

Pediatric Airway Screening Checklist

This checklist synthesizes the red flags identified from infancy through adolescence for interdisciplinary use.

Patient Name: _____ **DOB:** _____ **Date of Screening:** _____

I. Infancy (Birth to 2 Years)

- ☐ **Feeding** | Painful breastfeeding, poor latch, or prolonged bottle feeding (>45–60 minutes)
- ☐ **Posture** | Sleeping with the head in maximum hyperextension
- ☐ **Anatomy** | Visually short or restrictive lingual/labial frenulum (tongue or lip ties)
- ☐ **Breathing** | Mouth remains open at rest; audible, noisy breathing during sleep

II. Early Childhood (Ages 3 to 8 Years)

- ☐ **Respiration** | Habitual mouth breathing during the day or night
- ☐ **Sleep** | Snoring >3 nights/week or witnessed gasping/apnea
- ☐ **Neurocognitive** | Hyperactivity, inattention, or "driven by a motor" behavior (ADHD mimic)
- ☐ **Urology** | Persistent nocturnal enuresis (bedwetting)
- ☐ **Anatomy** | High, narrow ogival palate; dental crowding; recessed chin

III. Adolescence & Adulthood (Ages 9+ Years)

- ☐ **Respiration** | Habitual mouth breathing during the day or night
- ☐ **Oral / Joint** | Teeth grinding (bruxism) or jaw joint pain (TMJ)
- ☐ **Posture** | Visible forward head posture; chronic neck or shoulder tension
- ☐ **Systemic** | Chronic acid reflux (GERD), persistent asthma, or eczema
- ☐ **Cognitive** | Brain fog, morning headaches, or heavy reliance on caffeine/stimulants
- ☐ **Safety** | Excessive daytime sleepiness or history of near-miss driving accidents

Screening Outcome:

Positive identification of one or more red flag indicators warrants a comprehensive evaluation by an airway specialist.