

Intro to Oral Surgery

Lecture 3: Health Status Evaluation for OMFS

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Objectives:

1. Review history taking and physical evaluation
2. Review relevant medical history and medication use for dentoalveolar surgery
3. Identify when a patient's medical history will impact their ability to receive dentoalveolar surgery safely and successfully

Primary objective:

determine how to safely perform dentoalveolar surgery in a clinic setting

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determine how to safely perform
dentoalveolar surgery in a clinic setting

How is dentoalveolar surgery different than other dental procedures?

Surgical Procedures:

increased anxiety
increased pain
possible need for sedation
traumatic perio and post-op
increased need for healing
increased infection risks

[**Pt is awake, have to manage post-op experience**](#)

Primary objective:

determine how to safely perform
dentoalveolar surgery in a clinic setting

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Secondary objective:

determine if the benefits outweigh the risks

Primary objective:

determine how to safely perform dentoalveolar surgery in a clinic setting

What makes it unsafe?

Secondary objective:

determine if the benefits outweigh the risks

What are the risks?

Primary objective:

determine how to safely perform dentoalveolar surgery in a clinic setting

1. Evaluate the human.

2. Determine if the human can manage the treatment safely and successfully.

1. Safely: Can you avoid/prevent medical emergencies and major post-op complications?

3B's 1. breathing, beating, bleeding

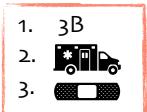
2. Successfully: Will your intervention result in the expected outcome?

1. What obstacles could inhibit this?
1. healing, infection management

Eval - H+N exam, vitals, pt anxious?, in pain?, any physical impairments?

How to Evaluate the Human

1. beating, breathing, bleeding
2. avoid medical emergencies
3. maximize healing/infection management



How to Evaluate the Human

Patient Evaluation

1. past medical history
2. medications/allergies
3. questions specific to dentoalveolar surgery:
 1. history of surgery/radiation/chemo for tumor/cancer of head and neck?
 2. blood disorders/history prolonged bleeding?
 3. serious trouble associated with previous dental work?

Patient Exam

1. chief complaint
2. review of systems
3. current medical state
4. current mental state

chemo/radiation - increased ORN risk, reduced healing
hematopatho disorders
hx or probs
has pt went to ED in last 6mo?

pt exam

cc - what matters to pt today? e.g. feel sick from infection
current state: e.g. hx of disorders, but how are they today?,
hix anxiety/deprsesion -> how are they today

Past Patient Evaluation

Patient Evaluation - Past

1. past medical history
2. medications/allergies
3. questions specific to dentoalveolar surgery:
 1. history of surgery/radiation/chemo for tumor/cancer of head and neck?
 2. blood disorders/history prolonged bleeding?
 3. serious trouble associated with previous dental work?

Medical History Form

ASA classification

Medical History Form

MEDICAL HISTORY			
Name _____	M _____	F _____	Date of Birth _____
Address _____			
Telephone: (Home) _____ (Work) _____	Height _____	Weight _____	
Today's (Home) _____ Occupation _____			
Answers all questions by circling either YES or NO and fill in all blank spaces where indicated.			
Answers to the following questions are for our records only and are confidential.			
1. My last medical physical examination was on (approximate) _____			
2. The name & address of my personal physician is _____			
3. Are you now under the care of a physician YES NO If so, what is the condition being treated?			
4. Have you had any recent illness or operation YES NO If so, what was the illness or operation?			
5. Have you been hospitalized within the past 5 years YES NO If so, what was the problem?			
6. Do you have or have you ever had any of the following diseases or problems: a. Rheumatic fever or rheumatic heart disease YES NO b. Heart abnormalities present since birth YES NO c. Cardiovascular disease (heart trouble, heart attack, angina, stroke, hypertension, etc.) YES NO (1) Do you have pain or pressure in chest upon exertion YES NO (2) Do you have pain in your legs YES NO (3) Do your ankles swell YES NO (4) Do you get short of breath when you lie down, or do you require extra pillows to sleep YES NO d. Asthma YES NO e. Hives or a skin rash YES NO f. Fainting YES NO g. Diabetes YES NO (1) Do you have to urinate more than six times a day YES NO (2) Are you diabetic much of the time YES NO (3) Does your mouth usually feel dry YES NO h. Hemorrhoids YES NO i. Arthritis or other joint problems YES NO j. Skin problems YES NO k. Kidney trouble YES NO l. Tuberculosis YES NO m. Do you have persistent cough or cough up blood YES NO n. Venereal disease YES NO o. Other (list) _____ YES NO			
7. Have you had abnormal bleeding associated with previous extractions, surgery, or trauma YES NO a. Do you bleed excessively YES NO b. Have you ever required a blood transfusion YES NO c. If so, explain the circumstances _____			
8. Do you have any blood disorder such as anemia, including sickle cell disease YES NO			
9. Have you had surgery or radiation treatment for a tumor, cancer, or other condition of your head or neck YES NO			

