BDA
British Dental Association

Walsall Healthcare NHS
NHS Trust

MEDICAL EMERGENCIES IN THE DENTAL PRACTICE

MEDICAL EMERGENCY	SIGNS & SYMPTOMS	TREATMENT
Adrenal crisis	• Collapse • Pallor • Cold & clammy skin • Hypotension and Dizziness • Vomiting & diarrhoea	• **A**irway **B**reathing **C**irculation **D**isability **E**xposure • Call 999 • Lie flat • Oxygen 15 litres/min
Anaphylaxis	Signs & symptoms (can vary) can include: • 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	• **A**irway **B**reathing **C**irculation **D**isability **E**xposure • Call 999 • Oxygen 15 litres/min • Lie flat, elevate legs (if breathing not impaired) • Adrenaline 500 micrograms IM (0.5ml of 1:1000) • Repeat adrenaline at 5 minute intervals if no improvement **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	Breathlessness & expiratory wheeze **Severe (adult):** inability to complete sentences in one breath, RR>25/min, HR>110/min **Severe (child):** inability to complete sentences in one breath or too breathless to talk or feed, RR > 40 (2-5 yrs) or > 30 (> 5 yrs), HR > 140 (2-5 yrs) or > 125 (> 5 yrs) **Life threatening:** cyanosis, poor respiratory effort, fall in HR, altered level of consciousness/confusion, exhaustion	• **A**irway **B**reathing **C**irculation **D**isability **E**xposure • Sit upright • 2 puffs (100 micrograms/puff) of short acting beta agonist inhaler e.g. salbutamol; repeat doses may be necessary • If patient unable to effectively use inhaler: additional doses through spacer device • Call 999 if unsatisfactory/no response or if severe/ life threatening • While awaiting ambulance: oxygen 15 litres/min; up to 10 activations of salbutamol inhaler using a spacer device should also given (repeated every 10 minutes if necessary) • Reassure patient
Cardiac emergencies	Symptoms can vary; commonly: • Tightness, heaviness or pain in the chest • Pain may radiate to neck, jaw shoulders, left arm & back • Pallor& sweating • Nausea/vomiting • Breathlessness	• **A**irway **B**reathing **C**irculation **D**isability **E**xposure • Call 999 • Comfortable position (usually sitting up) • GTN spray 2 activations sub lingual • Aspirin 300 mg orally (crushed or chewed) (unless there is clear evidence that the person is allergic to it) • Ensure automated external defibrillator (AED) is immediately accessible (should it be required) as per Resuscitation Council UK guidelines **NB** If history of angina: GTN & rest; where symptoms are mild &resolve rapidly, calling 999 usually not necessary
Epileptic seizures	• Sudden collapse& loss of consciousness • Rigidity & cyanosis • Jerking movements of limbs • Noisy breathing • Tongue may be bitten • Frothing at mouth • Incontinence may occur	• **A**irway **B**reathing **C**irculation **D**isability **E**xposure • Safe environment: prevent injury, do not put anything into mouth, do not restrain • Note timings of fit • Oxygen 15 litres/min • Once jerking movements cease: recovery position & check the airway **Prolonged convulsive seizures (5 minutes or more) or repeated seizures (3 or more in an hour):** • Midazolam oromucosal solution can be given by the buccal route in adults as a single dose of 10 mg [unlicensed] **Depending on response to treatment, the person's situation and any personalised care plan,** call 999 particularly if: • Seizure is continuing 5 minutes after the emergency medication has been administered • The person has a history of frequent episodes of serial seizures or has convulsive status epilepticus, or this is the first episode requiring emergency treatment **or** • There are concerns or difficulties monitoring the person's airway, breathing, circulation or other vital signs **Paediatric doses of buccal midazolam:** 1-5 years - 5mg 5-10 years - 7.5mg > 10 years – 10mg
Hypoglycaemia	• Shaking/trembling • Slurred speech • Vagueness • Sweating and pallor • Blurred vision • Tiredness and lethargy • Confusion/aggression • Stroppy/moody • Unconsciousness	• **A**irway **B**reathing **C**irculation **D**isability **E**xposure • Offer 15-20g fast acting glucose e.g. 3-4 glucose tablets, glass of orange juice or glucose gel • Impaired consciousness or if patient is unable to swallow safely: glucagon 1mg IM • Once consciousness returns, offer oral glucose • Call 999 if the patient goes unconscious • If able, measure blood sugar to confirm diagnosis **Paediatric dose of glucagon:** < 8 years of age or < 25kg: 0.5mg IM
Stroke	• Facial weakness: smile? mouth or eye drooped? • **A**rm weakness: raise both arms? • **S**peech problems: speak clearly or understand what you say? • **T**ime to call 999	• **A**irway **B**reathing **C**irculation **D**isability **E**xposure • Call 999 • Oxygen 15 litres/min • Nil by mouth
Syncope	• Feels faint/dizzy/light headed • Collapse & loss of consciousness • Pallor, sweating, slow pulse, low BP • Nausea/vomiting	• **A**irway **B**reathing **C**irculation **D**isability **E**xposure • Lie flat, elevate legs & loosen tight clothing • Consider oxygen (not usually necessary) • If becomes unresponsive, check for signs of life • Once consciousness returns, offer glucose in water or sweet tea

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Further information is also available from the British Dental Association at www.bda.org/medicalemergencies

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