

# MEDICAL EMERGENCIES IN THE DENTAL PRACTICE

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

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# Emergencies In Dental Practice Prevention And Treatment

**Frank M. McCarthy**



## **Emergencies In Dental Practice Prevention And Treatment:**

Emergencies in Dental Practice Frank M. McCarthy, 1972      **Oral Psychophysiology** Ilana Eli, 2020-04-28 First published in 1992 Oral Psychophysiology Stress Pain and Behavior in Dental Care presents the many different behavioral aspects of dental treatment including specific dento related behavioral dysfunctions fear anxiety and phobia excessive gagging reflex orofacial pain Special attention is given to the specific problems of elderly dental patients including possible problems in adapting to dentures The effects of stress on physiological conditions in the oral cavity and stress related behavior such as syncope or inability to achieve local anesthesia are discussed The book also summarizes possible treatment modalities for patients who find it difficult to cope with the various aspects of dental care such as behavior modification hypnosis and pharmaceutical approaches Oral Psychophysiology Stress Pain and Behavior in Dental Care is an indispensable resource for dentists and dental students who occasionally encounter problematic patients The handling of such patients requires more than the usual familiar manual skills and is often a source of stress and frustration to the dentist By developing an understanding of the underlying principles of the behavior of these patients a clinician will be able to create a better interpersonal relationship with his her patients prevent some of the potential problems and solve others      *Paediatric Dentistry: Principles and Practice* Muthu, 2009 This book provides a comprehensive description on Pediatric Dentistry for undergraduate students based on the syllabi recommended by the Dental Council of India and various universities across the country The contents are well structured and presented in a lucid manner making it easy for its readers Each chapter includes numerous commonly asked questions of various university examinations Apart from these there are Self assessment Questions including essay type short notes and MCQ s and Glossary at the end of the book to help students for their last minute preparation before the exams About the Author M S Muthu is currently Professor at the Department of Pediatric Dentistry Meenakshi Ammal Dental College Chennai India He has graduated from Tamil Nadu Government Dental College and Hospital in 1995 and completed his postgraduation from Nair Hospital and Dental College Mumbai in 1999 Since then he has restricted his practice to Pediatric Dentistry and runs an exclusive pediatric dental clinic He has also been actively involved in teaching undergraduate and postgraduate students for the last 9 years N Sivakumar is currently Professor and Head at the Department of Pediatric Dentistry and Principal of Narayana Dental College and Hospital Nellore Andhra Pradesh He has graduated from Government Dental College and Hospital Hyderabad in 1988 and completed his postgraduation from College of Dental Surgery KMC Manipal in 1991 He has been actively involved in teaching undergraduate and postgraduate students for more than 15 years      **Current Catalog** National Library of Medicine (U.S.), 1980 First multi year cumulation covers six years 1965 70      **Emergency Guide for Dental Auxiliaries** Janet Bridger Chernega, 1987      *Pediatric Dentistry* M. S. Muthu, N Sivakumar, 2011-09-20 The textbook based on syllabi prescribed by Dental Council of India DCI would help BDS IV year students in understanding the fundamental concepts and

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*The ADA Practical Guide to Patients with Medical Conditions* Lauren L. Patton,2015-08-19 With new medications medical therapies and increasing numbers of older and medically complex patients seeking dental care all dentists hygienists and students must understand the intersection of common diseases medical management and dental management to coordinate and deliver safe care This new second edition updates all of the protocols and guidelines for treatment and medications and adds more information to aid with patient medical assessments and clearly organizes individual conditions under three headings background medical management and dental management Written by more than 25 expert academics and clinicians this evidence based guide takes a patient focused approach to help you deliver safe coordinated oral health care for patients with medical conditions Other sections contain disease descriptions pathogenesis coordination of care between the dentist and physician and key questions to ask the patient and physician **Dental Management of the Medically Compromised Patient - E-Book** James W. Little,Craig Miller,Nelson L. Rhodus,2017-08-08 Learn how to provide dental care to any patient regardless of existing medical conditions Little and Falace s Dental Management of the Medically Compromised Patient 9th Edition has been thoroughly revised to give you the information you need to assess common problems and make safe and healthy dental management decisions The new addition includes expanded coverage of women s health issues and introduces a process for developing a medical risk source Also each chapter features vivid illustrations and well organized tables to give you in depth details and overall summaries to help you get to the root of your future patients needs Logical organization of conditions makes it easy for you to understand and follow the material as you prepare to treat patients Standardized assessment process helps you to ascertain the severity and stability of common medical disorders

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Fundamentals of Oral and Maxillofacial Surgery- E-Book Divya Mehrotra,2020-09-30 Fundamentals of Oral and Maxillofacial Surgery is a classic text on basic oral and maxillofacial surgery focusing on the concepts of the subject It provides clinical exposure through numerous patient photographs short videos and sensitizes the students to evidence based practice It ensures a comprehensive coverage of skills to diagnose maxillofacial diseases and perform minor oral surgical procedures This book provides a strong foundation has comprehensive coverage of syllabus and imparts information in format which is easy to understand and remember This will be invaluable to undergraduate dental students in their clinical years and provide basic knowledge to the postgraduates as well Additional chapters on Essential and basic topics like Drains Electrocautery Cryosurgery Laser Injections Bone Healing Delayed Union Malunion which are not available in other contemporary books Evidence based oral and maxillofacial surgery and Research methodologies and statistical tools with focus on grant writing Text supported with numerous illustrations and flowcharts for better understanding of concepts Case based questions to help students prepare for exams MCQs with answers at end of each chapter for self evaluation Digital Ancillaries Short videos of surgical procedures Video lectures by stalwarts in the field Numerous explanatory power point presentations

**Preparing for Dental Practice** Trevor Burke,Ruth Freeman,2004-09-16 This book helps dental students to prepare for the difficult transition into dental primary care It provides a background to the holistic approach senior students are encouraged to use when identifying treatment needs and covers the integration of treatment and its planning aspects of dental team building practice selection and management matters

The Journal of the American Dental Association American Dental Association,1982

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

National Library of Medicine Current Catalog National Library of Medicine (U.S.),1965

Treatment Planning in Dentistry - E-Book Stephen J. Stefanac,Samuel P. Nesbit,2006-08-29 This book provides essential knowledge for creating treatment plans for adult dental patients Treatment planning strategies are presented to help with balancing the ideal with the practical with emphasis placed on the central role of the patient whose needs should drive the treatment planning process The focus is on planning of treatment not on the comprehensive details of every treatment

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