Medical History Form

MEDICAL HISTORY—cont'd			
10. Are you taking any drug or medicine or herb YES NO If so, what _____			
11. Are you taking any of the following: a. Antibiotics or sulfa drugs YES NO b. Digitalis YES NO c. Medicine for high blood pressure YES NO d. Cortisone (steroids) (including prednisone) YES NO e. Tranquillizers YES NO f. Aspirin YES NO g. Sedatives YES NO h. Digitalis or drugs for heart trouble YES NO i. Drugs for diabetes YES NO j. Antihistamine YES NO k. Cold medicine YES NO l. Medicines for cold/coughs YES NO m. Other _____ YES NO			
12. Are you allergic to: _____ a. Local anesthetics (Novocaine). YES NO b. Penicillin or other antibiotics YES NO c. Dairy products YES NO d. Aspirin YES NO e. Cod liver oil YES NO f. Codeine or other narcotics YES NO g. Other _____ YES NO			
13. Have you had any serious trouble associated with any previous dental treatment YES NO If so, explain _____			
14. Do you have any disease, condition, or problem not listed above that you think I should know about YES NO If so, explain _____			
15. Are you employed in any situation which exposes you regularly to x rays or other ionizing radiation YES NO			
16. Are you wearing contact lenses YES NO			
WOMEN			
17. Are you pregnant or have you recently missed a menstrual period YES NO			
18. Are you presently breast-feeding YES NO			
Chief dental complaint (Why did you come to the office today?) _____			
Signature of Patient (verifying accuracy of historical information)			
Signature of Dentist			

ASA classification

Box 1.8 American Society of Anesthesiologists (ASA) Classification of Physical Status

ASA I: A normal, healthy patient

ASA II: A patient with mild systemic disease or significant health risk factor

ASA III: A patient with severe systemic disease that is not incapacitating

ASA IV: A patient with severe systemic disease that is a constant threat to life

ASA V: A moribund patient who is not expected to survive without the operation

ASA VI: A declared brain-dead patient whose organs are being removed for donation purposes

smoker - II
healthy pregnant woman - II

How to Evaluate the Human

What is impacting them today?

Patient Exam - Current

1. chief complaint
2. review of systems
3. current medical state
4. current mental state

Chief Complaint

1. 3B
2. 🚑
3. 🛌

Chief Complaint

1. 3B
2. 🚑
3. 🛌

1. Why are they here seeking treatment today? **not being in pain**
2. What are they hoping the outcome will be?
3. How did we get here?
4. Will planned treatment result in patient-centered outcome?

Pt vs provider centered outcomes

Review of Systems

1. 3B
2. 
3. 

cardiovascular 3Bs

Cardiovascular Diseases:

coronary artery disease
hypertension
ischemic heart disease (angina or MI)
congestive heart failure
arrhythmias

What they cause

(that we care about):

hypertension
angina
use of blood thinner

1. 3B
2. 
3. 

1. beating, bleeding
2. MI, stroke

Why it matters:

1. dentoalveolar surgery inherently increases BP due to anxiety, pain, and epi use in LA
2. must begin with a managed BP
3. poorly managed can result in cardiac event during or after dentoalveolar surgery

What we do:

1. determine risk
2. prevent
3. if unstable/unmanaged - get managed or refer
4. if stable - stress reduction protocol

cardiovascular - hypertension

1. 3B
2. 
3. 

can't trust what pt says everytime

Blood Pressure Categories

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120		LESS THAN 80
ELEVATED	120 – 129	and/or	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

American Heart Association

heart.org/bplevels

What is too high?

concerning symptoms:
headache
blurred vision
dizziness

send pt to ED

cardiovascular - hypertension

1. 3B
2. 
3. 

