



Patient Assessment & Management Chart

Safe Hands (copyright 2019)



Patient History:

A – Allergies
M – Medications
P – Past Medical History
L – Last Meal / Drink
E – Event

Patient A, B, C, D & E Assessment (please tick ✓)

	Patient A, B, C, D & E Assessment (please tick ✓)			
Airway	Patient unable to maintain airway Patient unable to speak in full sentences	Lip/tongue swelling	Stridor (Inspiratory) Snoring/Gurgling	
Breathing	Abnormal Resp Rate (<12 / >20)	Work of Breathing (laboured)	Wheeze (Expiratory)	
Circulation	Colour – Pale, Ashen	Chest Pain/Tightness/ Heaviness/Crushing Sensation	CRT (>2 sec), Systolic BP <90mmHG	
Disability	Check ACVPU (A lert, C onfusion (New), V oice, P ain, U nresponsive)	Blood sugar (<4 mmol)	Posturing/Seizing	
Exposure	Rash	Swelling/Bruising	Blood loss	

	Signs & Symptoms NB. Not all may be present	Treatment OXYGEN @ 15lt Immediately +/- 999/112	Treatment Contraindications
A	Sudden onset, Lip / Tongue Swelling / Stridor Choking, Presence of Stridor, Unable to Cough / Talk	Adrenaline Autoinjector / Adrenaline Amp 1:1000 (Hold in place for 10 secs, anterolateral thigh, alternate legs): Over 12 yrs - 500 micrograms IM (0.5ml) 6 – 12 yrs - 300 micrograms IM (0.3ml) < 6 yrs - 150 micrograms IM (0.15 mL) Every 5 mins if required 5 x Back slaps +/- 5 x Abdominal Thrusts	Ability to cough
B	Expiratory wheeze	Salbutamol 1 puff every 0.5–1 minute for up to 10 doses, each dose to be inhaled separately via a spacer; repeat every 10–20 minutes or when required.	
C	Chest Tightness/Heaviness/Crushing Sensation or pain which may radiate to Neck/Jaw, Arm(s), Back or Epigastrium (Severe Indigestion) +/- Sweating, Pallor Nausea/vomiting Breathlessness	Aspirin 300mg chewed or dispersed in a small amount of water GTN 2 puffs sublingual repeated in 5 mins if indicated and BP is stable (systolic BP > 90mmHg or CRT < 2 secs)	Allergy; Active Peptic Ulceration; Bleeding Disorders; Children Under 16 years (risk of Reye's syndrome); Haemophilia; Previous Peptic Ulceration (analgesic dose); Severe Cardiac Failure (analgesic dose) ↓BP / CRT > 2 secs, aortic stenosis; cardiac tamponade; constrictive pericarditis; hypertrophic cardiomyopathy; hypovolaemia; marked anaemia; mitral stenosis; raised intracranial pressure due to cerebral haemorrhage; raised intracranial pressure due to head trauma; toxic pulmonary oedema
D	Shaking/Trembling, Sweating Slurred speech, Vagueness Double vision, Confusion Unconsciousness Limb weakness Jerking movements of limb(s) Tongue biting, Sudden Collapse, Rigidity, Cyanosis	Sugary Drink / Hypostop Gel Buccally (if alert) Glucagon (if ↓ level of consciousness) 0.5mg = 1mnth - 8yrs (Body Weight up to 25kg) 1mg = 9yrs and above (Body Weight 25kg >) Consider Recovery Position Think FAST test Support head/prevent further injury Seizure lasting > 5 mins give: Buccal Midazolam 10mg > 10yrs 7.5mg 5 yrs - 9 yrs 5mg 1 yr - 4 yrs 2.5mg 3mnts - 11 mnts Repeat after a further 10 minutes if seizure does not terminate after initial dose – no more than 2 doses	Not Alert CNS depression; compromised airway; severe respiratory depression
E	Urticaria – associated with life threatening changes in A & / or B & / or C	Adrenaline Autoinjector / or Adrenaline 1mg/1ml Amp (doses as above) IM every 5 mins if required.	

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