

PRACTICAL CLINICAL COURSES
A Service of the Gordon J. Christensen
Career Development Program

V3902
Preparing for Your Next Medical Emergency, 3rd Edition

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Gordon J. Christensen, DDS, MSD, PhD

Materials Included:

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PRACTICAL CLINICAL COURSES

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PRACTICAL CLINICAL COURSES
Sources of Products Discussed in
V3902 Preparing for Your Next Medical Emergency, 3rd Edition
Presented by: David M. Anderson, DDS, MD & Gordon J. Christensen, DDS, MSD, PhD

1. **AED Plus Unit**
ZOLL Medical Corporation
269 Mill Road
Chelmsford, MA 01824-4105
(800)348-9011
(978)421-9655
www.zoll.com
2. **Ambu Bag**
Local Medical Supply Company
3. **Basic Emergency Medical Kits**
HealthFirst
11629 49th Place West
Mukilteo, WA 98275
(800)331-1984
(425)771-5733
www.healthfirst.com
4. **Criticare Monitor 506**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
5. **Criticare N-Genuity**
Salvin Dental Specialties
3450 Latrobe Drive
Charlotte, NC 28211
(800)535-6566
(704)442-5400
www.salvin.com
6. **Intellisense Professional Digital Blood Pressure Monitor**
Omron Healthcare, Inc.
1925 West Field Court
Lake Forest, IL 60045
(800)634-4350
(847)680-6200
www.omronhealthcare.com
7. **Stat Kit 550 Emergency Medical Kit**
HealthFirst
11629 49th Place West
Mukilteo, WA 98275
(800)331-1984
(425)771-5733
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Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

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PROGRAM

V3902 Preparing for Your Next Medical Emergency, 3rd Edition

CLINICIANS RESPONSIBLE:

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Assistant Professor & Director of Oral & Maxillofacial Surgery
Roseman College of Dental Medicine

Gordon J. Christensen, DDS, MSD, PhD

Founder and CEO, Practical Clinical Courses
Senior Consultant & Previous CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, viewers should be able to:

1. Discuss adequate medical history questionnaire content.
2. Discuss physical evaluation needs.
3. List and discuss the American Society of Anesthesiologists (ASA) classification of patients.
4. Discuss the need to consult with other practitioners on specific patient treatments.
5. Discuss the relative percentage of occurrence of typical medical emergencies in dental offices.
6. List the signs, symptoms, and treatment for syncope.
7. List the signs, symptoms, and treatment for an allergic reaction.
8. List the signs, symptoms, and treatment for anaphylactic shock.
9. List the signs, symptoms, and treatment for postural hypotension.
10. List the signs, symptoms, and treatment for a seizure.
11. List the signs, symptoms, and treatment for asthmatic attack.
12. List the signs, symptoms, and treatment for bronchospasm.
13. List the signs, symptoms, and treatment for hyperventilation.
14. List the signs, symptoms, and treatment for epinephrine reaction.
15. List the signs, symptoms, and treatment for hypoglycemia and insulin shock.
16. List the signs, symptoms, and treatment for angina and myocardial infarction.
17. List the signs, symptoms, and treatment for stroke.
18. List the signs, symptoms, and treatment for aspirating an object.
19. List the major contents for a typical medical emergency kit.
20. Make suggestions for a typical staff educational session on medical emergencies.

OVERVIEW

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Although infrequently occurring, medical emergencies do occur in outpatient clinics, and they usually occur at very inconvenient times. This presentation is planned: (1) to show a demonstration of the signs and symptoms of typical medical emergencies that are known to occur in dental offices, (2) to pause for the viewers to determine what emergency they are observing, and (3) to discuss treatment for the emergency.

The following topics are included in this presentation:

- Medical history questionnaire content
- Physical evaluation needs
- The American Society of Anesthesiologists (ASA) classification of patients
- Need to consult with other practitioners on specific patient treatments
- The relative percentage of occurrence of typical medical emergencies in dental offices
- Signs, symptoms, and treatment for syncope
- Signs, symptoms, and treatment for an allergic reaction
- Signs, symptoms, and treatment for anaphylactic shock
- Signs, symptoms, and treatment for postural hypotension
- Signs, symptoms, and treatment for a seizure
- Signs, symptoms, and treatment for asthmatic attack
- Signs, symptoms, and treatment for bronchospasm
- Signs, symptoms, and treatment for hyperventilation
- Signs, symptoms, and treatment for epinephrine reaction
- Signs, symptoms, and treatment for hypoglycemia and insulin shock
- Signs, symptoms, and treatment for angina and myocardial infarction
- Signs, symptoms, and treatment for stroke
- Signs, symptoms, and treatment for aspirating an object
- List the major ingredients for a typical medical emergency kit
- Make suggestions for a typical staff educational session on medical emergencies