Blood Pressure Categories

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	DIASTOLIC mm Hg (lower number)	
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor IMMEDIATELY)	HIGHER THAN 180	and/or	HIGHER THAN 120

American Heart Association

heart.org/bplevels

What is too high?

real time monitoring of stroke and MI risk

history of stroke/MI increases risk

concerning symptoms:
headache
blurred vision
dizziness

cardiovascular - hypertension

1. 3B
2. 
3. 

Follow up questions for HTN:

1. Do you take BP meds? Did you take them today?
2. Do you have history of stroke or MI? **higher chance of reoccurrence**
3. Are you experiencing headache, blurred vision, or dizziness (if very high)?

cardiovascular - angina/MI

1. 3B
2. 
3. 

Ischemic Heart Disease:

mismatch in **oxygen** demand for the heart and the ability to supply it

if unmanaged can result in angina/MI

Angina:

ischemic myocardium
produces pressure in
substernal region

must determine if stable
or unstable to prevent MI,
provide best management

**mismatch in O₂ is doing something
unstable angina - med consult; cant be controlled**

nitroglycerin - their angina is worse

cardiovascular - angina

1. 3B
2. 
3. 

Follow up questions for angina:

1. What events trigger angina?
2. Do you experience it at rest (unstable)?
3. Frequency, duration, and severity of angina? Has there recently been an increased in frequency?
4. Do you take nitroglycerin for management? Does it work? Have you ever had to take more than one?

cardiovascular - CHF

1. 3B
2. 
3. 

Congestive Heart Failure:

heart isn't pumping as well as it should

when unstable could result in cardiac events

symptoms are signs of blood and oxygen not getting where it needs to go sufficiently to include the renal system's ability to clear excess fluids

common diuretics: furosemide (lasix), hydrochlorothiazide, torsemide



pts may think its lung disease
lasix - severe chf

cardiovascular - CHF

1. 3B
2. 
3. 

Follow up questions for CHF:

1. Do you have trouble laying back in the chair
2. Do you experience shortness of breath with exertion?
3. Are you taking lasix?

yes to all - severe hf

cardiovascular - arrhythmias

1. 3B
2. 
3. 

Follow up questions for arrhythmias:

1. triggers?
2. stable/unstable?
3. being treated?
4. anticoagulation?
5. history of stroke?

cardiovascular - anticoagulants

1. 3B
2. 
3. 

Considerations:

1. Know why they are on an anticoagulant
2. As a dental provider you should NEVER suggest stopping taking an anticoagulant on your own
3. Few dental procedures require adjustments to anticoagulant use

Examples:

Aspirin
Coumadin
Plavix
Lovenox
Pradaxa
Xarelto

Warfarin (Coumadin):

1. can check INR (within 24-72 hrs)
2. therapeutic range between 1.5-3.0
3. provider limitation generally <3.0
(above 4 needs physician attention)

normal INR 1 on drug, goal is 2-3 (1.5-3) if outside therapeutic

cardiovascular - anticoagulants

1. 3B
2. 
3. 

Follow up questions for anticoagulants:

1. Have you ever had problems with bleeding in the past?
2. If you are taking warfarin, what is your INR usually?

cardiovascular - chest pain management

1. 3B
2. 
3. 



1. terminate procedure
2. position upright
3. administer oxygen
4. administer sublingual nitroglycerin
 1. unless taken phosphodiesterase inhibitor
within 24 hrs or systolic BP less than 90

-> Viagra

cardiovascular - stroke management

1. 3B
2. 
3. 

Face - droop, asymmetry

Arm - drifts downward

Speech - slurred/strange

Time - every second counts - call 9-1-1 immediately

one of above three signs = 72% probability of stroke

cardiovascular - stress reduction protocol

1. 3B
2. 
3. 



1. beating, bleeding
2. MI, stroke

is baseline bp low enough? can you manage their anxiety?

cardiovascular diseases:

coronary artery disease

hypertension

ischemic heart disease (angina or MI)

congestive heart failure

arrhythmias

considerations:

1. oxygen need
2. increased BP from stress/
anxiety/pain/epi use

Treating patients with CVD

1. limit epi
2. position patient
3. supplement oxygen
4. short, morning appointments
5. **decrease stress/anxiety** - consider nitrous oxide

cardiovascular - Show Stoppers

1. 3B
2. 
3. 

