LIST OF MEDICAL EMERGENCIES

This medical emergencies document is designed primarily as an educational resource to help dental assistants provide quality oral health services. The information provided in this medical emergencies document is for reference only and should not be considered inclusive of all proper procedures or exclusive of other procedures that are reasonably directed to obtaining the same results. This information was obtained from the following sources: *Modern Dental Assisting*, 10th edition, by Doni L. Bird and Debbie S. Robinson, and *Dental Assisting*: *A Comprehensive Approach*, 3rd edition, by Donna J. Phinney and Judy H. Halsted. The DALE Foundation makes no warranty of the accuracy, completeness or timeliness of the information contained in this medical emergencies document, and shall not be liable for any decision made in reliance on this information.

Dental assistants should recognize that dentists have the sole authority to make decisions regarding oral health diagnoses and treatment. Further, state laws vary with respect to procedures that may — and may not — be performed by dental assistants. Dental assistants should ensure that their activities are in compliance with relevant state law. Contact your state's dental board, or go to the State-Specific Information section of the DALE Foundation's website at www.dalefoundation.org or DANB's website at www.danb.org for information on state laws, rules, and regulations related to dental assisting duties.

CONDITION	SYMPTOM(S)	TREATMENT*
Allergic reaction	Edema, erythema, urticaria	Remove irritant, administer an antihistamine if needed
Anaphylactic reaction	Blood pressure drops, airways constrict	Injection of epinephrine
Angina pectoris	Pain in chest/base of neck	Administer nitroglycerin pills or spray
Asthma	Breathlessness	Administer patient's inhaler (bronchodilator)
Congestive heart failure	Difficult breathing, swollen ankles and legs	Elevate the head and heart, allow frequent restroom breaks
Epilepsy (four types)		
Grand mal	Seizure lasting two to five minutes, body jerking, twitching	Remove items that may harm patient, make patient comfortable after seizure
Status epilepticus	Continuous seizures	Summon emergency services
Petit mal seizure	Blank stare	No treatment necessary
Partial Seizures	Simple/patient conscious, complex/patient unconscious, involuntary twitching	No treatment necessary
Hyperventilation	Quick breathing, nervousness, faintness	Calm patient, have patient breathe in paper bag or cupped hands

CONDITION	SYMPTOM(s)	TREATMENT*
Hypoglycemia	Nervousness, trembling, weakness, cold sweats	Administer orange juice or other source of sugar, in buccal mucosa or administer injection of glucagon
Myocardial infarction	Possible pain in chest, ashen color, diaphoresis (sweating profusely)	Position patient with head slightly elevated, administer oxygen and nitroglycerin pills, summon medical services
Orthostatic hypotension	Loss of consciousness when standing upright, light-headed	In the dental office, have the patient sit upright initially before standing. Note: The patient should consult a physician if his or her blood pressure falls because of other underlying issues.
Stroke	Loss of speech, dizziness, weakness on one side of body	Administer oxygen, take vital signs, summon medical services
Syncope	Loss of consciousness	Lower the head below the level of the heart to increase blood flow to the brain
Type I diabetes mellitus	Thirst, frequent urination, disorientation, nausea/vomiting, abdominal pain, acetone breath	Administer patient's insulin
Type II diabetes mellitus	Same as Type I but often not as severe	Normally controlled by diet, may need to administer oral hypoglycemics

^{*} Dental Auxiliaries should check with the employer dentist and/or state's dental practice act to determine if treatment of medical emergencies is restricted to specific oral healthcare providers. For example, most states prohibit dental assistants from administering medications or injections.