Before the ambulance arrives

Receptionists and practice managers are often left alone in the practice with patients, so it’s vital they know exactly what to do in a medical emergency. It is not unusual for receptionists or practice managers to find themselves ‘home alone’ at the practice, with members of the public and patients able to enter the premises. So, if the worst was to happen, calling upon a suitably qualified colleague may not be enough to prepare the receptionist or practice managers to maintain current skills and knowledge on what to do in a medical emergency.

There is now a requirement for registered dental care professionals to complete lifelong learning programmes on core subjects to ensure they maintain high standards of competence for patient care. Although receptionists who aren’t qualified dental nurses do not need to keep up-to-date with the finer details of decontamination management and radiological protection – one of the core subjects for DCPS – it is a vital area for every member of the dental team to maintain current skills and knowledge on what to do in a medical emergency.

Every team member should have a working knowledge of first aid. Simply speaking this is the first response to the situation prior to the arrival of a more medically qualified person. First aid should be straightforward. You will reassure the person and attend to the ABC of life by protecting the airway, checking for Breathing and Circulation (ie heart beat), and dealing with any bleeding.

First Aid calls on simple skills, that can be learned in a few hours. You don’t need to know all about how the body works, you just need to understand what effects a certain injury or condition will have on a person and how you can help minimise the problem or compensate for it, until the ambulance crew take over.

Everyone knows you should not move an injured person. If you do and they have an injury as a result of a serious fall, the force of impact could have damaged their spine. What you need to do is to concentrate on the things that will keep your patient alive like, protecting their Airway, checking for Breathing and Blood Circulation and dealing with blood loss. These are the things that can kill a person before the ambulance arrives, not a broken arm.

Assess for responsiveness

Tap the casualty hard on the collarbone (being careful not to cause any movement of the head or neck). Identify yourself to the casualty, even if they appear unconscious.

Check the Airway

Check the casualty’s head by placing their hands on either side of the casualty’s head. If the casualty is unconscious, you must protect their airway as the tongue may fall back obstructing it. Place one hand on the forehead (to prevent head movement) and have a quick look in the mouth for any obvious obstructions.

Keep your hand on the forehead and tilt the head back gently. As you do this, lift the chin by placing two fingertips of your other hand under the point of the chin. These actions will ensure the airway remains open.

Check for breathing

Place the side of your face just above the casualty’s mouth, look- ing down along their chest. Look for movement of the chest, feel and listen for breathing. Do this for up to 10 seconds.

Check for a pulse

When checking for a pulse, use the carotid artery in the neck, do not check the pulse in the wrist as this can be unreliable. To find the pulse in the neck, run two fingers down the windpipe until you come to the voice box. Slide your fingers to the left or right and press in with your fingertips just as you come off the windpipe. Check for a pulse for up to 10 seconds. Finding the pulse can be difficult, so if you are having problems, check the pulse in both sides of the neck and look for other signs of life such as skin colour/temperature, movement, coughing/breathing etc.

If the pulse is not found, you must begin CPR.

Opening the airway

Keep the head or neck straight and the body in a neutral position where the spine is fully protected.

After checking for breathing and pulse, you will need to open the airway if the casualty is not breathing. Use the head tilt/chin lift approach.

Check for signs of and treat shock

Shock is the body’s reaction to loss of fluids (normally blood). If a casualty is showing signs of shock they must be losing fluids either externally or more seriously, internally. The signs of shock are cold clammy skin and paleness or blueness of the lips and extremities. The pulse will become very rapid, well over 100 beats per minute, but will get weaker and become irregular.

To check for skin temperature, place the back of your hand against your own forehead, then place it on the casualty’s forehead and make a comparison. Check for colour by turning the casualty’s lip back and look at the inside edge (it should be a red/pink colour). Check the pulse in the wrist or the neck. Normal adult pulse rate is upwards between 70 and 80 beats per minute. In children the normal rate is higher, between 100 and 110. Do not move your hand away or displace the casualty’s arms. Check the pupils for size and reactivity, every couple of minutes.

Ready for the turn

Place the arm nearest to you, out at right angles to the casualty’s body and bend the elbow so the upper arm is parallel to the head, palm upwards. Do not try to force the arm down or in to a position it does not want to go into, just place it as above, as best you can. Bring the arm furthest away from you, across the chest and place it palm up, against the cheek nearest you. Hold the casualty’s hand with your left hand, palm to palm, otherwise it will drop down again.

With your left hand, grip the leg furthest away from you and placing your hand under the casualty’s knee, bring the knee up so that the casualty’s foot is resting on the floor, tucked in next to their other knee.

Turning the casualty

Keeping your left hand holding the casualty’s hand palm to palm, against their cheek, place your right hand on the knee of the raised leg. Move back slightly from the casualty and roll them towards you and on to their side, by pulling on the knee.

Once the casualty is over, gently lay their head on the floor. Tip the head back (moving the casualty’s hand under the cheek as required), ensuring the airway stays open and is not obstructed by their own body. Move the upper leg so that the hip and knee are bent out at right angles to the floor. This prevents the casualty from rolling backwards. Recheck breathing, pulse and turn every couple of minutes. If the casualty’s pulse is still absent, continue the above techniques for resuscitation for as long as necessary.

REMEMBER: knowledge alone is not enough and can not replace the need for organised hands-on training. So don’t just read this article, learn a life skill, get on a course and learn to save a life.

For more information, visit www.dental-resource.com

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