1. **hypertensive crisis**
2. **cardiac event in past six months**
3. **unstable cardiac conditions: unstable angina, decompensated heart failure, dysrhythmias**
4. **INR > 3**
5. **anticoagulant with high bleeding risk surgery**

cardiovascular

cardiovascular diseases:

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what they cause

(that we care about):
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why it matters:

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Pulmonary

keep em' breathing

1. 3B
2. 
3. 

asthma

chronic bronchitis

emphysema

1. prevent and manage attacks
2. reduce anxiety
3. nitrous okay for asthma, contraindicated for severe COPD

how severe is this? how to manage attacks? need help?

Pulmonary - signs of increased severity

1. 3B
2. 
3. 

1. episodes at rest
2. daily medication (bronchodilator) use
3. frequent rescue inhaler use
4. supplementary oxygen
5. hospitalized before (status asthmaticus)

Pulmonary - asthma

1. 3B
2. 
3. 

Follow up questions for asthma:

1. triggers?
2. frequency & severity?
3. medication management and response?
4. Have you ever been hospitalized because of an attack?

Renal Disease

What do the kidneys do again?

1. 3B
2. 
3. 

Considerations:
dialysis
hypertension
increased bleeding risk
avoid NSAID use
poor healing

day after dialysis for bleeding risk
and maximal kidney function

Hepatic Disease

should be a red flag for increased bleeding risk

1. 3B
2. 🚑
3. 🛌

Considerations:

1. can result from infectious dx, alcohol abuse
2. avoid drugs metabolized by liver (tylenol)
3. hemostasis management - phasing, local measures

gel foam, collagen plugs = local measures that we can physically place to stop bleeding

hospital - vit K, thrombin, transfusion (systemic)

Endocrine - diabetes

should be a red flag for poor healing/infection management

1. 3B
2. 🚑
3. 🛌

Considerations:

1. hypoglycemia
2. glucose goal for procedures = 120-200 mg/dL
3. poorly controlled - consider antibiotics

give abx if severe

Endocrine - diabetes

Follow up questions for diabetes:

1. Type I or Type II?
2. Recent HbA1C? (uncontrolled - consider abx)
3. Concern for hypoglycemia?
4. Ever hospitalized for high blood sugar/ketoacidosis?
5. Did you do everything normal today to manage your diabetes?

Neurological - seizures

1. 3B
2. Ambulance
3. Pill bottle

Follow up questions for seizure history:

1. How frequent? Last one?
2. Length of seizure?
3. Being managed for seizures?
4. "What do your seizures look like?"
5. Ever been hospitalized for seizure?
6. Make plan for seizure with patient

Medical Emergencies...

1. 3B
2. Ambulance
3. Pill bottle

Box 2.1 Medical Emergencies Commonly Provoked by Anxiety

- Angina pectoris
- Thyroid storm
- Myocardial infarction
- Insulin shock
- Asthmatic bronchospasm
- Hyperventilation
- Adrenal insufficiency (acute)
- Epilepsy
- Severe hypertension

Osteonecrosis Risk Factors

1. 3B
2. Ambulance
3. Pill bottle

Osteonecrosis:

death of bone due to lack of vascular supply

increased risk with:

radiation to jaw = **osteoradiationecrosis**

certain medications = **MRONJ** (medication related)

more severe in posterior mandible

Avoid extractions. Consider referral.

MRONJ

1. 3B
2. 🚑
3. 🧢

considerations:

treatment for bone cancer worse than osteoporosis

IV worse than oral

worse with longer medication use

dose dependent

avoid extractions when possible

can occur spontaneously with infection

often referred to oral surgeon to allow for follow up

Immune Compromising Conditions

consider med consult for infection and healing concerns

1. 3B
2. 🚑
3. 🧢

1. immunosuppressing drugs

1. organ transplant
2. steroid use from lung/adrenal insufficiency
3. autoimmune diseases

2. blood cancers

3. chemotherapy
4. HIV
5. diabetes

Bringing it all together...

