

NEW JERSEY
DENTAL SOCIETY

OF Anesthesiology



New Jersey Dental Society of Anesthesiology
October 7th, 2026

Emergency Pearls

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Be

Team must be prepared to handle rare, potentially life-threatening emergencies

Be

Team must be effective in communication, in emergency equipment use and algorithms

Partake in

Team must partake in emergency drills that must be as real as possible

Practice and maintain

Team must practice and maintain BVM and supraglottic airway skills regularly

Utilize

Team must utilize patient selection criteria

Understand

Team must understand monitoring concepts

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Have Regular Emergency Drills

- This includes scheduled quarterly mock drills as well as spontaneous drills
- Effective drills will involve the entire team
- Hands on simulation with YOUR equipment
- Pre-determined scenarios

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Scheduling

- Should have the quarterly drills scheduled and, on the calendar,
- Good idea to have a few unscheduled drills. Great times are during no shows with unexpected openings in the schedule

Lecture Schedule
Oral & Maxillofacial Surgery
October 2025

Day/Date	Time	Topic	Speaker	Location
Wednesday, 10/1/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Thursday, 10/2/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Friday, 10/3/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Saturday, 10/4/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Sunday, 10/5/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Monday, 10/6/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Tuesday, 10/7/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Wednesday, 10/8/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Thursday, 10/9/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Friday, 10/10/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Saturday, 10/11/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Sunday, 10/12/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Monday, 10/13/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Tuesday, 10/14/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Wednesday, 10/15/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Thursday, 10/16/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Friday, 10/17/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Saturday, 10/18/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Sunday, 10/19/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Monday, 10/20/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Tuesday, 10/21/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Wednesday, 10/22/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Thursday, 10/23/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Friday, 10/24/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Saturday, 10/25/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Sunday, 10/26/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Monday, 10/27/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Tuesday, 10/28/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Wednesday, 10/29/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Thursday, 10/30/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801
Friday, 10/31/25	8:00AM-10:00AM	Pre-Operative Conference	Johnson	CARD 0801

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Practice In-situ

- Practice with your equipment at your office with your staff



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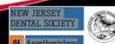
Be Hands On

- Hook it up, turn on oxygen, monitors, AED
- Right drug, right dose, right volume: Draw up and push the correct volume of air



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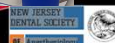
Be Hands On



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Be Hands On

- If you don't know how to use the equipment it is of no use during an emergency



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Have a Script

- Write out your scenarios to be covered for the office for the year
 - Determine what emergency scenarios to cover at your mock drills. Each drill should have cardiac and respiratory scenarios and a code.
 - Have your resource material for scenarios (AAOMS office anesthesia manual, 10 minutes saves a life app, AHA algorithm cards, Stanford Emergency Guide)

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The Classics

- | | |
|-------------------------|--------------------------------|
| Respiratory Depression | • Laryngospasm |
| Bronchospasm | • Airway Fire |
| Airway obstruction | • Bradycardia |
| Hypotension | • Supraventricular Tachycardia |
| Anaphylaxis | • Chest Wall Rigidity |
| Aspiration/Foreign Body | • Malignant hyperthermia |
| Cardiac Arrest | • Seizure |
| Syncope | • Local Anesthesia Toxicity |
| Vomiting | |

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AHA Multi-algorithm MegaCodes

- Scenarios for AHA ACLS are never 1 thing and as a result are likely more realistic
- Ex: Patient starts out bradycardic → initial interventions unsuccessful → patient goes into ventricular fibrillation → ROSC achieved
- A mixture of complex and simple scenarios is a good practice

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Mock Drill

- 22 y/o 75kg healthy male presents for 3rd molar extraction. Initial sedation medications are given (Midazolam, Fentanyl, Propofol). Following local anesthetic injection you look at the monitor and notice there is no end tidal, what do you do?
- Preoperative vitals: BP: 118/72, HR: 84, O2 Sat 99% on RA, EtCO2 39, RR 14
- Current Vitals: BP: 114/72, HR: 70, O2 Sat 94% on 2L NC, EtCO2 0, RR 0

Differential diagnosis:

- Foreign Body Obstruction; Laryngospasm; Bronchospasm; Fentanyl Chest Wall Rigidity; Over Sedation Apnea; Equipment Malfunction

Initial Intervention:

- Verify patient not breathing; Remove objects from mouth and deep suction; Triple Airway Maneuver (head tilt, chin lift, jaw thrust)
- Patient continues apnea - no chest rise; no CO2; and SaO2 decreases



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Mock Drill

Intervention #2

- Verbalize need to ventilate patient
- Bag valve mask, CO2 adapter attached, Oxygen 15 L/minute
 - Unable to accomplish positive pressure ventilation with 2 persons using BVM including placement of oral airway, followed by NP Airway, followed by Laryngeal Mask Airway (LMA)
- Deepen anesthetic and administer propofol 0.5 mg/kg IV
 - Attempt Bag LMA ventilation without success
- Verbalize possible FB Obstruction; Laryngospasm; Bronchospasm; Fentanyl Chest Wall Rigidity
- Request laryngoscope and Magill forceps - laryngoscopy to check for FB.



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Mock Drill

Option #1:

- FB observed - remove FB with Magill forceps or chest compressions if FB in trachea and then Magill forceps to remove.
- Bag LMA ventilation / oxygenation successful

Option #2a:

No FB observed and vocal cords closed - unable to ventilate

- Verbalize laryngospasm
- Request succinylcholine and administer 0.5 mg/kg IV
- Bag LMA ventilation / oxygenation successful
- Note: POPE a consideration s/p laryngospasm. Monitor patient's saturation and auscultate breath sounds.

Option #2b:

No FB observed and vocal cords open - unable to ventilate

- Verbalize possible bronchospasm or chest wall rigidity
- Verbalize will treat for bronchospasm first
- Epinephrine 0.3 mg (300 mcg) 1:1000 concentration IM or 10 mcg IV (10 mL syringe with 1 mL of 1:10,000 epinephrine and 9 mL diluent = 10 mcg/mL)
- Bag LMA ventilation / oxygenation successful



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Mock Drill

Option #2b:

No FB observed, vocal cords open

- Epinephrine not working - unable to ventilate
 - Verbalize possible Fentanyl! Chest Wall rigidity
 - Request succinylcholine and administer 0.5 mg/kg IV
- Bag LMA ventilation / oxygenation successful

Options with ongoing oxygen deterioration and not responding:

- Saturation and pulse dropping resulting in Vfib arrest
- Post Obstructive Pulmonary Edema (POPE) resulting in Vfib arrest

Considerations based on how patient responds to this emergency and management:

- Cancel case?
- Call 911 for hospital management?



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Medical Emergencies are treated as a TEAM!!!

- Every member of the team is important and vital to success
- Empowered teams lead to successful management of emergencies



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What is an Empowered Team?

- Every member's input is valued
- Anyone can speak up to provide input or request clarification during an emergency
- Emphasizes closed loop communication
- Emphasizes thinking out loud to engage the group's feedback
- It is unrealistic to expect one person to remember everything and run an emergency perfectly. Input from the team is essential



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Common "Roles" in Emergency

- **Team Leader:** person running the emergency. They accept everyone's input but are ultimately making the final decision
- **Airway:** Positioning of the airway, delivering breaths. Sometimes requires 2 people to use bag valve mask
- **Recorder:** Documentation of the emergency and intervention
- **Cardiac:** Compressions for CPR
- **Electricity:** Running the AED/Defibrillator
- **Medications:** Drawing up and delivering drugs
- **911:** Calling 911, getting EMS to the office

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Cross-training Staff

- Emergencies never happen at a convenient time!!!!
- You may not have your full complement of normal staff when an emergency happens, staff need to learn multiple rolls in the emergency
- One of your staff may be the one having an emergency
- You may be the one who needs saving, your staff need to be well trained because they may be the ones saving you
- Practice with different numbers of staff available



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Incapacitated Provider

- Simulation Manager at UC had cardiac arrest at home. His wife started immediate BLS CPR and he lived to tell the story

October 29, 2020 ·
Today marks 4 years since surviving cardiac arrest. Though the care from Colerain F9, Mercy FF Hospital, University Air Care & The Christ Hospital was outstanding, it all started with bystander CPR from my family. Learn CPR, Save a Life!



