



Content available at: <https://www.ipinnovative.com/open-access-journals>

International Journal of Oral Health Dentistry Journal

Journal homepage: www.ijohd.org



From the desk of Editor- in-Chief.....

Dr. Himanshu Aeran

Director Principal,

Professor & Head

Prosthodontics and Oral Implantology,

Seema Dental College & Hospital,

Rishikesh, Uttarakhand, India

E-mail: drhimanu4@gmail.com

Member Dental Council of India 2013-19



It's a prime duty of a dentist to ensure to provide best, effective and safe treatment to their patients. Every dental care professional should know to respond to medical emergency occurring in the dental office safely and effectively. Dental Council of India states that any patient could collapse on any premises, whether dental treatment is done or not. So, therefore it is essential that all individuals working in dental office should be well trained in dealing medical emergencies coming up in their dental office.

There are various medical emergencies which can happen in dental office like hypoglycaemia, vasovagal syncope, epileptic seizure, asthma, cardiac arrest. Therefore, I believe that we should know the importance of taking proper medical history by which lot of medical emergencies can be prevented. The most common medical emergency happening in dental clinic is Unconscious Patient. The management of such patients depend upon the possible cause of the unconsciousness. The most common cause are: **Vasovagal Attack**— associated with anxiety, symptoms like cold clammy skin, pallor, initial bradycardia followed tachycardia. Management can be – recovering in supine position or slightly head down maximum recommend inclination 10 degrees, loosen clothing, if bradycardia persists with no evidence of recovery to rapid full pulse, try tiny dose of atropine (100 IJg. **Hypoglycaemia**— can be seen in starved patients or in diabetic patient with insulin overdose. Management- Administering oral glucose, glucagons followed by oral glucose on regaining consciousness. **Steroid Crisis**— usually seen in those who take systemic steroids as a result of stress. Cardiac Arrest- Patients with history of angina, coronary arterial disease, hypertension. Cardio-respiratory Arrest: due to excessive steroid use. Management- position patient in supine position. Maintain airway. Give O2. Obtain IV access up to 500 mg hydrocortisone IV immediately. Ensure help if required. **Anaphylactic Shock & other Drug Reactions**: Reason could be cross-over in allergic response could be of various reasons. Symptoms: facial flushing, itching, numbness, cold extremities, nausea and sometimes abdominal pain. Management- Adrenaline 1:1000, 500 micrograms IM, Chlorpheniramine 10 mg IV, Hydrocortisone 100-200 mg IV or im and Intravenous Fluid only if hypotension persists that also 1L of normal saline infused over 5 minutes with continuous monitoring of vital signs. **Epilepsy**: Management- IV lorazepam 4mg or IV diazepam 10-20 mg and please check on respiratory depression. **Acute Asthmatic Attack**: Management- Keep the patient upright. Administer salbutamol either by inhaler or by nebulizer. In severe cases administer oxygen and give steroids. **Inhaled Foreign Body**: Due to delicate instruments as well as the position of the patient the risk of inhaling the foreign body increases. If patient is conscious then do the Heimlich abdominal thrusts upto 5 times. If patient is unconscious, then sweep the finger to remove the foreign body, Heimlich thrusts and if severe cricothyroid puncture.

I would like to suggest that every dental care professionals should have a proper knowledge of basic life drugs and should know how to use it without wasting time. Dental care professional should keep these basic life drugs in his/her clinic in approachable position so that it can be timely used by the doctor or staff other than dentist. I always believe that

“True prevention is not waiting for best things to happen, it's preventing things from happening in the first place.”

Your's:

Dr. Himanshu Aeran

Editor-in- Chief

International Journal of Oral Health Dentistry (IJOHD)