BRIAN K. SMITH, D.D.S., M.D., INC.

Board Certified Oral and Maxillofacial Surgeon

www.briansmithoralsurgery.com

Asthma Part 2: Acute Asthmatic Treatment

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While seeing 10-20 patients with a history of asthma per week over the last 22 years, I have been involved with three acute asthmatic events, I can say that they are quite frightening. Prompt and accurate treatment can bring remarkably successful results. Working in the framework of automatic activities and modus operandi is also quite helpful to tender all the surrounding issues in dealing with asthma. The doctor and team must diligently access, monitor, and support the airway, breathing, circulation, and disability, as well as exposing the patient. An acute asthmatic event is a full blown emergency. Survival requires immediate expert care. The doctor and team must have some sense of the automatic activities that must occur. Initially, the surgical site must be cleared and stabilized. The patient must be positioned semi-reclined. The doctor and team must be activated in their emergency code whatever that may be for your office. Then, 911 can be called as deemed necessary. Oxygen applied at 6-10 m by full-face mask which may extend beginning phase of the asthmatic attack. The team must understand and be able to perform the various diagnostic and treatment procedures that will allow assessing,monitoring, and supporting of the ABCDEs in developing a diagnosis and plan of treatment. Upon establishing the automatic activities, the doctor may consider getting an inhaler in attempting to get the patient to use it while a staff member is drawing up 0.3mg of epinephrine for either intramuscular or subcutaneous use. In monitoring the airway, breathing, circulation, and neurologic status, we will be performing many of these activities as a team. Another challenge for the doctor may be that the doctor may be assessing by listening to the patient's chest while an assistant is getting a blood pressure exam. The respirations should be counted. This information should be documented on the documentation sheet in time. The team must have some sense of the normal values as well as the critical levels for vital sign evaluation and treatment. If 911 was called document when they arrived and when an emergency squad left the office. Document patient status upon the emergency squad leaving the office. The doctor and team can be available to assist emergency squad, and the doctor must give the emergency team a synopsis of the situation in a SOAP note fashion.

Know patient's medications because medications like beta blockers can make asthma resistant to treatment. Often in an asthmatic attack the inhaler will work. Have the patient put their lips around the inhaler like a straw and take a deep, deep breath in and hold, hold, hold, release. Repeat the same process. Epinephrine is the critical treatment in a full-blown attack followed by the inhaler. Watch for elevated heart rate irregular elevated heart rate. The epinephrine dilates the airways so the inhaler can work effectively. Approximately 20 minutes is the length of time the medications work, so during this time we must question the patient as to any changes in their disease or medications that have not been taken. Ask questions because the patient gets quite honest with their histories during an urgency of emergency. Even after the event, the team must continue to monitor the patient, assess the patient, and support the patient ABCDEs. Post-event, it will take time for both the doctor and team to come out of fight or flight. If the patient improves, assess, monitor, and support the patient for at least 30 minutes. If you are uncomfortable with the patient's progress, transport the patient to the emergency room by emergency squad. Regain your composure and assess how you want to handle the staff's emotions, the remaining patients, and the patient's family. Document the case carefully in SOAP note fashion. The doctor should follow-up with the patient in the hospital and at home.

This information serves as a basic foundation for treatment, but information is ever evolving.

WE WISH YOU AN EXTREMELY HAPPY, HEALTHY, AND SUCCESSFUL 2012!