please state):</i></li> </ul> <p><i>2. What is your current grade/level of training (select one):</i></p> <ul style="list-style-type: none"> <li><i>• Specialist paediatric anaesthesia consultant</i></li> <li><i>• Anaesthesia consultant (mixed adult and paediatric caseload)</i></li> <li><i>• Post-CCT paediatric anaesthesia fellow</i></li> <li><i>• SAS/specialty doctor</i></li> <li><i>• ST6-7 anaesthetist in training</i></li> <li><i>• ST4-5 anaesthetist in training</i></li> <li><i>• CT1-3 anaesthetist in training</i></li> <li><i>• Foundation doctor</i></li> <li><i>• ODP/recovery staff</i></li> <li><i>• Other (please state) :</i></li> </ul>
<p><b>Background</b>  <b>Maximum 300 words</b></p>	<p><i>This section is for the background to you project, similar to an introduction for an audit or QI study</i></p>