

**Knowledge  
replaces  
fear.**

# Death in the Chair: A Dentist's Nightmare

## By Glen D. Crick, Attorney at Law

**Author's Note:** *The opinions reflected herein are those of Glen D. Crick, an attorney licensed to practice in Illinois only, and are based on his 25 years of experience defending healthcare professionals subject to investigation and prosecution by regulatory and administrative agencies in Illinois and other states, and the federal Drug Enforcement Administration (DEA). Mr. Crick also draws on his previous ten years' experience investigating and directing investigations for the Illinois State Police and directing prosecutions and investigations for the agency now known as the Illinois Department of Financial and Professional Regulation.*

*The suggestions presented here are not to be considered as "legal advice," and by reading this document, no attorney-client relationship is formed with Mr. Crick or Glen D. Crick, Ltd.*

### Introduction

Very few people die during or as the result of a dental procedure, but the unfortunate fact is that patient deaths do occur.

Very little information is available about the frequency of death or serious injury as a result of undergoing a dental procedure in the United States. There are no national, mandatory reporting requirements to capture information about such incidents, and many state dental licensing or certification boards do not require dentists to report when a death or serious injury has occurred. Even in states that mandate reporting, statistics may not be available regarding a patient's death or serious injury if such an incident did not result in a sanction against the dentist. Nonetheless, experts agree that patient mortality and morbidity are influenced more by the use of anesthesia than any other element of dental practice.

It is not the objective of this article to tell a dentist how to avoid a death in his or her practice.

That role lies with educators and experts in dentistry, anesthesiology, and other related fields. The author of this article is an attorney who has represented a number of dentists during the course of investigations and prosecutions that took place following cases in which a patient death occurred.

This article focuses on:

- the investigation that follows the serious injury or death of a patient as a result of a dental procedure
- the questions that will be asked
- the aspects of a dentist's practice that will be examined in detail
- suggested ways in which a dental practice may prepare for an emergency

While it is hoped that information presented here will be of value in helping a dentist avoid such an incident, its intent is to help a dentist prepare for and withstand the investigation that will follow a dental death or serious injury of a patient.

### The Assumption

When a dental death occurs, there is an assumption on the part of the public — and even among other dentists — that the treating dentist did something wrong. As a result, following the death or serious injury of a patient, there will be an investigation by any number of entities, including:

- the state dental licensing board and/or other entity that regulates the practice of dentistry
- the local state's attorney and/or the police
- the federal Drug Enforcement Agency (DEA)

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- any entity that licenses the facility
- attorneys on behalf of the patient's family or estate
- the news media

### **Questions that Will Be Asked**

During the course of an investigation, questions will be asked about:

- the dentist
- the patient
- the anesthesia used
- the office equipment
- the dental assistants
- how the dentist and staff reacted to the emergency
- drugs administered as a result of the emergency
- records of the procedure and the emergency

### ***Questions About the Dentist***

#### **Was the dentist properly licensed?**

A dentist must hold a valid, active license in the jurisdiction where he or she practices. A dentist who treats patients before he or she has been issued a license in the jurisdiction of practice, or a dentist whose license has expired, has committed a criminal offense. It is important for a dentist to be issued a license before beginning to practice in a particular jurisdiction and to renew all licenses in a timely manner.

#### **Was the dentist trained and qualified to perform the procedure?**

It is not enough for a dentist to hold a license to practice dentistry. Generally, and in particular when a patient death or injury occurs, a dentist will be asked to prove that he or she was adequately trained and qualified to perform the procedure on the patient.

#### **Was the dentist authorized and trained to administer anesthesia?**

Most states require special licensure for a dentist to be authorized to administer anesthesia.

#### **Was the dentist authorized to sedate the patient to the level reached?**

Levels of sedation either are defined by statute or rule within a particular jurisdiction or by reference to an existing standard. Levels of sedation may range from "minimal" ("light consciousness") to "general". The issue is whether the patient was taken to an unintended level of sedation.

