This course is solely to provide the healthcare worker with information to assist in his/her practice and professional development, and is not to be considered a diagnostic tool to replace professional advice or treatment. This presentation serves as a general guide to the healthcare worker, and therefore cannot be considered as giving legal, dental, medical, nursing, or other professional advice specific to patient care. The author specifically disclaims responsibility for any adverse consequences resulting directly or indirectly from information from this course, undetected error, or through the participant’s misunderstanding of the content.

1. General emergency response protocol
2. Hypotension
3. Laryngospasm
4. Acute airway obstruction
5. Cardiopulmonary arrest
6. Acute allergic reaction to drugs
7. Angina pectoris (possible myocardial infarction)
8. Emesis and aspiration of vomitus
9. Convulsions (seizures)
10. Over-sedation
11. Hypoglycemia
12. Asthma/Bronchospasm
1. General emergency response protocol

_____ Quietly alert the immediate staff working with the dentist.
_____ Get the Oxygen tank and bag-mask-valve.
_____ Call 911! *(Do you always need to call 911?)*
_____ Be ready to listen to orders and carry out orders.

2. Hypotension (fainting)

_____ Position the patient into Trendelenberg position.
_____ Elevate the patient’s legs.
_____ Turn the Nitrous Oxide off, and administer Oxygen at 8 Lpm.
_____ Turn the I.V. fluid up wide open. Have another I.V. bag ready to hang.
_____ Get an ammonia capsule (smelling salts) *(Old fashioned).*
_____ Mix ephedrine: 1 ml bottle diluted with 9 ml of I.V. fluid for a total of 10 ml.
_____ Mix phenylephrine: 1 bottle mixed into a 250 ml bag of I.V. fluid. Attach a minidrip (60 drops per ml) I.V. solution set.
_____ Get cold washcloths for the patient’s head and cool off the room.

3. Laryngospasm

_____ Position the patient flat in the chair and adjust the chair to the operator’s height.
_____ Administer Oxygen at 8 liters per minute (Lpm).
_____ Hook up the bag-mask-valve. Be ready to hand over a properly fitting mask.
_____ Hook up a tonsil suction (Yankauer).
_____ Draw up 5ml of succinylcholine.
4. Acute Airway Obstruction

_____ Position the patient flat in the chair and adjust the chair to the operator’s height.

_____ Administer Oxygen at 8 Lpm.

_____ Hook up the bag-mask-valve. Be ready to hand over a properly fitting mask.

_____ Hook up a tonsil suction (Yankauer).

_____ Get out the laryngoscope and have a styleted endotracheal tube ready.

_____ Get out the emergency cricothyrotomy kit or the 14ga I.V. catheter with the 3 ml syringe adapter.

_____ Get out the Magill forceps.

_____ Turn the I.V. fluids wide open. Have another bag of I.V. fluid ready to hang.

5. Cardiopulmonary arrest

_____ Start CPR – somebody pump the chest, somebody breathe for the patient.

_____ Get the emergency crash cart, Oxygen tank, and bag-mask-valve.

_____ Get out the AED and place the paddles on the patient’s chest in the right positions. Cycle the AED quickly!

_____ Call 911!

_____ Draw up 1 ampule of epinephrine in a syringe.

_____ Draw up 1 ampule of atropine

_____ Draw up 1 ampule of vasopressin into a syringe.

_____ Chart the events on an anesthesia form.

_____ Get the Advanced Cardiac Life Support (ACLS) protocol card out of the top drawer of the anesthesia card and pipe in with comments and steps.
6. Acute Allergic Reaction

- Call 911!
- Turn the Nitrous Oxide off and administer Oxygen at 8 Lpm.
- Have a styleted endotracheal tube and a laryngoscope (with a Macintosh 4 blade) ready.
- Place the patient in Trendelenberg Position (feet above heart).
- Turn the I.V. fluids wide open. Have another bag of I.V. fluid ready to hang.
- Draw up 100 mg of hydrocortisone
- Draw up a syringe with 50 mg of diphenhydramine (Benadryl).
- Draw up a syringe with 50 mg ranitidine.
- Draw up a syringe with 1 mg of epinephrine.

7. Angina Pectoris (Possible Myocardial Infarction)

- Turn Nitrous Oxide off. Administer Oxygen at 8 Lpm.
- Call 911!
- Get the morphine sulfate.
- Get the baby aspirin.
- Get the sublingual nitroglycerin.
- Recline the patient. Do not stress the patient.
- Get cold washcloths for the patient’s head.

8. Emesis (Aspiration of Vomitus)

- Elevate the patient’s head.
- Turn the patient’s head and body to the side. (Preferably to the left side)
- Get the emesis basin.
- Make sure the low and high speed suction can reach the patient’s mouth.
- Get out and hook up the tonsil suction (Yankauer).
9. Convulsions (Seizures)

____ Turn Nitrous Oxide off. Administer Oxygen at 8 Lpm.
____ Position the patient flat in the chair or flat on the floor, and guard them from injury.
____ Call 911!
____ Get 5 vials of midazolam (Versed). Draw up two vials.
____ Turn the I.V. fluids wide open. Have another bag of I.V. fluid ready to hang.

10. Over-sedation

____ Support the airway.
____ Confirm that there is movement of air.
____ Follow airway obstruction notes on page 16, if necessary.
____ Check heart rate and blood pressure.
____ Alert the dentist/anesthesia provider.

11. Hypoglycemia

____ Get the tube of glucose or a sugary soda for the patient to immediately drink.
____ Get the glucose monitor and do glucose check.
____ Follow the emesis protocol on page 18, if necessary.

12. Asthma/bronchospasm

____ Get the patient’s inhaler before beginning the sedation and the surgery begin. Have it handy, or get the albuterol inhaler from the medical emergency kit.
____ Get the small oxygen tank.
____ Hook up the bag-mask-valve. Be ready to hand-over a properly fitting mask.
____ Administer several puffs of albuterol, may have to use the bag-mask-valve.
____ For bronchospasm, administer several puffs of Primatene mist inhaler.