

# I Had a Heart Attack! Emergency Protocol!

*Emergency protocol (and practice) too often get put on the back burner. Would your office know how to handle an emergency if one happened tomorrow?*

**Lucie**

Posted: 8/23/2007

Post: 1 of 132

I wanted to share this story with you so you will be motivated to get an emergency protocol set up in your practice if you don't have one!

This past Monday afternoon I ran over to another dental office to pick up some information and while at the front desk I had a heart attack! No symptoms, no warning, no nothing – just BAM! So, here's what happened:

I started feeling terrible pain in my chest and broke out in a cold sweat. The doctor's wife had come up front to say hello to me. I looked at her and said, "I am having a heart attack, please call 911." Then I walked over to a chair in reception and sat down. By this time my LL mandible was on fire and the pain started down my left arm. No one was with me. The DA [dental assistant] came walking out and said, "Put your head between your legs, your color is good so you're OK." I said, "Call 911." The assistant then left and came back with the BP [blood pressure] cuff. She said, "You're OK, your BP is only 185/125." I said, "I am having a heart attack, call 911." That made three times that I had requested 911 be called. As it turns out, a female patient in the reception area called 911 and I could hear her responding to questions the operator was asking. By this time, I thought I was going to drop dead right then and there. The pain was unbearable, I couldn't even move my left arm – it had tremendous burning pain up and down the entire length.

The fireman showed up first and started me on oxygen and gave me a baby aspirin. Also stuck me four times trying to start an IV but failed at that. The paramedics arrived and that's when things went into high gear. Got a nitro tab and two IVs immediately. BP/EKG in the reception room (the paramedic had to cut off my top, and there I was sitting in my bra in the reception room – kind of funny but I didn't care at that moment). They got me into the ambulance and off I went to the hospital. I was still actively having the MI [myocardial infarction]. Got more nitro and then two of morphine. Ended up getting four nitro tabs under the tongue and eight of morphine before they got me to the hospital. I never lost consciousness and it was scary as hell. My LAD (lateral anterior descending artery) had a 98 percent blockage. That's the artery they call "The Widow Maker." I went to the cath lab on Tuesday morning and they opened up the artery and placed a stent. I got to come home yesterday afternoon. I was very lucky that time, but I have a two-part message for all you doctors.

1. If you don't have an emergency protocol in place, please do that now!

If you don't have the emergency protocol in place, please get it together this week-end and present it at your morning huddle on Monday. Make each staff member accountable for what role they are to play during an emergency and drill them on it!

2. If you are over age 50 and haven't had a cardiovascular screening lately, set up an appointment now!

I am 54, normal weight, good cholesterol and no history of smoking. I had no warning signs, no symptoms. The cardiac surgeon told me this scenario is the one that leaves a lot of widows without warning. Apparently the LAD will rupture then it's all over.

*continued on page 26*

I'd be lying if I said I wasn't upset with that dental office. No one even told the doctor what was happening. No one brought me oxygen, no one called 911 despite my three requests, and the third request was a direct order sort of thing because they weren't reacting to the emergency properly. I've never been so scared in my life. And, the pain was worse than anything I've ever experienced, even deep upper GI surgery.

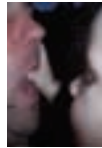
So here I am recuperating at home, bored, a little depressed from the scare and you're all I have to keep me entertained.

Have a good day and please don't procrastinate on this. ■

Mike Rice, DMD

Posted: 8/23/2007

Post: 5 of 132



Glad to hear that you are OK. I know that you don't feel OK right now, but considering how things might have turned out, you're OK.

Also, thank you for your message. I have an emergency protocol in the office, but it never hurts to have a refresher from time to time. I need to do that.

I also agree that when someone asks you to call 911 for them, you shouldn't second guess them – just call!

Also, not notifying the doctor was a big mistake. How would any of us feel if someone was having an MI in our office and we didn't know about it until EMS arrived or later? I would be absolutely furious with my staff! ■ Mike

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**Lucie**

Posted: 8/23/2007

Posts: 7 & 13 of 132

Thank you for the well wishes. I think I'm a wee bit angry that they refused to call 911 when asked. I'm a health care professional too and by golly, I do know the signs of imminent heart attack. I kept saying to myself, "uh oh, there's another sign, uh oh, my left arm is starting up..." There was absolutely no doubt in my mind that I was having a heart attack. Where has the common sense gone?

