

Office Emergency Kits

Life-threatening emergencies can happen in the dental office. Though rare, it is important to have a basic plan to properly manage these patients. The ADA Council on Scientific Affairs published in the March 2002 Journal of the American Dental Association a brief outline of recommendations. The Council suggested that an emergency drug kit include as a minimum: “epinephrine 1:1,000 (injectable), histamine-blocker (injectable), oxygen with positive-pressure administration capability, nitroglycerin (sublingual tablet or aerosol spray), bronchodilator (asthma inhaler), sugar and aspirin.” Any devices or drugs available carries the responsibility to know their indications, contraindications, dosages and usage. Someone should be assigned to check expiration dates periodically and an annual review should be done with staff. In offices, where access to emergency medical services is not readily available, the dentist may want to strongly consider obtaining an (AED) automated external defibrillator.

Basic Life Support for healthcare providers certification should be maintained. A protocol for who will do BLS, activate the EMS system and direct emergency personal should be established . The council summarized its recommendations on “preparedness to recognize and appropriately manage medical emergencies as the following:

- ★ current BLS certification for all office staff;
- ★ didactic and clinical courses in emergency medicine;
- ★ periodic office emergency drills;
- ★ telephone numbers of EMS or other appropriately trained health care providers;
- ★ emergency drug kit and equipment, and the knowledge to properly use all items.”