#### **Was the dentist adequately trained and certified to deal with an emergency?**

Law within the jurisdiction of a dental practice may require training and certification in Basic Life Support or Advanced Cardiac Life Support as a qualification for a dentist to sedate a patient to a particular level. It is important that all such required certifications be current. An expired certification may indicate that the dentist's knowledge in life-saving practices is not current.

#### **Was the dentist present throughout the procedure?**

Some jurisdictions require a treating dentist to be chair-side the entire time a patient is sedated. This requirement may vary, depending on the level of intended sedation. Even in jurisdictions that do not specifically require a treating dentist

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or a dentist administering anesthesia to be present throughout sedation, a dentist is well advised to remain in the room with the patient any time a patient is under anesthesia.

### ***Questions About the Patient***

#### **Was the patient a proper subject for the procedure?**

A dentist should carefully screen every patient to be sedated while undergoing dental treatment. Having a patient fill out a routine personal history form might not be enough. The patient also should be interviewed about known and suspected medical conditions, preferably by the treating dentist. Any time a patient reports that he or she is under the care of a physician for a condition that could cause the patient to be a poor candidate for a procedure or for sedation, the dentist should contact the physician to request medical clearance. Specific concerns are heart condition, uncontrolled diabetes, asthma, and morbid obesity. When the decision has been made to sedate a medically compromised patient, it is wise to consider administering the procedure at a hospital or at an ambulatory surgical treatment center, where equipment and assistance are immediately available if something were to go wrong.

#### **Was the patient adequately advised of the risks involved?**

In addition to having a patient sign a standard "Informed Consent" form, the treating dentist or another responsible individual in the practice should discuss the specific risks of the procedure and the sedation. It is a good idea to have the patient initial and date certain paragraphs of the patient's medical history form and to note in the patient's treatment record that a discussion regarding known risks took place.

#### **Was the patient sedated to or beyond the desired level?**

Patients react differently to anesthesia. Some will reach a deeper level of sedation with much less anesthesia. When a deeper level of sedation than was intended is reached, the questions will become whether the amount of anesthesia administered to the patient was based on some logical basis and whether the anesthesia was titrated.

#### **Was the patient constantly monitored while under sedation?**

Even in jurisdictions where there is not a specific requirement that the dentist administering anesthesia be present the entire time a patient is under, someone must actively monitor the patient while he or she is under sedation. Further, the person who monitors the patient should not be "multi-tasking" while doing so.

### ***Questions About the Anesthesia***

#### **Was the anesthesia appropriate for the patient and for the procedure?**

Not all types of anesthesia are appropriate for all patients. A dentist is wise to review the drug manufacturer's instructions and warnings about contra-indications for use, especially when dealing with patients who are medically compromised and/or taking medication.

#### **Was the anesthesia calculated based on the patient's age, weight, or by some other method?**

A dentist must be able to explain why a particular amount of anesthesia was used. There is great danger in falling into a routine. When something goes wrong, it never is a good idea to respond with, "That's the way we always do it." A dentist should consider **all** circumstances surrounding a patient's case (medical history, dental procedure being conducted, drug allergies, etc.), and decide

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how much anesthesia to administer on a case-by-case basis.

#### **Was the anesthesia selected and prepared by the treating dentist?**

The overall responsibility for the anesthesia used on a patient rests with the treating dentist. At the same time, a particular medical practitioner, such as a medical doctor trained in anesthesiology, may have more expertise in such matters. An anesthesia "cocktail" to be administered to a patient should only be mixed by the treating dentist or by a certified, registered nurse anesthesiologist who will administer the anesthesia. Mixing the anesthesia is too important a task to leave to an assistant, however well-qualified.

#### **Was the anesthesia properly titrated?**

Anesthesia should be administered slowly, until the desired level of sedation is achieved. It is dangerous to assume that, based on "experience", a certain amount of anesthesia will always result in the same level of sedation for patients of a particular age and weight. Anesthesia affects different people differently, and the dosage always should be titrated.