Here's the best part, the doctor kept calling my husband's cell phone that night and all the next day, and he was in a panic. We were in the hospital with no cell phone coverage so didn't get the voicemail until yesterday afternoon.

I personally called the doctor and told him that I had, in fact, had an MI. He responded with, "well, I guess you called that one right." Thanks Doc. Just call 911 next time.

[Posted: 8/23/2007]

The cardiologist said there was no permanent damage to my heart muscle because I did get treatment fast, so I'm very lucky. None of my other arteries have any sort of blockage so I don't know. I suppose we will discuss all that when I go back in one month. My mother had heart disease and ended up having a quadruple bypass. I just hope I'm not going down her path! Maybe I'll get really lucky and this one stent will do the job.

[Posted: 8/23/2007]

I am totally blown away knowing I was in a dental office that was ill prepared and unable to offer me assistance. We could have saved an extra 10 minutes if doctor's wife had called 911 when I first requested it.

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What really bothers me is doctors will get an emergency kit and write a protocol early on in their practice, but over the years they have staff turnover and they forget those drugs expire! When a real emergency happens, the staff stand around with their jaws on the floor wondering what and who should do it. Let's get the word out as much as we can.

Everyone thinks, "That will never happen to me." Guess what people? It just might, sooner or later! ■

**Lindadouglas**

Posted: 8/23/2007

Post: 18 of 132



Hi, I am so happy that you survived, not just the MI, but the unprepared office staff who could have done so much more for you. They could at least have given you oxygen! Imagine thinking BP of 185/125 was within normal limits!

The Royal College of Dental Surgeons of Ontario has a super DVD on medical emergencies. One idea we took on board from this CE was to organize the emergency kit according to the emergency, so our kit contains small labeled boxes with the appropriate drugs for anaphylaxis, asthma, angina/MI, diabetes/hypoglycemia.

We keep ASA, nitro spray, Benadryl, EpiPen, sugar frosting and salbutamol, etc. in the office, and of course portable oxygen.

You do have to be careful not to give ASA to asthmatics or nitro to someone who has taken Viagra in the last 24 hours.

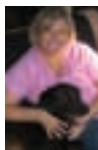
The American Heart Association at [www.americanheart.org](http://www.americanheart.org) and Dr. Castle at [www.gotodds.com](http://www.gotodds.com) also have great CE for medical emergency protocols.

Get well soon. ■

**Izdent**

Posted: 8/24/2007

Post: 26 of 132



Lucie, about a year ago I wrote a list of who's responsible for what in an emergency. I laminated them and hung them inconspicuously in each area of the office. I also have a Word document on my computer listing the meds in the kit and when each expires and needs to be replaced. I made a cc category that I named med kit that pops up to prompt me when something needs to be replaced. We had a young woman on a work interview who fainted. I was sitting on the floor supporting her and it was interesting but dismaying to watch our staff panic. When I asked for a wet paper towel, one of them lobbed a big soaking wet blob at me. It took forever to get oxygen because the adrenaline just overtook the thought process on where it was and how to set it up. One person kept running to bang on my poor boss's door. She had to keep jumping over the fainter to do that. It was amazing to watch. He was in the "thinking room" at the time and I'm sure it upset his thinking time. All in all, she just fainted and pandemonium set in. I can't imagine if it had been a heart attack. So I changed people's jobs in an emergency according to how they handled themselves that day. The jumping door banger knows to go out to the street to wait for the ambulance. The poor oxygen handler will clear the waiting room. The front desk will handle calling 911 and our new dental assistant will be a good help. We practice quarterly now. ■ Linda

**Jamie Italiane**

Posted: 8/24/2007

Post: 39 of 132

One great idea I got from my last EM course (I make myself take one yearly and the whole office do CPR/AED biannually) was to have a different staff member go through the emergency kit and check the oxygen monthly. This way everyone knows

where it is, what is in it and how things are to be used. If Lucie was in her own office, she might not have been available to be the “thinking one.” I also have dosages and indications written on the medications. ■

Wow! Very scary... and I am appalled at the staff’s response! I’m glad that you’re doing OK and I wish you a good recovery. My father passed away due to a blocked LAD, so your story really hits home.

