

# 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 IM kit at hand; hydrocortisone 100mg IM</li> </ul>
<b>Anaphylaxis</b>	<p>Signs &amp; symptoms can include:</p> <ul style="list-style-type: none"> <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> </ul> <p>Anaphylaxis likely:</p> <ul style="list-style-type: none"> <li>Sudden onset &amp; rapid progression of symptoms</li> <li>Life-threatening <b>A</b> &amp;/or <b>B</b> &amp;/or <b>C</b></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 - 100 micrograms (0.1ml 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) (2 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; (2 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>	<p>Symptoms can vary but commonly:</p> <ul style="list-style-type: none"> <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>GTTN spray 400-600mcg (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 tongue 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> Midazolam oromucosal solution can be given via the buccal route in adults as a single dose of 10mg (unlicensed in adults) (BNF, 2020) <b>Paediatric doses of midazolam oromucosal solution:</b> 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 Glucotab® 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 3mg 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 <b>ONE</b> red flag present:</p> <ul style="list-style-type: none"> <li>New deterioration in GCS/ AVPU</li> <li>Systolic BP &lt;90 mmHg (or 240 mmHg &lt; normal)</li> <li>Heart rate &gt;130 per minute</li> <li>Respiratory rate &gt;25 per minute</li> <li>Needs oxygen to keep SpO2 92% (88% in COPD)</li> <li>Non-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 &lt; 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 &lt; 12 years of age</p>
<b>Stroke</b>	<p>Facial weakness Arm weakness Speech problems 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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**Hussin A.Rothana**



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