

The Journal of the Michigan Dental Association

Volume 104 | Number 4

Article 4

4-1-2022

Lower the Risk for Medical Emergencies

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Recommended Citation

Smiley, Christopher J. DDS (2022) "Lower the Risk for Medical Emergencies," *The Journal of the Michigan Dental Association*: Vol. 104: No. 4, Article 4.

Available at: <https://commons.ada.org/journalmichigandentalassociation/vol104/iss4/4>

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By Christopher J. Smiley, DDS
Editor-in-Chief

Lower the Risk for Medical Emergencies

In February, the MDA hosted a live and in-person CE program on the management of medical emergencies that may arise during dental care. It was an excellent hands-on course that

provided detailed protocols to address multiple emergency scenarios. As clinicians, we focus on the health and safety of our patients, and we must prepare to respond when emergencies arise. Each year when I restock the expired supplies in my office emergency response kit, I count my good fortune that I didn't need to use these medications, and I boldly wonder if I ever will.

During the pandemic, dental offices have enjoyed success through pre-screening patients to identify those with COVID-19 infection and to reduce the risk of transmission in the dental setting. Historically, improving the odds against experiencing an in-office medical emergency also comes through screening, including taking blood pressure and regularly updating each patient's medical history. In this issue of the *Journal*, we present an article by Dr. Mitchell Gardiner, who provides three fundamental questions to explore with each patient before providing care:

1. Since your last dental visit, have you been to the hospital for any treatment?
2. Have you been to a doctor of any kind for any health care since your last dental visit?
3. Are you taking any new medications or drugs since your last dental visit?

The MDA lecturer on medical emergencies, Larry Sangrik, DDS, adds that before delivering care, additional questions may include asking about specific issues that impact a patient's particular health history. For example, if the patient has diabetes, it is helpful to learn when they last ate to circumvent an episode of hypoglycemia during patient care.

We must also become comfortable consulting with a patient's physician, pharmacist, and other caregivers to ensure patient safety and avoid potential drug interac-

tions. Additional resources include multi-tool applications for tablet and hand-held devices such as epocrates, which allow you to input the patient's list of current medications along with those you plan to prescribe or deliver, to rapidly identify adverse interactions and contraindications.

Predicting the likelihood that one of your patients will experience a medical emergency is difficult. Managing their risks reduces the odds of such a random event. We do not report formal records on these events, so Dr. Sangrik interprets the odds using a surrogate population; in his example, the 102,000 capacity of Ohio State University's football stadium. He learned that between 25 to 50 individuals present to the first aid station during an average home game, and that about four EMS transfers to a hospital occur during these events. Using everyday math to project outcomes to the dental environment, he notes roughly 166,000 dental offices are open each day in America, but that is across several time zones, so perhaps 100,000 are seeing patients at any given moment. A workday lasts eight hours with a break, and the average football game runs three and a half hours. Therefore, he doubles the stadium experience to extrapolate that it is likely that between 50 to 100 emergencies with eight requiring EMS transfer to hospital occur at dental offices each workday in America. That's one day in a work life that may extend 30 to 40 years, making it more likely that you will face a medical emergency with a patient in your practice at some point during your career.

These calculations on the back of a cocktail napkin may not be meaningful, yet what is clear is that we should do all we can to stack odds in our patients' favor. Mitigating risks before beginning care by reviewing health histories, regularly recording blood pressure, and training alongside our team to respond to various emergencies quickly and efficiently will assure patient safety. It befits our patients and our practice to reduce the likelihood of confronting a medical emergency, and to prepare by rehearsing how we will react if such an event does occur. ●