

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 & tachycardia ● Vomiting & diarrhoea 	<ul style="list-style-type: none"> ● Airway Breathing Circulation Disability (Exposure) ● Call 999, state "Adrenal crisis", SBAR ● Lie flat; administer oxygen 15 litres/min ● Phlebotin's hydrocortisone emergency kit (1st kit of flancet, hydrocortisone 1000mg flancet)
Anaphylaxis	<p>Symptoms can include:</p> <ul style="list-style-type: none"> ● Sudden onset ● Urticaria &/or angioedema; flushing & pallor ● Respiratory distress; stridor, wheezing &/or hoarseness ● Hypotension & tachycardia <p>Anaphylaxis likely:</p> <ul style="list-style-type: none"> ● 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 1:10000) ● Repeat adrenaline at 5 minute intervals until an adequate response ● Paediatric doses of adrenaline: <ul style="list-style-type: none"> ● < 6 yrs - 500 micrograms (0.15ml of 1:10000); 10-12 yrs - 300 micrograms (0.3ml of 1:10000); > 12 yrs - 500 micrograms (0.5ml of 1:10000)
Asthma	<ul style="list-style-type: none"> ● Breathlessness & expiratory wheeze ● Severe; inability to complete sentences in one breath, RR>25/min, pulse<100b/min ● Life-threatening: cyanosis or RR>80/min, pulse<50/min, tachycardia, 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) S2 bronchodilator inhaler e.g. salbutamol; repeat doses may be necessary (early use of spacer device) ● Unconscious/tachypnoea: repeat or if necessary life threatening; Call 999, SBAR ● While awaiting ambulance: oxygen 15 litres/min, S2 bronchodilator via spacer device (one puff at a time), inhaled beta-agonist using oral breathing; according to response, give another puff every 60 seconds up to a maximum of 10 puffs
Cardiac Emergencies	<p>Symptoms can vary but commonly:</p> <ul style="list-style-type: none"> ● 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>NEB: Heart attacks in seniors 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 400-800mcg (typically 1-2 activations) sub-lingual ● Compressible aspirin 300mg to other veins (there is clear evidence of allergy to 40mg aspirin) ● NB: Known allergy: sit down, rest, GTN; no relief after a few minutes repeat GTN. NB no relief after a few minutes - heart attack protocol: call 999, SBAR & aspirin (see above)
Epileptic seizures	<ul style="list-style-type: none"> ● Sudden collapse & loss of consciousness ● Rigidity & cyanosis ● Jerking movements of limbs ● Nappy Smelling ● 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 timings 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 intramuscular solution can be given via the buccal route in adults as a single dose of 10mg (unlicensed) (BHfP, 2020). Paediatric doses of midazolam (unlicensed): 1-4 years - 5mg; 5-9 years - 7.5mg; 10-18 years - 10mg</p>
Hypoglycaemia	<ul style="list-style-type: none"> ● Shaking/trembling ● Blurred speech & vagueness ● Sweating & pallor; blurred vision ● Tiredness/lethargy ● Confusion/aggression ● Striopyramidol ● Unconsciousness 	<ul style="list-style-type: none"> ● Airway Breathing Circulation Disability (Exposure) ● Offer 15-20g quick acting carbohydrate e.g. 4-5 Glucogel/50ml or 1.5 - 2 tubes of Glucogel ● Impaired consciousness/unable to swallow safely or unconscious: ● Call 999, SBAR, recovery position, glucagon 5mg IM ● Once consciousness returns, offer oral carbohydrate ● If able, measure blood sugar to help confirm correct diagnosis (absolute 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 physiologist abnormal for this patient (check HR, SpO2 & BP): to GCP and Red flag present:</p> <ul style="list-style-type: none"> ● New deterioration in GCS/AVPU ● Systolic BP 90mmHg (or 240 mmHg < normal) ● Heart rate >130 beats/minute ● Respiratory rate >25 beats/minute ● Neder's oxygen 90% despite SpO2 92% (88% in CHF) ● Non-blanching rash or mottled/ashen cyanotic ● Not passing urine in last 18 hours ● Recent chemotherapy (within last 6 weeks) <p>NB: Refer to age-appropriate GCP 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 GCP Sepsis Decision 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 GCP Sepsis Decision Tool for guidance in children < 12 years of age</p>
Stroke	<p>Focal neurological:</p> <ul style="list-style-type: none"> ● Arm weakness ● Speech problems ● Tense co. call 999 	<ul style="list-style-type: none"> ● Airway Breathing Circulation Disability (Exposure) ● Act FAST & call 999, SBAR ● Administer oxygen 15 litres/min ● Roll by mouth; appropriate position
Syncope	<ul style="list-style-type: none"> ● Faints/loss of consciousness ● 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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Wissenschaftler untersuchten die Wirkung von verschiedenen Formen von Stress auf die Entwicklung von Kindern.