### *Questions About the Assistants*

#### **Were the assistants trained according to individual state requirements?**

Laws in the state where a dental practice is located should be reviewed to determine the number of chair-side assistants required when a patient is sedated to a certain level and to identify the training requirements for those assistants. In states where the law is silent on this matter, a dentist is held to the local "standard of care." Standard of care may be explained as what a reasonable and prudent dentist would do under similar circumstances. In states where there appears to be no legal guidance on this matter, it is suggested that a dentist follow other established

standards for assistants, such as those found in the *American Academy of Pediatric Dentistry's 2010-11 Definitions, Oral Health Policies, and Clinical Guidelines*, found on the American Academy of Pediatric Dentistry's Web site at <http://www.aapd.org/media/policies.asp>.

#### **Were the assistants certified in basic life support for healthcare professionals?**

Not only should chair-side assistants be trained in Basic Life Support, their certifications also must remain current.

#### **Were the assistants trained to respond to an emergency?**

It is in the best interest of a dentist and the dental practice to train all assistants in emergency preparedness and response. Drills are an effective method for reinforcing emergency training. It also is helpful to maintain a log of the employees' completed training and of their participation in practice drills.

### *Questions About the Equipment*

#### **Was the required equipment present and in good working order?**

To learn the minimum equipment requirement for sedating patients to certain levels, research laws governing dental practice in the state where the practice is located. As previously noted, in states where the law is silent, the "standard of care" will prevail, so it is recommended that a dentist adhere to other published standards, such as those of the American Academy of Pediatric Dentistry, published on line at <http://www.aapd.org/media/policies.asp>. Not only must the required equipment be present, it also must be in good working order. It is recommended to routinely inspect equipment to ensure that it is fully functional.

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### ***Questions About Dentist and Staff Reaction to the Emergency***

**How well did the dentist and staff react to the emergency?**

Things do go wrong. How well the dentist and staff reacted to the emergency is a big question. Obviously, the better prepared the practice is to handle an emergency, the better. The keys to preparedness are training and practice drills.

### ***Questions About Drugs Used During the Procedure and the Emergency***

**Were all of the drugs and medicines used for the procedure and in the emergency supplies current?**

In the event of a dental death, investigators will pay particular attention to drugs and medicines administered to the patient. There should be no expired drugs used in a procedure and none in the emergency supplies.

### ***Questions About the Record of the Procedure and the Emergency***

**Were adequate records of the procedure and the reaction to the emergency maintained?**

The dentist's treatment record for the patient will be examined. The dentist's notes in this record should be comprehensive and legible. All notes should be entered into the treatment record as soon as practical after the incident. Details that come to the attention of the dentist after his or her initial entry in the record may be included as addenda. **Once the original record has been created, it must never be altered.**

### ***Questions About Whether the Incident Was Properly Reported***

**Did the dentist report the incident, per all state law requirements?**

A dentist should check the laws in his or her office's jurisdiction to determine whether and to whom he or she is required to make a report if a patient were to die as a result of a dental procedure. Be sure to check your state's reporting requirements, including the timeline for doing so. It is imperative that such a report, if required, be filed in a timely manner.

**It is important to note that statements made in the report will be considered admissions,** and may be admitted into evidence in any formal evidentiary hearing or trial that could result from the occurrence.

### **The Investigation**

An investigation into the serious injury or death of a patient most often will include an inspection of:

- the facility
- the equipment used
- emergency supplies or kits

The investigation will also consist of:

- interviews of dentist, staff, and others
- a review of records kept
- verification of licensure and training of all involved dentists and staff

### **The Facility**

When a dental patient dies or has been seriously injured, an investigation by any one of the entities listed in the beginning of this article will ensue, and it also is expected that investigators will inspect the practice location. During the initial inspection of the facility, investigators will

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examine whether emergency lighting and emergency oxygen delivery systems are present, and where controlled substances are stored. Investigators also will observe the cleanliness and organization of the facility.

### ***The Equipment Used***

Equipment, particularly that used for monitoring and used during the emergency, will be inspected. Investigators may also ask the dentist or a member of his or her staff to demonstrate how the equipment works, and when it last was inspected.

### ***Emergency Supplies or Kits***

The place where emergency drugs are stored, such as a cabinet or emergency cart, will be inspected. Any controlled substances present will be inventoried, and any empty drug containers or expired drugs will be noted.