1. 3B
2. 🚑
3. 🧢

"Beating" concerns (cv)

baseline

1. 3B
2. 
3. 

1. **hypertensive crisis**
2. **cardiac event in past six months**
3. **unstable cardiac conditions: unstable angina, decompensated heart failure, dysrhythmias**
4. **INR > 3**
5. **anticoagulant with high bleeding risk surgery**

Assumed increase in risk due to anxiety/stress and epi use

"Breathing" concerns (pulm)

1. 3B
2. 
3. 

1. Supplemental oxygen
2. Difficulty breathing at rest
3. Inhaler availability
4. Positional changes
5. Hospitalized before

Increased Bleeding Risk

1. 3B
2. 
3. 

1. bleeding disorders
2. liver disease
3. alcoholism
4. chronic kidney disease
5. anticoagulant/antiplatelet use
6. cancer
7. thrombocytopenia
8. diabetes
9. anemia
10. previous stroke, recent surgery

warfarin/coumadin:
-need INR within 48 hrs of procedure
-must be < 3.0

medical emergencies



MEDICAL EMERGENCIES IN THE DENTAL PRACTICE

MEDICAL EMERGENCY	SIGNS & SYMPTOMS	MANAGEMENT
Adrenal crisis	<ul style="list-style-type: none"> □ Colic, palpitations, diaphoresis □ Hypotension & tachycardia □ Seizures □ Sudden onset □ Hypotension & tachycardia, epigastric, flushing & pallor □ Respiratory distress, stridor, wheeze, AHRD □ Bradycardia □ Anaphylaxis (late): □ Rash/angioedema & rapid onset/progression of symptoms □ Life-threatening & rapid onset/progression of symptoms □ Life-threatening & rapid onset/progression of symptoms 	<p>Airway Breathing Circulation Disability Exposure</p> <p>Call 666, state "Adrenocrisis" 2STAR</p> <p>Pulse: 100-120 bpm, blood pressure: 90/60 mmHg</p> <p>Patient's hydrocortisone emergency protocol: 100 mg IM, 100 mg IV, 100 mg PO, 100 mg rectal, 100 mg nasal</p> <p>Adrenocrisis: administer 500 mcg norepinephrine (1 mL of 1:1000) + 100 mcg epinephrine (1 mL of 1:1000)</p> <p>Epinephrine: administer 100 mcg (1 mL of 1:1000) - 100-250 mcg boluses (1 mL of 1:1000)</p>
Anaphylaxis	<ul style="list-style-type: none"> □ Signs & symptoms can include: □ Sudden onset □ Hypotension & tachycardia, epigastric, flushing & pallor □ Respiratory distress, stridor, wheeze, AHRD □ Bradycardia □ Anaphylaxis (late): □ Rash/angioedema & rapid onset/progression of symptoms □ Life-threatening & rapid onset/progression of symptoms □ Life-threatening & rapid onset/progression of symptoms 	<p>Airway Breathing Circulation Disability Exposure</p> <p>Call 666, state "Anaphylaxis" 2STAR</p> <p>Epinephrine: administer 100 mcg (1 mL of 1:1000) + 100 mcg norepinephrine (1 mL of 1:1000)</p> <p>Unconsciousness: reverse of 1 for breathing: Call 999, SBAR, 100 mcg epinephrine (1 mL of 1:1000), 100 mcg norepinephrine (1 mL of 1:1000), 100 mg rectal, 100 mg nasal, 100 mg IM, 100 mg IV, 100 mg PO, 100 mg rectal, 100 mg nasal</p> <p>Bradycardia: doses of atropine</p> <p>Hypotension: doses of epinephrine (1 mL of 1:1000), 100-250 mcg boluses (1 mL of 1:1000)</p>
Asthma	<ul style="list-style-type: none"> □ Breathlessness & respiratory distress □ Coughing □ Wheezing □ Chest pain or tightness □ Sudden onset in one breath: 60-90 seconds, patient 10-15 years old □ Prolonged: 30-60 minutes, asthmatic, comorbid disease 	<p>Airway Breathing Circulation Disability Exposure</p> <p>Call 666, state "Asthma" 2STAR</p> <p>Epinephrine: administer 100 mcg (1 mL of 1:1000) + 100 mcg norepinephrine (1 mL of 1:1000)</p> <p>Unconsciousness: reverse of 1 for breathing: Call 999, SBAR, 100 mcg epinephrine (1 mL of 1:1000), 100 mcg norepinephrine (1 mL of 1:1000), 100 mg rectal, 100 mg nasal, 100 mg IM, 100 mg IV, 100 mg PO, 100 mg rectal, 100 mg nasal</p> <p>Bradycardia: doses of atropine</p> <p>Hypotension: doses of epinephrine (1 mL of 1:1000), 100-250 mcg boluses (1 mL of 1:1000)</p>