De 19. Disseminates-SEAM UPL Seminar Thread (seamseminar@seam.org) Date 19. December 2018
By Joseph EDOUARD KOMBOUEROUA & MARY EL CHURCH (Chairwoman Committee on
Dissemination)

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

Medical Emergencies in the Dental Office - E-Book Stanley F. Malamed, 2014-10-27 Be prepared to handle life threatening dental emergencies. *Medical Emergencies in the Dental Office* 7th Edition helps you learn the skills needed to manage medical emergencies in the dental office or clinic. It describes how to recognize and manage medical emergencies promptly and proactively and details the resources that must be on hand to deal effectively with these situations. This edition includes new guidelines for drug related emergencies, cardiac arrest and more. Written by respected educator Dr Stanley Malamed, this expert resource provides dental professionals with the tools for implementing a basic action plan for managing medical emergencies. It successfully fulfills its aim of stimulating all members of the dental team to improve and maintain their skills in the effective prevention, recognition and management of medical emergencies. Reviewed by European Journal of Orthodontics March 2015 very easy to read and provides a very comprehensive reference for a variety of medical emergencies. Reviewed by S McKernon on behalf of British Dental Journal July 2015 A logical format reflects the way emergencies are encountered in a dental practice with chapters organized by commonly seen clinical signs and symptoms such as unconsciousness or altered consciousness, respiratory distress, seizures, drug related emergencies, chest pain and cardiac arrest. Step by step procedures include detailed numbered instructions for stabilizing and treating victims. PCABD in common medical emergencies. Full color illustrations demonstrate emergency techniques in realistic clarity. Summary tables and boxes make it easy to find essential concepts and information. Quick reference algorithms in the appendix include step by step diagrams showing the decision making process in common emergency situations. A differential diagnosis chapter ends each of the book's parts on common emergencies. UPDATED content includes the most current guidelines for drug related emergencies, unconsciousness, altered consciousness and cardiac arrest as well as protocols for obstructed airway management. UPDATED PCABD boxes reflect the American Heart Association's new sequence of steps for stabilizing and treating victims with an easy to remember acronym Positioning, Circulation, Airway, Breathing and Definitive Management. UPDATED Emergency drug and equipment kit instructions help you assemble emergency kits and ensure that your dental office has safe current materials on hand.

Contemporary Oral and Maxillofacial Surgery, 7 e : South Asia Edition E-book James R. Hupp, Myron R. Tucker, Edward Ellis, 2019-08-19 NEW Chapter Anesthesia in Dentistry focuses on anesthesia in greater depth than any of the previous editions including local anesthesia and nitrous oxide sedation

