4. Emergency drugs in general dental practice

Statements and recommendations

Specific emergency drugs should be immediately available in all dental surgery premises. These should be standardised throughout the UK.

1. To manage the more common medical emergencies encountered in general dental practice the following drugs should be available:

   - Glyceryl trinitrate (GTN) spray (400micrograms / dose)
   - Salbutamol aerosol inhaler (100micrograms / actuation)
   - Adrenaline injection (1:1000, 1mg/ml)
   - Aspirin dispersable (300mg)
   - Glucagon injection 1mg
   - Oral glucose solution / tablets / gel / powder
   - Midazolam 10mg (buccal) (see Appendix (viii))
   - Oxygen

2. Where possible drugs in solution should be in a pre-filled syringe.

3. The use of intravenous drugs for medical emergencies in general dental practice is to be discouraged. Intramuscular, inhalational, sublingual, buccal and intranasal routes are all much quicker to administer drugs in an emergency.

4. All drugs should be stored together in a purposely-designed ‘Emergency Drug’ storage container.

5. Oxygen cylinders should be of sufficient size to be easily portable but also allow for adequate flow rates, e.g., 15 litres per minute, until the arrival of an ambulance or the patient fully recovers. A full ‘D’ size cylinder contains 340 litres of oxygen and should allow a flow rate of 15 litres per minute for approximately 20 minutes. Two such cylinders may be necessary to ensure the supply of oxygen does not fail when it is used in a medical emergency.

Recently published guidance from the British Thoracic Society on the use of high flow oxygen has caused some concern and confusion regarding its safety. It is emphatically clear that in any critically ill patient the initial administration of high flow oxygen (15 litres per minute) is the correct course of action. When oxygen saturation levels can be accurately measured then the given amount of oxygen can be titrated accordingly.