### ***Dentist's Interview***

Expect an investigator to want to interview the dentist or dentists involved in the treatment.

It is important for a dentist being investigated to remember that he or she:

- is **not** required to submit to an interview
- may consult with legal counsel and insist that counsel be present during an interview

Following an adverse incident, the interview of the dentist involved will focus on answering the question, "What did the dentist do wrong?"

**NOTE:** For additional information about how a dentist can protect his or her rights during the course of an investigation, refer to the article, "What to Do When Investigated," at [www.cricklaw.com](http://www.cricklaw.com).

### ***Staff Interview***

Investigators likely will want to interview staff, particularly those who were present prior to and during the emergency. Like dentists, staff are not required to be interviewed and should not be encouraged or discouraged to do so. All staff should be told it is their decision whether to be interviewed. It is a good idea to make staff aware that investigators might attempt to contact them at home during non-business hours, and might attempt to intimidate them into being interviewed. Investigators look for inconsistencies between what a dentist says happened and what staff say happened.

### ***Verification of Training and Continuing Medical Education***

During the course of the investigation, the dentist will be asked to provide proof that he or she completed life support training and has a certificate of completion for any required continuing medical education. A dentist also may be asked to provide proof of specialized training, anesthesia training, and training in the specific procedure undertaken.

### ***Records***

A dentist also may expect **all** records to be reviewed, including:

- the patient treatment record
- the anesthesia record
- controlled substances records

### ***Patient Treatment Record and Anesthesia Log***

Investigators will request a copy of the complete record of treatment of the patient. An outside expert most likely will review all of the record, particularly the portion concerning anesthesia. A dentist also may expect to be asked to discuss and explain the record.

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At minimum, any time a patient is sedated, the dentist should keep the following records:

- patient's medical history
- record of the patient evaluation prior to the procedure
- patient's "informed consent" form for the procedure to be performed and for the administration of anesthesia
- preoperative, intraoperative, and pre-discharge blood pressure, pulse, respiration, and oxygen saturation measurements
- record of EKG or other monitoring during the procedure
- drug names and dosage amounts of all drugs used during the procedure,
- identification of the individual who administered the drugs and times of their administration over the course of the procedure
- documentation of the anesthetic encounter, consistent with currently accepted standards of anesthetic practice

### **Anesthesia Record**

An anesthesia record is a time-based record containing the name, route, site, times, dosage, and patient effects of administered drugs.

Such a record is examined for:

- who administered the drugs
- whether the patient's vital signs were taken before, during, and after the procedure and emergency

### **Controlled Substances Records**

During the course of the investigation, particularly if DEA investigators are involved, it is expected that an inventory of all controlled substances on hand will be taken. Tablets will be counted and liquid amounts estimated. The controlled substances records that will be reviewed are:

- initial, annual, and biennial controlled substances inventories
- DEA 222 Forms
- invoices and other records reflecting purchase and receipt of Schedules III, IV, and V controlled substances (totals will be recorded)
- any "Patient Controlled Substances Record" required by the laws of the jurisdiction
- logs of controlled substances wasted, returned, and destroyed

**NOTE:** For a thorough discussion about controlled substance record keeping requirements under Illinois and federal law and how an audit is conducted, see the article, "Controlled Substances Record Keeping Requirements for Illinois Healthcare Practitioners" at [www.cricklaw.com](http://www.cricklaw.com).

### **Finding Fault**

In a number of cases where an adverse incident occurred during or as a result of a dental procedure, dentists are commonly criticized for one or more of the reasons listed below.

- The patient was medically compromised and the patient screening did not reveal the medical condition.
- A medical condition was known, but the dentist proceeded without obtaining medical clearance from the patient's primary-care physician.

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- More anesthesia than necessary was administered to the patient, based on his or her age and weight.
- The anesthesia administered was not titrated and the patient reached a deeper level of sedation than was intended.
- The facility where the procedure took place did not have the required equipment or the required equipment did not properly function.
- The patient was not adequately monitored.
- Staff were not properly trained and supervised.
- There was a perceived failure to adequately and properly respond to the emergency.