SUPPLEMENTAL MATERIALS

V3902 Preparing for Your Next Medical Emergency, 3rd Edition

1. Aluchna A, Aluchna M, Smereka J, Szarpak Ł. Preparedness and attitudes towards medical emergencies in the dental office among Polish dentists. *Int Dent J.* 2019 Aug; 69(4):321-8. doi: 10.1111/idj.12473. Epub 2019 Mar 7.
2. Al-Hassan M, AlQahtani S. Preparedness of dental clinics for medical emergencies in Riyadh, Saudi Arabia. *Saudi Dent J.* 2019 Jan;31(1):115-21. doi: 10.1016/j.sdentj.2018.11.006. Epub 2018 Nov 24.
3. Azad A, Deilami Z, Karimi A, Talattof Z, Zahed M. Knowledge and attitude of general dentists regarding common emergencies in dental offices: A cross-sectional study in Shiraz, Iran. *Indian J Dent Res.* 2018 Sep-Oct;29(5):551-5. doi: 10.4103/ijdr.IJDR_587_16.
4. Ragan MR, Rayner C. Are You Ready for Emergency Medical Services in Your Oral and Maxillofacial Surgery Office? *Oral Maxillofac Surg Clin North Am.* 2018 May; 30(2):123-35. doi: 10.1016/j.coms.2018.01.006.
5. Cardona CY, Gangula PR, Gill DG, Halpern LR, Mouton CP, Southerland JH. Dental management in patients with hypertension: challenges and solutions. *Clin Cosmet Investig Dent.* 2016 Oct 17; 8:111-20. eCollection 2016.
6. Barzani G, Dym H, Mohan N. Emergency Drugs for the Dental Office. *Dent Clin North Am.* 2016 Apr;60(2):287-94. doi: 10.1016/j.cden.2015.11.001.

POST-TEST

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1. It is suggested that ASA classifications _____ should be treated in dental offices.
 - a. 1-2
 - b. 1-3
 - c. 1-4
 - d. 1-6

2. It is suggested that ASA classifications _____ should be treated in hospitals.
 - a. 2-6
 - b. 3-6
 - c. 4-6
 - d. 5-6

3. Which is the most commonly occurring medical emergency in dental offices?
 - a. Postural hypotension
 - b. Asthmatic attack
 - c. Syncope
 - d. Angina

4. Hives; swelling of the lips, tongue, face; wheezing; and rapid pulse may indicate:
 - a. postural hypotension.
 - b. an allergic reaction.
 - c. an asthmatic attack.
 - d. syncope.

5. A patient stands up after being treated and faints. This is usually _____.
 - a. hyperventilation
 - b. stroke
 - c. hypoglycemia
 - d. postural hypotension

6. A patient who has confusion, uncontrollable jerking, fear, and staring has _____.
 - a. a stroke
 - b. a myocardial infarction
 - c. a seizure
 - d. insulin shock

7. A patient receiving dental treatment has unexpected pain and pressure in the chest. This usually indicates _____.
 - a. anaphylaxis
 - b. angina or myocardial infarction
 - c. a stroke
 - d. an epinephrine reaction

POST-TEST (CONT'D)

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8. A patient receiving dental treatment has wheezing when breathing, severe coughing, and difficulty talking. These conditions usually indicate _____.
 - a. an epinephrine reaction
 - b. an asthmatic attack
 - c. angina or myocardial infarction
 - d. a stroke

9. When a patient appears to have swallowed or aspirated an object, you need to check the following potential locations where it may now be located:
 - a. It could be in the digestive system – radiograph required.
 - b. It could be in the respiratory system – radiograph required.
 - c. It could have been aspirated by the high velocity suction system. Check the suction system.
 - d. All of the above.

10. It was suggested in this presentation that the best way to ensure that staff understand medical emergencies is to:
 - a. make a written list of the emergencies.
 - b. have frequent staff in-service education sessions and discuss the emergencies.
 - c. have staff read a book on the subject.
 - d. go to a course on medical emergencies.

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