

DENTAL MYTHBUSTER 4: DRUGS AND EQUIPMENT FOR A MEDICAL EMERGENCY

We consider drugs and equipment for a medical emergency when we review if a practice is safe.

This relates to:

[regulation 12](#) (safety of care and treatment)
[regulation 17](#) (good governance).

It is part of our key lines of enquiry (KLOEs). In particular:

[S2 Managing risks](#)
[S4 Medicines management](#)

And

[W4 Governance and management](#)
[W5 Management of risk and performance](#)

The medicines and equipment should be in an **accessible and central location** known to everyone.

Mandatory requirements

The [General Dental Council standards for the dental team](#) state that, as a dental professional, you must follow the guidance on medical emergencies and training updates issued by Resuscitation Council UK.

We expect a practice to follow the [national guidance](#) issued by Resuscitation Council UK. Immediate access to an automated external defibrillator (AED) in an emergency increases the chances of survival of the patient. Where an AED is not available, we expect to see a robust and realistic risk assessment detailing how an AED could be accessed in a timely manner. Emergency services may not always be able to respond in the critical first few minutes of an acute cardiac arrest.

Recommended practice

Practices should ensure they have emergency medicines and equipment to keep patients safe.

Professional guidelines: [NICE: Prescribing in dental practice \(Medical emergencies in dental practice\)](#)

- These should be available to manage common medical emergencies:
- adrenaline/epinephrine injection, adrenaline 1 in 1000, (adrenaline 1 mg/mL as acid tartrate), 1 mL amps
- aspirin dispersible tablets 300 mg
- glucagon injection, glucagon (as hydrochloride), 1 - unit vial (with solvent)
- glucose (for administration by mouth)
- glyceryl trinitrate spray
- midazolam oromucosal solution
- medical oxygen
- salbutamol aerosol inhalation, salbutamol 100 micrograms/metered inhalation.

This is the minimum equipment recommended:

- adhesive defibrillator pads
- automated external defibrillator (AED)
- clear face masks for self-inflating bag (sizes 0,1,2,3,4)
- oropharyngeal airways sizes 0,1,2,3,4
- medical oxygen cylinder
- oxygen masks with reservoir
- oxygen tubing
- pocket mask with oxygen port
- portable suction, for example Yankauer
- protective equipment – gloves, aprons, eye protection
- razor
- scissors
- self-inflating bag with reservoir (adult)
- self-inflating bag with reservoir (child)
- if there are ampules in the medical emergency drugs kit, there must be adequate numbers of suitable needles and syringes.

Oxygen cylinders should be easily portable but must allow adequate flow rate (for example 15 L min) for thirty minutes or until the arrival of emergency services. Local policy should dictate the precise size of cylinder and whether a second cylinder is needed in case the first one is at risk of running out.

Quality Assurance Process: At least every week, check:

- expiry dates for emergency medicines
- equipment and availability of oxygen.
- The manufacturer's instructions must be followed about the use, storage, servicing and expiry of equipment. A planned replacement programme should be in place for disposable equipment items that have been used or that reach their expiry date.