Although they cannot be said to cause or contribute to an adverse incident, there are two other “reasons” that dentists are criticized following such an incident:

- failure to adequately document the procedure
- failure to properly report the adverse incident within the required time frame

### **Suggestions for Protecting Your Practice**

#### ***Establish Written Protocols***

While not required, written protocols for preparing patients, preparing and administering anesthesia, and undertaking different dental procedures will establish consistency in the standard of care provided at a dental office. Following are recommended protocols that may help a dentist involved in a dental death to better withstand each phase of the ensuing investigation.

#### ***Screen Patients and Obtain “Informed Consent”***

Thorough patient screening is essential to any case. The key element of a successful screening is to take a detailed medical history to determine any pre-existing medical conditions or any drug allergies. If, while during a screening, a patient reveals a medical condition that might make the procedure and/or administration of anesthesia ill-advised, the patient’s primary-care physician should be contacted to obtain medical clearance for the dental procedure. Such approval should be documented.

To give his or her “informed consent” to undergo a dental procedure and sedation, the patient must have adequate reasoning faculties and be in possession of all relevant facts when providing such consent. Factors such as age, mental retardation, mental illness, or intoxication may render a patient unable to give informed consent. Additionally, a dentist must make a patient aware of all pertinent information, such as known risks and possible consequences, for the patient’s consent to be considered valid.

A dentist may require patients to initial and date important health history questions and to sign and date the “Informed Consent Form.”

If there is any doubt about whether a patient is an appropriate candidate for sedation, a dentist should obtain medical clearance from the patient’s primary care physician or treating specialist.

#### **Recommendations about Sedation Equipment**

Laws in various states prescribe the equipment that must be present in a facility for a dental procedure to take place and for handling an emergency.

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At minimum, most jurisdictions require that a facility be equipped with:

- a sphygmomanometer and a stethoscope
- an oxygen delivery system with full face masks and connectors capable of delivering oxygen to the patient under positive pressure, and a backup system
- emergency drugs and equipment appropriate to the medications administered
- suction equipment
- an emergency back-up lighting system that will permit the completion of any operation underway
- a pulse oximeter

Additionally, a facility where deep sedation or general anesthesia is administered should be equipped with:

- a laryngoscope, complete with selection of blades and spare batteries and bulbs in sizes appropriate to the patient population being served
- endotracheal tubes and connectors and face masks in sizes appropriate for the patient population being served, and a device capable of delivering positive pressure ventilation
- tonsillar or pharyngeal suction tips adaptable to all office outlets
- nasal and oral airways in sizes appropriate to the patient population being served
- a device for monitoring temperature (such as temperature strips or a thermometer)
- electrocardioscope and defibrillator

- equipment for establishing an intravenous infusion
- an operating table or operating chair that permits appropriate access to the patient and provides a firm platform for managing cardiopulmonary resuscitation
- a recovery area with available oxygen, lighting, suction, and electrical outlets

**NOTE:** A patient should remain in the recovery area until the individual retains the ability to independently and consciously maintain an airway and respond appropriately to physical stimulation and verbal command. The recovery area may be the operatory.

### **General Recommendations Concerning Anesthesia**

#### ***Selection and Administration***

A dentist must select anesthesia that is appropriate for the patient and for the procedure. The patient's age, weight, general health, and any known medical conditions must be taken into account when deciding upon which anesthesia to administer. Additionally, sedation agents should be titrated until the desired level of sedation is achieved.

#### ***Preparation***

If anesthesia is drawn, mixed, or otherwise prepared by anyone other than the dentist administering the sedation, it is important to put in place a detailed, written protocol. It also is advised to label syringes and cross-check preparations.

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### ***Taking and Recording Vital Signs***

Vital signs must be taken pre-operatively, intra-operatively, and post-operatively. It is a good practice to take and record respiration, regardless of whether the dentist believes it necessary. In certain jurisdictions, recording respiration is required by law.