Cardiac Emergencies	<ul style="list-style-type: none"> □ Emergency care may be necessary □ Chest pain or discomfort that suddenly occurs and/or becomes worse over time, especially if it occurs at rest or whenever you exert yourself □ Shortness of breath □ Palpitations □ Fainting or loss of consciousness □ Pain in your neck, jaw, back or stomach □ Numbness or tingling in your arms, hands, or feet □ Loss of control or loss of consciousness □ Heart attack in women is commonly sudden □ Chest pain or discomfort □ Shortness of breath □ Palpitations □ Headaches □ Nausea □ Dizziness □ Fainting or loss of consciousness □ Unconsciousness 	<p>Airway Breathing Circulation Disability Exposure</p> <p>Call 666, state "Cardiac Emergency" 2STAR</p> <p>Epinephrine: administer 100 mcg (1 mL of 1:1000) + 100 mcg norepinephrine (1 mL of 1:1000)</p> <p>GTP: 0.5-1.0 mg/kg-800mcg/kg bolus (2nd subQ) hubcap</p> <p>Unconsciousness: reverse of 1 for breathing: Call 999, SBAR, 100 mcg epinephrine (1 mL of 1:1000), 100 mcg norepinephrine (1 mL of 1:1000), 100 mg rectal, 100 mg nasal, 100 mg IM, 100 mg IV, 100 mg PO, 100 mg rectal, 100 mg nasal</p> <p>Bradycardia: doses of atropine</p> <p>Hypotension: doses of epinephrine (1 mL of 1:1000), 100-250 mcg boluses (1 mL of 1:1000)</p>
Epileptic seizures	<ul style="list-style-type: none"> □ Shaking/presyncope □ Stiffness & rigidity □ Seizure & tonic-clonic □ Convulsions/aggression □ Confusion □ Unconsciousness 	<p>Airway Breathing Circulation Disability Exposure</p> <p>Call 666, state "Epileptic seizure" 2STAR</p> <p>Once seizing: do not restrain patient, do not move patient, do not turn patient onto their side</p> <p>Once seizing has stopped: Call 999, SBAR, 100 mcg epinephrine (1 mL of 1:1000), 100 mg rectal, 100 mg nasal, 100 mg IM, 100 mg IV, 100 mg PO, 100 mg rectal, 100 mg nasal</p> <p>Bradycardia: doses of atropine</p> <p>Hypotension: doses of epinephrine (1 mL of 1:1000), 100-250 mcg boluses (1 mL of 1:1000)</p>
Hypoglycemia	<ul style="list-style-type: none"> □ Shaking/presyncope □ Stiffness & rigidity □ Seizure & tonic-clonic □ Convulsions/aggression □ Confusion □ Unconsciousness 	<p>Airway Breathing Circulation Disability Exposure</p> <p>Call 666, state "Hypoglycemia" 2STAR</p> <p>Glucose: 150-200 mg/dL (100-120 mmol/L)</p> <p>SBAR: glucose problem, glucose 150 mg/dL</p> <p>If abx, measure blood glucose to help confirm/diagnose hypoglycemia</p> <p>Unconsciousness: reverse of 1 for breathing: Call 999, SBAR, 100 mcg epinephrine (1 mL of 1:1000), 100 mg rectal, 100 mg nasal, 100 mg IM, 100 mg IV, 100 mg PO, 100 mg rectal, 100 mg nasal</p> <p>Bradycardia: doses of atropine</p> <p>Hypotension: doses of epinephrine (1 mL of 1:1000), 100-250 mcg boluses (1 mL of 1:1000)</p>
Red Flag Seizure	<p>In the context of a seizure, if patient looks very different from what you know them to be, or if patient seems confused, has difficulty understanding what is being said, etc. (e.g., GCS < 15, SBP < 90, ICP not high)</p> <p>Systemic: SBP > 200 mmHg or < 90 mmHg = normal</p> <p>Respiratory: respiratory rate > 20 breaths/min</p> <p>Neurological: non-shaking rash or altered mental status (syncope)</p> <p>Recent chemotherapy: last 6 weeks</p> <p>NIH Stroke Scale: total score > 4</p> <p>NIH Stroke Scale: total score > 8</p> <p>NIH Stroke Scale: total score > 12</p> <p>NIH Stroke Scale: total score > 15</p>	<p>Airway Breathing Circulation Disability Exposure</p> <p>Call 666, state "Red Flag Seizure" 2STAR</p> <p>For Primary Dental Care (2-12 years of age):</p> <p>NIH Red Flag Score: 250</p> <p>Oxygen: 15-20 LPM</p> <p>NIH Red: go-appropriate GCP Seppis Decision Tool for guidance in children > 12 years of age</p>
Stroke	<ul style="list-style-type: none"> □ Arm weakness/numbness □ Speech difficulties □ Vision loss/blurred/lost □ Face & limb of consciousness □ Speech, limb, face, eye, limb, speech □ Neuroimaging 	<p>Airway Breathing Circulation Disability Exposure</p> <p>Call 666, state "Stroke" 2STAR</p> <p>NI by diff: appropriate decision</p> <p>NIH Red: go-appropriate GCP Seppis Decision Tool</p> <p>Lit test, slugs test & lungs check oxygen? (do you usually necessary):</p> <p>Other: NIH stroke scale, NIH red flag score, NIH stroke score, NIH stroke risk score</p>
Syncope	<ul style="list-style-type: none"> □ Collapse & loss of consciousness □ Brief loss of consciousness □ Neuroimaging 	<p>Airway Breathing Circulation Disability Exposure</p> <p>Call 666, state "Syncope" 2STAR</p> <p>NI by diff: appropriate decision</p> <p>NIH Red: go-appropriate GCP Seppis Decision tool signs of life</p>

