

**DENTAL OFFICE EMERGENCY TREATMENT PROTOCOLS**

(For DDS and DMD)

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**ANTIBIOTIC POLICY**

It is policy that antibiotics will be prescribed only when necessary to treat an infection, anticipated infection, or to premedicate a patient.

Antibiotics will not be prescribed via inmate request unless deemed necessary by the dentist or the physician.

Antibiotics will be prescribed only after reviewing the inmate's medical history for:

1. Allergies.
2. Problems with the antibiotic of choice.
3. Current use of an antibiotic and/or other medication that may serve the same purpose.
4. Medical contraindication and/or precaution to the antibiotic of choice.

**ADMINISTRATION OF NARCOTIC DRUG POLICY**

It is policy that narcotic drugs are to be prescribed only in cases of anticipated or actual severe dental pain. Narcotics are not to be used for minor dental pain.

Before prescribing narcotic drugs, the medical chart must be reviewed for allergies, contraindications, and precautions in the use of the drug of choice, possible interactions with other drugs, and the current use of other pain medication.

Narcotic drugs will not be prescribed to those inmates with a history of drug abuse unless it is cleared by the medical department. Narcotic drugs are to be administered by nursing staff and will not be given for a period longer than 24 hours. After this time period, the prescription must be renewed for another 24 hours by either the dentist or the physician.

**MEDICAL EMERGENCY POLICY FOR DENTISTS**

A health history is to be obtained on any inmate treated. If a condition reported during this health history presents a problem to the provision of dental treatment, the medical chart is to be reviewed and, if needed, a medical clearance is to be obtained before dental treatment is started.

The dental staff is capable of treating a medical emergency, should one arise. Oxygen is always available, along with an airway, and emergency drugs are always on hand. All dental personnel are trained in CPR and any new dental personnel will also be trained.

The following procedures are to be followed in the event of a medical emergency:

5. Appropriate supportive measures are to be used and, if necessary, continued until medical assistance is obtained.
6. If needed, the medical department is to be notified of the situation as soon as possible.
7. After being notified, medical staff will be responsible for any further treatment deemed necessary. The dental staff may still be required to assist medical staff in some medical/dental emergencies.
8. The inmate will not be released from the dental clinic until it is determined that s/he is out of danger or until medical staff either releases or transports the inmate.
9. Complete documentation of the situation is to be written in both the dental and medical charts.
10. An incident report is to be written and forwarded to the institutional Risk Management Coordinator.
11. When appropriate, an occurrence report is to be initiated and forwarded to the institutional Risk Management Coordinator.

## GENERAL PRINCIPLES OF EMERGENCY CARE

Most life-threatening office emergencies are initiated by the patient's inability to withstand physical or emotional stress, by reaction to drugs, or a complication of a preexisting systemic disease. It is likely that cardiopulmonary systems can be involved, thus requiring some emergency supportive therapy.

It is imperative that the patient be:

12. Placed in supine position (if possible).
13. A - **Airway**—Open passage and clear if necessary.  
B - **Breathing**—Assure that patient is breathing (artificial respiration if necessary).  
C - **Circulation**—Check carotid pulse. If absent, give cardiopulmonary respiration and call 911. Check blood pressure if carotid pulse is present.

ONCE THE EMERGENCY IS DIAGNOSED, THEN PROPER TREATMENT MAY BE RENDERED. Reference: American Heart Association

## **EMERGENCY KIT EQUIPMENT**

Review contents, expiration dates, and clarity of all drugs at least once per month. Document this review in the emergency drug kit log.

14. Portable oxygen tank with tubing and mask
15. Ambu-bag
16. CPR one-way pocket mask
17. Airway
18. Blood Pressure cuff
19. Stethoscope
20. Alcohol Sponges
21. At least two 3cc syringes
22. Drugs
  - a. Benadryl 50mg Ampules (2)
  - b. Hydrocortisone sodium succinate (Solucortef) 250mg Ampules (2)
  - c. Epinephrine 1:1000 Ampules (2)
  - d. Nitroglycerin Tablets .4mg (1 Bottle of 25 Tablets)
  - e. Ammonia Inhalant Buds (5)
  - f. One tube of Glucose Gel in applicator tube, 10 gm per dose
23. Padded tongue blade

NOTE: The institutional pharmacist must check and document expiration dates of emergency kit drugs on a monthly basis. When an institutional pharmacist is unavailable, the senior dentist must check and document the expiration dates on a monthly basis.

## **B. PREVENTION OF INFECTIVE ENDOCARDITIS**

Each dental clinic is to have a copy of the current American Heart Association recommendations for the “Prevention of Infective Endocarditis”.