### ***Monitoring***

It is essential to adequately monitor a patient who is under any kind of sedation. In addition to preventing the patient's head from dropping and thereby cutting off oxygen, consistent monitoring will immediately reveal difficulty in breathing and other signs of distress. A patient must be monitored from the time sedation is administered until he or she is thoroughly recovered and ready to leave the facility.

### **Record Keeping Recommendations**

#### ***Patient Treatment Records***

Always include in a patient's treatment record:

- patient's medical history
- treatment plan
- informed consent for the procedure and the anesthesia
- treatment provided
- drugs administered (a copy of the anesthesia record is sufficient)
- description of any emergency

### ***Patient Controlled Substances Records***

Record each controlled substance administered separately in a "Patient Controlled Substance Record."

Use a separate page or pages for each dosage form of a controlled substance administered or dispensed (for example, "Hydrocodone, 10 mg tablet").

Make a separate entry on the particular controlled substance dosage form page showing:

- patient's name
- date the substance was administered or dispensed
- amount of the substance administered or dispensed

### **Recommendations about Emergency Supplies and Lighting**

Maintain a separate emergency kit with emergency drugs and equipment appropriate to the medications administered in each operatory. To guarantee that equipment is current and functioning properly and that drugs and medications have not expired, conduct regularly scheduled inspections of required equipment and emergency kits. Emergency lighting should be more than just a flashlight.

### **Recommended Procedures for Handling a Patient in Distress**

A written emergency plan usually is not required by law. However, it is strongly suggested to have in place an emergency plan that describes assigned roles and duties in the event of an emergency and that provides for drills and cross-training.

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### ***Remember that the Dentist Is in Charge***

The dentist performing the procedure must immediately take charge and provide direction to others who assist in the emergency. The less preparation, training, and drills that took place before the incident, the more important it will be for the dentist to provide direction.

In theory, the dentist remains in charge of the emergency situation until the patient is stabilized or until the dentist is relieved by a medical doctor at the hospital emergency room.

### ***Call 911***

Designate a staff member to immediately call 911 and direct that individual to stay on the line with the operator until after the first responders have arrived.

### ***Lie Patient on Firm Surface***

Unless the dental chair can achieve a **fully supine position**, remove a patient who is not breathing from the chair and lay him or her on the floor.

### ***Clear Airway***

Before beginning CPR, be sure that any gauze, dams, blocks, or debris are removed from the patient's mouth.

### ***Begin CPR***

Although the use of an Ambubag with positive pressure oxygen is the preferred method for CPR, mouth-to-mouth resuscitation also may be administered, if necessary. Be prepared to have the patient intubated, if necessary, and to have someone properly trained to perform this procedure.

### ***Appoint a Timekeeper***

If there are an adequate number of well-trained staff are on hand, appoint one of them to act as timekeeper and to keep a log of:

- what occurs, including the time drugs and reversing agents are administered and the amounts administered
- who administers CPR
- who enters and leaves the room
- other notable occurrences

### ***Administer Appropriate Reversing Agents***

When circumstances allow, record the amount of each reversing agent that was administered and the time it was given to the patient.

### ***Notify All Staff***

Calmly make staff members not directly involved in the emergency aware that an emergency exists. When possible, assign someone to meet the first responders. Clear the path for the first responders to easily and quickly reach the site of the emergency. Note that in urban areas, there sometimes is more than one team of first responders.

### ***Inform the Patient's Companions***

Notify anyone who accompanied the patient about the incident. Take care, though, to keep that person from interfering with any life-saving efforts.

### ***Dismiss Other Patients***

When possible, it is best to dismiss other patients without attempting to reschedule their appointments. Rescheduling can take place a later time.

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### **Recommended Procedures for Handling First Responders**

#### ***Allow First Responders to Take Over***

Although still in charge, the dentist should use common sense and avoid conflict when the first responders arrive. It may even be necessary to allow the first responders to take over CPR.

#### ***Provide Essential Information***

Describe the “what”, “when”, and “who” to the first responders. Explain how long the patient has been in distress and describe the drugs, reversing agents, and stimulants administered. Provide the patient’s known health history, describe the procedure performed, and provide any other pertinent information.