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Debriefing

- The debrief following the simulation is as important as running the scenario
- Allows for ability to point out areas for improvement
- Ensures everyone is on the same page



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Emergencies in the Public

- How do you manage an emergency that happens when you are out in public?
- If there is an unresponsive individual check for medical alert bracelet
- Utilize your surroundings. People carry epi pens, inhalers, useful management medications with them
- Call 911 and provide CPR if patient is in cardiac arrest
- Many public locations have AEDs



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Provider Needs Practice Too!

- Find a way to have someone test you
 - Multiple partner practice alternate team leader vs. moderator
 - Give a staff member multiple scenarios pre-written and have them pick one at random
 - Find another provider in the community and alternate team leader vs. moderator
 - Take a simulation course



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Who Requires Sim Training?

US Military

- Special forces “train 98% of time and execute missions 2% of the time”

Airline pilots

Nuclear industry

Other medical specialties



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Center for Sustainment of Trauma and Readiness Skills (C-STARS)

- U.S. Air force program, established in 2002
- Focuses on air transport of critically injured patients in combat areas to definitive care area
- 3 C-STARS training locations: Cincinnati, St. Louis, and Baltimore



<https://www.ushealth.com/education/c-stars/>



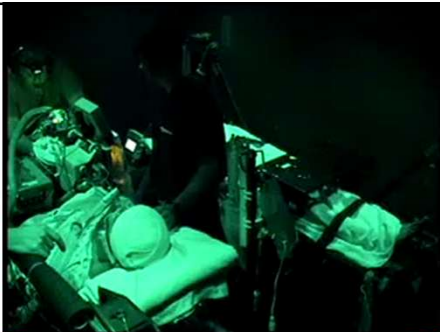
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C-STARS

- Conduct simulations with Critical Care Air Transport Team (CCATT) comprised of critical care physician, critical care nurse, and respiratory therapist
- Simulates military night aircraft takeoff conditions with reduced visibility and loud aircraft noise
- Participant teams must pass the 2 week session prior to deployment to a combat zone



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C-STARS

- Allows for team training in a realistic simulated environment
- Prepares Air Force medical teams for difficult combat transport
- Program has resulted in a higher level of coordinated care to be delivered during transport and greater survival rate of critically ill patients



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Call 911

- It takes time for EMS to arrive, make sure 911 has been called when an emergency is recognized






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How Far Away Is Your Help?

- Who is responding to a 911 call in your area?
- What Hospital are they taking the patient to?




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Know How EMS is Going to Get To Your Patient

- What Path is EMS coming through to get to your treatment rooms?
 - Are hallways clear?
 - Are Doorways big enough for a gurney?
 - Is an elevator required?
 - Is there room for the ambulance?
 - Who manages the rest of that day's schedule?




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Know Your Equipment!

- Make sure all staff members are aware of where emergency equipment and drugs are kept
- Know how to assemble emergency equipment
 - Ampules: know how to break an ampule
 - Prefilled emergency syringes: know how to assemble
 - Know how to administer albuterol
 - Know how to place a CPR board
 - Check your batteries in addition to your drug expirations
 - How to hook up the BVM and monitors




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Drug Dosing/Administration

- Be familiar with the drug delivery system



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Drug Dosing/Administration

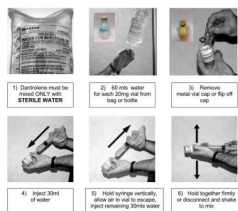
- Check the vial for correct drug and concentration
- Often two names for drugs, generic and brand name
- Confirm the desired dose
- Pull up the correct amount of drug
- Confirm route of administration
- Know how to mix the drug



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Drug Dosing/Administration

- Know how to mix the drug



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Drug Dosing/Administration

- Know/teach how to prepare the drug/draw up the drug



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Drug Dosing/Administration

- Know how to open an ampule



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Drug Dosing/Administration

- Know how to assemble prefilled syringes



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CPR Backboard



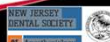
Cardiac compression in the dental chair requires a backboard to be effective or the patient needs to be moved to the floor



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AED

- Where is the on/off button
- Where is the shock button
- How do the pads plug in?