Medical Emergencies in the Dental Office E-Book Stanley F. Malamed, 2022-01-31 Be prepared to prevent, recognize and manage life threatening medical emergencies. *Medical Emergencies in the Dental Office* 8th Edition helps you learn the skills needed to

manage health issues in the dental office or clinic. The text describes how to recognize and manage medical emergencies promptly and proactively and details the resources that must be on hand to effectively deal with these situations. Written by noted dentistry educator Dr. Stanley Malamed, this expert text includes the latest guidelines for drug related emergencies, cardiac arrest and more. An enhanced eBook is included with each new print purchase featuring a complete, fully searchable version of the text, a test bank of 300 questions and answers and much more available on a variety of devices. Logical format reflects the way emergencies are encountered in a dental practice with chapters organized by commonly seen clinical signs and symptoms such as unconsciousness or altered consciousness, respiratory distress, seizures, allergic reactions, chest pain and cardiac arrest. Step by step procedures include detailed, sequential instructions for stabilizing and treating patients PCABD in common medical emergencies. Full color illustrations demonstrate emergency techniques with realistic clarity. Summary tables and boxes make it easy to find essential concepts and information. Quick reference algorithms in the appendix include step by step diagrams showing the decision making process in common emergency situations. A differential diagnosis chapter ends each of the book's parts on common emergencies. An enhanced eBook version is included with each new print purchase featuring a fully searchable version of the text, an image collection, a test bank of 300 questions and answers and more. UPDATED content includes the most current guidelines for drug related emergencies, unconsciousness, altered consciousness and cardiac arrest as well as protocols for obstructed airway management. UPDATED PCABD boxes reflect the American Heart Association's algorithm for stabilizing and treating victims with an easy to remember acronym PCABD (Positioning, Circulation, Airway, Breathing and Definitive Management). UPDATED Emergency drug and equipment kit instructions help you assemble emergency kits and ensure that your dental office has safe, current materials on hand.

Medical Emergencies in the Dental Office Stanley F. Malamed, Kenneth S. Robbins, 2000 The Gold Standard textbook in dentistry today, MEDICAL EMERGENCIES IN THE DENTAL OFFICE prepares dental professionals for recognizing and managing medical emergencies and diminishing their danger. It concentrates on the prevention of emergencies and addresses specific types of emergencies: unconsciousness, respiratory difficulty, altered consciousness, seizures, drug related emergencies, chest pain and cardiac arrest. Clinically organized around signs and symptoms, it presents the appropriate management in a clear, step by step fashion. The appendix consists of seven algorithms that provide a quick reference for life threatening situations. Includes the latest American Heart Association guidelines for CPR. Organized by clinical signs and symptoms to convey the information quickly and easily. The Quick Reference Section to Life Threatening Situations provides seven algorithms on management of specific emergency situations.

Pharmacology for Dental Hygiene Practice Elena B. Haveles, 1996 This new book offers the dental hygiene practitioner a more clinical approach to pharmacology with a focus on dental concerns. Its case studies and review questions will help the dental hygienist prepare for the National Boards.

World Workshop on Oral Medicine, June 19-24, 1988, Chicago, Illinois Herbert Dean Millard, David K. Mason, 1989

Injuries and Diseases of the Jaws Christopher Heath,1884 **Injuries of the Spine & Spinal Cord Without Apparent Mechanical Lesion, & Nervous Shock, in Their Surgical & Medico-legal Aspects** Herbert William Page,1883 **The Dental Assistant's Management of Medical Emergencies** Sue Protzman,Jeff Clark,1995

Operative Surgery in the Calcutta Medical College Hospital Kenneth McLeod,1885 **On the surgery of the face** Francis Mason,1878 *Short Contributions to Aural Surgery* Sir William Bartlett Dalby,1887 **Lectures on Orthopedic Surgery and Diseases of the Joints** Lewis Albert Sayre,1876 **C D A Journal** California Dental Association,2007

Abdominal Surgery James Greig Smith,1896 *A Clinical history of the medical and surgical diseases of women* Robert Barnes,1878 *On Curvatures and Disease of the Spine* Bernard Edward Brodhurst,1883 **Text-book of the Principles and Practice of Medicine: Diseases of heart & vessels, of digestive organs, kidneys, blood, joints, & skin** Charles Hilton Fagge,Philip Henry Pye-Smith,1891 **The Principles and Practice of Medical Jurisprudence** Alfred Swaine Taylor,1883

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