I just recently gave a medical emergency lecture to my staff – it was long overdue. I checked our emergency kit and amazingly a lot of the items were expired or close to expiring and I just replenished it about a year ago! I purchased and showed the Gordon Christensen “Preparing for Your Next Medical Emergency” DVD, which was quite informative and only one hour long. Plus, staff members can get two CE credits by submitting the post-test. There is also a very informative online CE available on [www.dentalcare.com](http://www.dentalcare.com) about medical emergencies. You can get CE credits from that as well. Be sure to check them out! ■

Lucie, Go to [www.emergencyactionguide.com](http://www.emergencyactionguide.com) and order the Emergency Response System (ERS). Stan Malamed talks about it in his lectures. Each staff member gets 12 hours of CE per year as approved by AGD PACE. Monthly mock drills, clinical scenarios and online tests come each month for all members in that office with a different medical emergency each month. This makes medical emergency preparedness an ongoing, continual process rather than an occasional event. We must all be prepared for that unknown, unexpected event.

I am glad you are doing well.  
Kindest regards. ■ JOHN

I like the idea of having a separate bag/box for each type of emergency.

We use pencil boxes instead of baggies for the emergency drugs. The type of emergency, list of drugs and concise directions are laminated and attached to the lid of the box. These are stored with the BP monitor in a see-through Rubbermaid box, next to the portable oxygen cylinder. More detailed info is in a booklet which I compiled.

Great info, I didn’t consider the possibility of us absorbing nitro through the skin as we administer it.

**A few important points to consider:**

- Atopic and asthmatic patients might be allergic to ASA.
- Nitro spray has a longer shelf life than the tabs.
- If a patient has taken Viagra in the last 24 hours, it can interact with nitro to cause dangerously low BP and cardiac arrhythmias. I notice a few

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**lindadouglas**  
Posted: 9/1/2007  
Post: 89 of 132

**Doctor P**  
Posted: 8/27/2007  
Post: 72 of 132

**drjohnroberson**  
Posted: 9/1/2007  
Post: 87 of 132

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patients take Viagra, most will not tell us they use it. A patient who negotiates drug plans for the post office told me Viagra is the most frequently prescribed drug amongst post office employees.

- Nitro should not be administered if the systolic BP is below 90mmHg.

**Prevention of Medical Emergencies:**

- Thorough and updated medical history
- Record of allergies and possible drug interactions
- Keep appointments low stress; provide effective pain relief/LA
- Monitor BP at each appointment if systolic is greater than 160mmHg do not treat; refer to medical doctor as soon as possible
- Patients with eating disorders are medically compromised due to risk of electrolyte imbalance and cardiac arrhythmias

**Allergies/Anaphylaxis:**

- Clients at risk for anaphylaxis must bring an EpiPen to all dental appointments
- Be aware of atopic patients

For example:

- Asthmatic patients
- Those with multiple allergies, food allergies, i.e. bananas, kiwi, avocado
- Spina Bifida
- Nasal Polyps
- Health care workers (latex allergies)
- No ASA or NSAIDS for atopic patients

**Asthma:**

- Asthmatic patients must bring their medications to all appointments
- Ask about frequency of asthma attacks
- Current medications and their effectiveness
- Current airway irritability
- No ASA or NSAIDS for asthmatic patients

**Diabetes:**

Ask patients:

- If the diabetes is well controlled
- When last they took meds
- When last they ate
- When last blood glucose was checked

**Heart disease/Angina Pectoris:**

- Patients who might need nitroglycerine must bring it to all dental appointments
- Minimize epinephrine
- If AB cover's needed, ensure it's been taken; note dosage and time it was taken
- Erythromycin and Sildenafil (Viagra) can interact with nitroglycerine to cause cardiac arrhythmias and dangerously low blood pressure

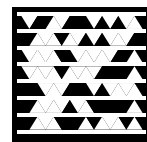
I hope this contribution helps a little.

Your info has helped me to locate and address some gaps in my protocol, thanks again! ■

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[www.dentaltown.com](http://www.dentaltown.com)

Heart Attack

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