

# Editorial

## WE CAN NEVER BE TOO PREPARED!



Dr. John P. O'Keefe

When I was a newly graduated dentist working in a group practice, a patient collapsed and died on his way out of our office. Nothing had really prepared me for the shock of dealing with this emergency situation. No matter how well I had studied emergency procedures, being on the front line was very different from the textbook situation. The fact that the patient had just attended for impressions for a complete denture and that it was just his time "to be called" didn't lighten the impact his death had on the dentists and staff in the practice.

Such events are thankfully very rare in dental practice. However, the death of a patient in a dental office in the Greater Toronto area this summer provides a sobering lesson for us all; we never know when such a tragedy can occur in our own office. With an aging population and many people taking pharmacological cocktails to help them maintain the

activities of daily living, the statistical probability of a tragic event occurring in the dental office grows continuously.

So what can we do to ensure we are prepared for the worst? For one thing, we can attend courses in first aid and cardio-pulmonary resuscitation (CPR). I attended my first such course organized by St. John Ambulance last year. The course, conducted over two and a half days, provided me with a much-needed refresher on the basics of these vital skills.

My certificate in CPR needed to be renewed just a couple of weeks ago, and I was surprised how much of the knowledge acquired had decayed over one year. It certainly reinforced for me that I need to read up on this material regularly and to work my way through emergency protocols and routines. In preparing to write this piece I re-read an article written in the May 1999 *JCDA* by Drs. Archibald Morrison and Reginald Goodday entitled "Preparing for Medical Emergencies in the Dental Office." These authors recommend that every member of the dental team should have current CPR certification. While I was late to start taking these courses, I will never let my certification lapse again.

All team members should be trained in the recognition of developing emergency situations. A team approach to emergencies should be taken with individual responsibilities assigned to each member. The authors also recommend that the dental team conduct simulated emergency events to ensure all members know their role in the event of a life-threatening situation. All this may sound elaborate, yet with the rate of knowledge decay seeming to accelerate with each passing year, I for one cannot practise these skills often enough.

It is essential for every dental office to have an emergency drugs kit with supplies that have not passed their expiry dates. Drs. Morrison and Goodday present very clearly which drugs and equipment we should have at our disposal. We should all have written protocols for administering these drugs;

it is not time to be guessing the dosage or administration route of a rarely used drug when one's own adrenaline is flowing at the maximum rate.

In order not to precipitate an emergency situation for any patient, it is so important to know if they have any allergies, if there is a history of bleeding, if they have shortness of breath or chest pains, if they take any medications and if they have been hospitalized. Drs. Morrison and Goodday describe these as the 6 basic key questions in our medical history questionnaire. We should of course update each patient's medical history at regular intervals. I know that our dental regulatory authority in Ontario places great emphasis on taking a detailed medical history for each patient that presents in our office. Each day in practice I find someone with challenging medical conditions that put me on my guard.

Let's say that an emergency situation does arise. While we can be ultra-efficient in getting the team into action and everything goes like clockwork, we must never forget that we are dealing with human beings with real fears and feelings. A staff member should be detailed to comfort the patient (if conscious) and any accompanying persons. The dentist should follow-up by telephone to enquire about the well-being of the patient. The care shown in these tense situations will be remembered long afterwards by the persons involved.

In reflecting about the tragic dental office death this summer, naturally I feel for the relatives of the lady who died. My heart also goes out to the dentist, who as I understand, is a relatively recent graduate. I know the memory of this event in my own life won't be erased. I really hope this colleague will be able to learn from the event and continue to develop as a caring practitioner.

*John O'Keefe*  
1-800-267-6354, ext. 2297  
[jokeefe@cda-adc.ca](mailto:jokeefe@cda-adc.ca)