### **Recommended Procedures for Removing the Patient to a Hospital**

Whenever possible, the dentist should accompany the patient in the ambulance to the hospital, and **not** simply go on to treat the next patient!

At the hospital, a dentist should identify himself or herself to emergency room staff and provide all relevant information. While there, the dentist should meet with the patient’s family and friends and, without making admissions, answer their questions. When meeting with friends and family, it is important for the dentist to truly listen and hear what the patient’s family and friends have to say. It not only is polite and civilized, it can help the dentist gain information about the patient, such as a pre-existing medical condition not disclosed on the patient’s medical history form or during the consultation.

If the patient is admitted to the hospital, the dentist should call frequently to obtain updates about the patient’s condition.

### **What to Do Immediately After an Incident**

#### ***Cancel Appointments***

Direct staff to cancel all remaining patients’ appointments.

#### ***Identify All Employees and Others Present During the Incident***

Safeguard the appointment book and/or patient sign-in sheet. Identify who was present in the operatory and in the clinic during the incident.

#### ***Complete Patient Treatment Record***

Complete the patient treatment record in as much detail as possible. Note that this report should be factual and procedural, not speculative. Secure the printouts of any monitors that were used.

#### ***Notify Malpractice Insurance Carrier***

As soon as possible, a dentist should notify his or her malpractice insurance carriers to seek instructions.

#### ***Do Not Ask Staff to Prepare Written Reports***

Staff should not prepare written reports. Rather, as soon as possible, arrange to have staff “debriefed” by an attorney. Then, the results of the debriefing session will become “attorney work product,” rather than discoverable notes or reports.

#### ***Seal or Safeguard Operatory***

Do not immediately clean the operatory. It is important to identify and record the equipment used during the procedure and during the emergency.

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### ***Safeguard Drugs and Syringes***

Identify and secure drugs administered to the patient, including vials from which drugs were drawn, and circumstances requiring, drugs from the same lot. Save and secure any syringes used.

### ***Safeguard Equipment***

Identify, inventory, and (when practical) secure all equipment used during the procedure. Determine if the equipment works properly.

### ***Inspect Required Equipment***

Following an incident and prior to resuming practice, to ensure that all of the required equipment is on hand and functioning properly, a dentist should review the list of equipment required for administering conscious sedation, deep sedation, and general anesthesia.

### ***Inventory All Drugs on Hand***

It is advisable to replace and replenish supplies of drugs used, particularly reversing agents and stimulants from an emergency kit. Remove and segregate any expired drugs.

### ***Encourage Staff Debriefing***

After arranging for staff to be debriefed by an attorney, be sure to encourage them to use the session to talk about what happened. After staff speak with the attorney, a dentist should also consider holding an in-house "debriefing" session to discuss and review with staff which protocols were properly followed and which ones were not.

### ***Provide Counseling***

Life-threatening emergencies and deaths that occur in a dental setting can be very traumatic, particularly for younger, less experienced staff who have never dealt with such circumstances. A dentist may wish to arrange for staff to see a

counselor. A dentist also might wish to talk with a counselor following a traumatic event.

### ***Retain and Consult with Legal Counsel***

A dentist who experiences a dental death or the serious injury of a patient is wise to seek legal counsel as soon as possible. A question that may arise is whether separate counsel is necessary because of licensure issues. Separate counsel is advisable when a dentist's malpractice insurance does not provide coverage during licensure and regulatory investigations, or if legal counsel recommended/provided by the insurance carrier is not experienced in representing dentists involved in dental death investigations and prosecutions.

### ***Report the Incident***

If it is required to report the incident in the jurisdiction where the practice is located, be sure to do so within any allotted time frame.

### ***Post-Emergency Don'ts***

Following is what **not** to do in a dental emergency.

- **Do not** just go on to see the next patient.
- **Do not** alter or recreate a record.
- **Do not** ask staff to write a narrative report.
- **Do not** talk to the press.
- **Do not** submit to an investigative interview without counsel present.

### ***Conclusion***

Life-threatening dental emergencies are rare, but they do occur. It is far better to plan for, train for, and practice responding to an emergency before

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### ***About the Author***

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