

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 IM kit at hand: hydrocortisone 100mg IM.
Anaphylaxis	<p>Signs & symptoms can include:</p> <ul style="list-style-type: none"> ☒ Sudden onset ☒ Urticaria &/or angioedema; flushing & pallor ☒ Respiratory distress; stridor, wheeze &/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 1:1000) ☒ 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 ☒ Severe: 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 (PAAP) ☒ 2 puffs (100 micrograms/puff) β2 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; β2 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	<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>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 400-800mcg (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 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 oromucosal solution can be given via the buccal route in adults as a single dose of 10mg (unlicensed 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/aggression ☒ Stroppy/moody ☒ 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 <p>Impaired consciousness/unable to swallow safely or unconscious:</p> <ul style="list-style-type: none"> ☒ Call 999, SBAR, recovery position, glucagon 1mg IM ☒ Once consciousness returns, offer oral carbohydrate ☒ If able, measure blood sugar to help confirm correct diagnosis <p>Paediatric dose of glucagon: < 8 years of age or < 25kg: 0.5mg IM</p>
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 B.P ≤90 mmHg (or ≥40 mmHg < normal) ☒ Heart rate ≥130 per minute ☒ Respiratory rate ≥25 per minute ☒ Needs oxygen to keep SpO2 92% (88% in COPD) ☒ Non-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><u>Facial weakness</u> <u>Arm weakness</u> <u>Speech problems</u> <u>Time to call 999</u></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

References

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