

**IDAHO STATE BOARD OF DENTISTRY**  
**PO Box 83720**  
**Boise, ID 83720-0021**  
**MODERATE ENTERAL SEDATION**  
**SIMULATED EMERGENCIES GUIDE AND ALGORITHMS**

**Laryngospasm:**

- Pack off surgical site
- Position patient/ upright/ most comfortable
- Suction patient – tonsillar suction
- Ventilate patient with positive pressure ventilation (full face mask/ambu bag with 100% Oxygen)
- Auscultation of lung fields
- **Call 911**

**Bronchospasm and Airway Obstruction:**

- Establish airway and administer 100% oxygen with full face mask with positive pressure ventilation
- Albuterol (Ventolin) Metered Dose Inhaler  
Used in Asthma  
Beta-agonist bronchodilator
- Epinephrine  
Sever bronchospasm (1:1,000) 0.3-0.5 mg SQ  
TB syringe 0.3-0.5ml of 1:1,000 SL/SQ
- Benadryl ~50 mg intravenously
- Auscultation of lung fields
- **Call 911 if not resolved**

**Emesis and Aspiration:**

- Change suction to Tonsillar suction
- Turn patient to right side—Trendelenburg position, check for foreign body
- 100% oxygen
- Auscultation of lungs
- Consider Anti Emetic Medications
- **If situation gets worse, (i.e. cyanotic, dyspnea) call 911**

**Angina Pectoris:**

- Nitroglycerin (Nitrolingual, Nitroquick, Nitrostat)  
Check Date, use patients own NTG if possible  
Sublingual doses (0.3 mg= 1/200 grain, 0.4 mg = 1/150 grain 0.6 mg= 1/100 grain)  
SL/spray/oral  
Determine level of SBP (must be >90mmHg)  
Avoid in patients taking Sildenafil (Viagra)
- Place patient in comfortable position
- 100% oxygen, Nitrous Oxide
- Monitor patient
- If pain continues, administer one more tab/spray in 5 minutes
- If pain still continues, assess MI, **911** and transportation
- Third NTG dose 5 minutes later while waiting for ambulance

## SIMULATED EMERGENCIES – CONTINUED

### **Myocardial Infarction:**

- Stop Surgery and Position Patient
- 100% Oxygen
- **Call 911**
- Monitor Vitals, Consider Applying AED
- Chewable uncoated Aspirin 325mg oral
- Analgesia- Nitrous Oxide, NTG

### **Cardiac Arrest:**

- Look, Listen, Feel
- **Call 911**
- Ventilate with AMBU bag and 100% Oxygen
- Apply AED- Defibrillate if indicated
- Check pulse- Begin Chest Compressions if no pulse

### **Hypotension:**

- Terminate surgery
- Position patient- Trendelenberg- supine
- Check pulse and BP
- Stimulate patient
- **Call 911**

### **Hypertension:**

- Consider all possible etiologies and treat the cause if known
- Most hypertensive episodes are transient
- Terminate appointment- refer to medical help
- **Call 911**

### **Acute Allergic Reaction:**

- Mild Reaction (rash, hives)—Benedryl 25-50 mg IV or IM
- Severe Reaction (wheezing, angioedema, laryngoedema, bronchospasm)
  - Epinephrine – 0.3 mg- 0.5 mg SL, SC, IM, IV
  - Bronchodilator mist
  - Benedryl - 50 mg IV or IM
  - Repeat Epinephrine if need in 3-5 min
- **Call 911**, continue BLS

### **Syncope, Loss of Consciousness:**

- Position Patient- Trendelenburg- raise legs
- Oxygen, monitor vitals
- Ammonia Inhalants
- BLS if unresponsive
- **Apply AED, call 911 if necessary**
- Consider Hypoglycemia (glucagon, instaglucose)

### **Hyperventilation:**

- Calm the patient, Position patient Upright
- Breathe into paper bag, cupped hands, or full mask with 0.5L of Oxygen flow
- May need to sedate with Valium or Versed

## SIMULATED EMERGENCIES – CONTINUED

### Convulsions:

- Protect patient and gently restrain
- After seizure BLS- post ictal depression- maintain airway
- **Call 911**

### Obtundation and/or Over-Sedation:

- Flumazenil  
    IV or IM Injection  
    0.2 mg (2 ml)
- Monitor patient
- **Call 911 if not resolved**