

MEDICAL EMERGENCIES IN THE DENTAL PRACTICE

MEDICAL EMERGENCY	SIGNS & SYMPTOMS	MANAGEMENT
Adrenal crisis	<ul style="list-style-type: none"> Collapse; pallor, cold & clammy skin Hypotension & dizziness Vomiting & diarrhoea 	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Exposure Call 999, state "Addisonian crisis", SBAR Lie flat; administer oxygen 15 litres/min Patient's hydrocortisone emergency kit at hand; hydrocortisone 100mg IM
Anaphylaxis	<ul style="list-style-type: none"> Signs & symptoms can include: Sudden onset Urticaria &/or angioedema; flushing & pallor Respiratory distress, stridor, wheeze &/or hoarseness Hypotension & tachycardia Anaphylaxis likely: Sudden onset & rapid progression of symptoms Life-threatening A &/or B &/or C Skin &/or mucosal changes 	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Exposure Call 999, state "Anaphylaxis", SBAR Lie flat, elevate legs (if breathing not impaired); administer oxygen 15 litres/min Administer adrenaline 500 micrograms IM (0.5ml of 1:1000) Repeat adrenaline at 5 minute intervals until an adequate response Paediatric doses of adrenaline: < 6 yrs - 150 micrograms (0.15ml of 1:1000); 6-12 yrs - 300 micrograms (0.3ml of 1:1000); > 12 yrs - 500 micrograms (0.5ml of 1:1000)
Asthma	<ul style="list-style-type: none"> Breathlessness & expiratory wheeze Spitting; inability to complete sentences in one breath, RR>25/min, pulse>110/min Life threatening: cyanosis or RR<8/min, pulse < 50/min, exhaustion, confusion, decreased level of consciousness 	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Exposure Sit upright; if available, follow patient's personalised asthma action plan (PAAAP) 2 puffs (100 micrograms/puff) B2 bronchodilator Inhaler e.g. salbutamol; repeat doses may be necessary (early use of spacer device) Unsatisfactory/no response or if severe/ life threatening: Call 999, SBAR While awaiting ambulance: oxygen 15 litres/min; B2 bronchodilator via spacer given one puff at a time, inhaled separately using tidal breathing; according to response, give another puff every 60 seconds up to a maximum of 10 puffs
Cardiac Emergencies	<ul style="list-style-type: none"> Symptoms can vary but commonly: Chest pain or discomfort that suddenly occurs and doesn't go away; it may feel like pressure, squeezing or heaviness in your chest Pain that may spread to your left or right arm or may spread to your neck, jaw, back or stomach Feeling sick, sweaty, light-headed or short of breath <p>NB: Heart attacks in women commonly missed</p>	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Exposure Call 999, state "Heart attack", SBAR Comfortable position (usually sitting up) GTN spray 400-500mcg (typically 1-2 activations) sub-lingual Dispersible aspirin 300 mg to chew (unless there is clear evidence of allergy to it) <p>NB Known angina: sit down, rest, GTN; no relief after a few minutes repeat GTN. Still no relief after a few minutes –heart attack protocol: call 999, SBAR & aspirin (see above)</p>
Epileptic seizures	<ul style="list-style-type: none"> Sudden collapse & loss of consciousness Rigidity & cyanosis Jerking movements of limbs Noisy breathing Tongue may be bitten Frothing at mouth Incontinence may occur 	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Exposure Safe environment; prevent injury; do not put anything into mouth; do not restrain Administer oxygen 15 litres/min; note timing of seizure Once jerking movements cease: recovery position If available, follow Patient's Treatment Plan; Call 999 if necessary, SBAR <p>Prolonged convulsive seizures (5 minutes or more) or repeated rapidly: Midazolam oromucosal solution can be given via the buccal route in adults as a single dose of 10mg (undiluted in adults) (BNF, 2020) Paediatric doses of midazolam oromucosal solution: 1-4 years- 5mg, 5-9 years-7.5mg, 10-18 years -10mg</p>
Hypoglycaemia	<ul style="list-style-type: none"> Shaking/trembling Slurred speech & vagueness Sweating & pallor; blurred vision Tiredness/Lethargy Confusion/agitation Strophia/mood Unconsciousness 	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Exposure Offer 15-20g quick acting carbohydrate e.g. 4-5 Glucotabs® or 1.5 - 2 tubes of GlucoGel Impaired consciousness/unable to swallow safely or unconscious: Call 999, SBAR, recovery position, glucagon 1mg IM Once consciousness returns, offer oral carbohydrate If able, measure blood sugar to help confirm correct diagnosis Paediatric dose of glucagon: < 6 years of age or < 25kg: 0.5mg IM
Red Flag Sepsis	<p>In the context of presumed infection, if patient looks very unwell, family or carer is very concerned, there is ongoing deterioration or if physiology abnormal for this patient (check HR, SpO2 & BP): is ONE red flag present:</p> <ul style="list-style-type: none"> New deterioration in GCS/ AVPU Systolic BP ≤90 mmHg (or 240 mmHg < normal) Heart rate ≥130 per minute Respiratory rate ≥25 per minute Needs oxygen to keep SpO2 92% (88% in COPD) Not-blanching rash or mottled/ ashen/ cyanotic Not passed urine in last 18 hours Recent chemotherapy (within last 6 weeks) <p>NB Refer to age-appropriate GDP Sepsis Decision Tool for guidance in children ≤ 12 years of age</p>	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Exposure Refer to GDP Sepsis Decision Support Tool For Primary Dental Care (≥ 12 years of age) Call 999, state "Red Flag Sepsis", SBAR Oxygen 15 litres/min Ensure paramedics pre-alert as "Red Flag Sepsis" <p>NB Refer to age-appropriate GDP Sepsis Decision Tool for guidance in children ≤ 12 years of age</p>
Stroke	<p>Facial weakness Arm weakness Speech problems Time to call 999</p>	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Exposure Act FAST & call 999; SBAR Administer oxygen 15 litres/min Nil by mouth; appropriate position
Syncope	<ul style="list-style-type: none"> Feels faint/dizzy/light headed Collapse & loss of consciousness Pallor, sweating, slow pulse, low BP Nausea/vomiting 	<ul style="list-style-type: none"> Airway Breathing Circulation Disability Exposure Lie flat, elevate legs & loosen tight clothing; oxygen? (not usually necessary) Once consciousness returns, offer glucose in water or sweet tea Slow recovery: consider alternative diagnosis; unresponsive: check signs of life

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Medical Emergencies In The Dental Office 7e

Stanley F. Malamed



Medical Emergencies In The Dental Office 7e:

Medical Emergencies in the Dental Office Stanley F. Malamed, Kenneth S. Robbins, 1993 Organized by signs and symptoms this text addresses specific types of emergencies while emphasizing prevention through accurate assessment and preparation Includes American Heart Association recommendations for prophylactic antibiotics and emergency cardiac procedures

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