Patient Assessment & Management Chart

Patient History:

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

Patient A, B, C, D, E Assessment

Airway	Patient unable to maintain airway / Patient unable to speak in full sentences	Stridor / Sudden Onset Lip / Tongue /Facial Swelling Choking, Presence of Stridor (Inspiratory), Unable to Cough / Talk	Snoring/Gurgling
Breathing	Abnormal Respiratory Rate – less than 12 greater than 20 (<12 / >20)	Work of Breathing (LABOURED)	Wheeze (EXPIRATORY)
Circulation	Colour – Pale, Ashen	Chest Tightness/Heaviness/Crushing Sensation or pain which may radiate to Neck/Jaw, Arm(s), Back or Epigastrium (Severe Indigestion) associated with +/- Sweating, Pallor, Nausea/Vomiting, Breathlessness	Capillary Refill Time (CRT) greater than 2 seconds (>2) or Systolic BP less than 90mmHG (<90mmHg)
Disability	Check ACVPU (Alert, Confusion (New), Voice, Pain, Unresponsive)	Blood sugar (<4 mmol) +/- feeling hungry, feeling dizzy, feeling anxious or irritable, sweating, shaking, tingling lips, heart palpitations, feeling tired or weak, changes in vision such as blurred vision, feeling confused ? Stroke - Think FAST test	Seizure Type Activity / Posturing, Jerking movements of limb(s), Tongue Biting, Sudden Collapse, Rigidity, Cyanosis
Exposure	Urticaria / Rash – associated with life threatening changes in A & / or B & / or C	Bruising	Blood loss

All Medical Emergencies Require OXYGEN @ 15lt Immediately and 999/112

	TREATMENT	CONTRAINDICATIONS
A	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	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	Aspirin 300mg chewed or dispersed in a small amount of water --- GTN 2 puffs sublingual repeated in 5 mins if BP is stable i.e. Capillary Refill Time (CRT) less than 2 seconds (<2 secs) or systolic BP greater than 90mmHg (>90mmHg)	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) --- Low BP (<90mmHg) and / or 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	Hypo / Faint: Sugary Drink / LIFT Glucose Shot / 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	Not Alert ---
	Seizure: 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	CNS depression; compromised airway; severe respiratory depression
E	Adrenaline (doses as above in green A section) IM every 5 mins if required	

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BNF. 2026. *Medical Emergencies in Dental Practice*. [ONLINE] Available at: https://bnf.nice.org.uk/medicines-guidance/prescribing-in-dental-practice/ [Accessed May 2026].