1. 3B
 2. 
 3. 

Poor healing/Increased risk of infection

1. Diabetes
 2. Cancer
 3. Steroid use
 4. Autoimmune disorders
 5. HIV
 6. Alcoholism
 7. Chemotherapy
 8. Organ transplants
 9. Immunosuppressants

1. 3B
 2. 
 3. 

Notable Medications for Dentoalveolar Surgery

1. blood thinners, lactulose
 2. nitroglycerin, lasix
 3. bisphosphonates - drugs for osteoporosis or bone/breast cancer
 4. steroids / immunosuppressants

1. 3B
 2. 
 3. 

1. bleeding, beating
 2. angina/MI emergency
 3. MRONJ - poor/nonhealing

"Red Flags" on PMH

1. 3B



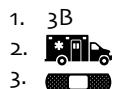
2.



3.

1. Angina
2. MI
3. Heart murmurs
4. Rheumatic heart disease
5. Heart valve issues
6. Bleeding disorders
7. Anticoagulant use
8. Asthma
9. Chronic lung disease
10. Hepatitis
11. Infectious diseases
12. Diabetes
13. Corticosteroid use
14. Seizure disorder
15. Stroke
16. Allergies
17. Hypertension

Consider med consult for...



- immunocompromising conditions/drugs
- unstable cardiac conditions
- unfamiliar diseases/disorders
- history radiation to head & neck
- history bisphosphonate use
- history bone cancer
- bleeding disorders/blood thinners
- liver disease
- INR within 48 hrs. (<3)

Primary objective:

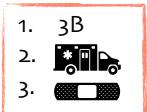
determine how to safely perform dentoalveolar surgery in a clinic setting

Secondary objective:

determine if the benefits outweigh the risks

How to Evaluate the Human

1. beating, breathing, bleeding
2. avoid medical emergencies
3. maximize healing/infection management



Final Takeaways

1. Dentoalveolar surgery has inherent risks
2. Patient evaluation should focus on safety and success
3. Prevent and avoid medical emergencies
4. Focus eval on beating, breathing, and bleeding risk
5. Consider human's capacity to heal
6. Know red flags
7. Refer patient when you do not feel comfortable