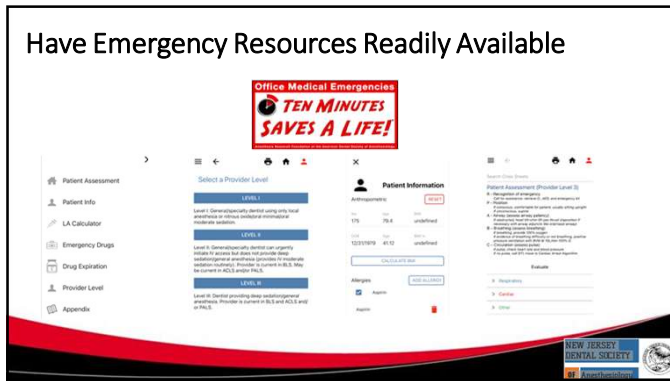
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AED

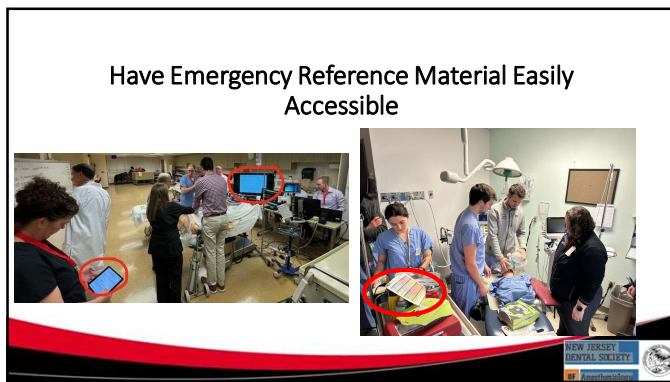
- Only place AED on a **PULSELESS** patient
- AED only looks at the rhythm, not the stability of the patient
- Will potentially shock an alive tachycardic person
- In emergency have it available but wait to place it until pulseless



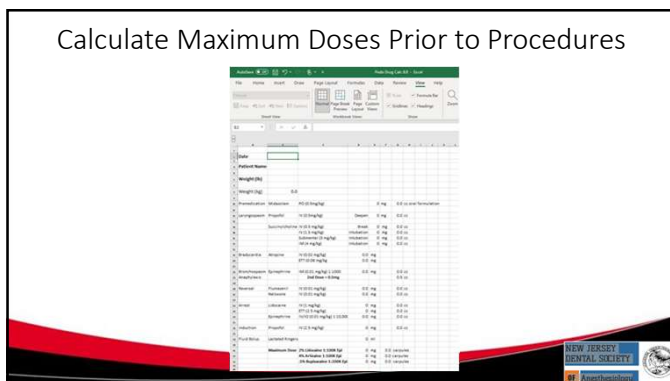
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Broselow Tape



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Training Equipment

Keep your expired medications and equipment for training!!!!



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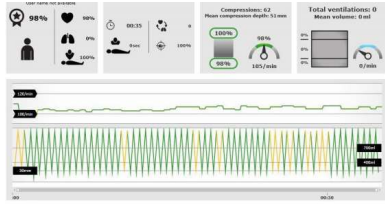
Know where your equipment is and make it easily accessible



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Remember - High Quality BLS



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Summary

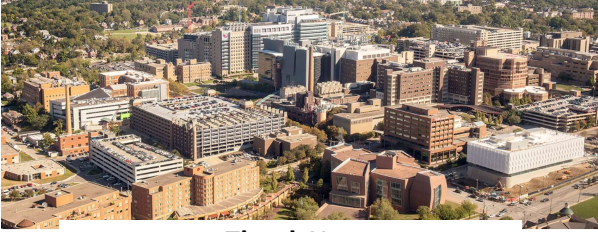
- Create a team environment for emergencies
- Cross train your staff
- It is unrealistic to expect one person to remember everything and run an emergency perfectly. Input from the team is essential
- Full Contact Training, get it out, hook it up, draw it up
- Create a Script

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Summary

- Debrief as a team
- Know your equipment and how it works
- Have access to a mannequin
- Have scheduled and unscheduled drills
- Remember to call 911

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Thank You
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