SYNCOPE
(FAINTING)

REMAIN CALM

CHECKLIST: PRE-SYNCOPAL

START HERE – STEP 1

(PRIOR TO FAINTING)

Paleness
Sweating
Dizziness
Light Headedness

- [ ] Terminate all dental treatment or activity
- [ ] Place in supine position; legs above heart
- [ ] Attempt to comfort person
- [ ] Cool towel or cold compress to forehead
- [ ] Monitor vital signs

CHECKLIST: SYNCOPAL EPISODE

START HERE – STEP 1

(FAINTING)

- [ ] Terminate all dental treatment or activity
- [ ] Place in supine position; legs above heart

Is person breathing?

YES

- [ ] Place crushed ammonia capsule under nose
- [ ] Administer oxygen
- [ ] Monitor vital signs
- [ ] Contact person's physician regarding treatment and discharge status
- [ ] Plan to minimize anxiety at future visits

NO

- [ ] **CALL 911 EMS**
- [ ] Initiate your **Medical Emergency Plan**
- [ ] Assess **ABCs** (Airways, Breathing, Circulation)
- [ ] Initiate **Basic Life Support** as indicated
- [ ] Administer Oxygen
- [ ] Prepare patient for transport to emergency department by EMS

ACCREDITATION ASSOCIATION FOR DENTAL OFFICES
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DEMONSTRATING EXCELLENCE

DISCLAIMER: This chart is to be used as a **GUIDELINE** and **DOES NOT GUARANTEE** to prevent an unfavorable outcome, result or death. Practitioner may choose to deviate from the algorithms based on their clinical experience, training and factors unique to that individual.

Syncope Quick Reference Checklist Instruction Guide

Effective: July 19, 2025

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Overview of the Syncope Quick Reference Checklist

Section 1: Signs & Symptoms
Every QRC includes a complete list of the Signs & Symptoms of a specific medical emergency.

This is a great tool for training your staff on what to look for during a patient emergency. This section is also a chair-side reminder to ensure you have selected the correct QRC for the emergency presented.

Section 2: Immediate Actions
Every QRC includes a complete listing of the immediate action steps you should take once you recognize the type of emergency your patient is experiencing.

Under stress, we are likely to forget even basic emergency responses. This list serves as a cognitive aid so you and your team don't forget your basic life support actions.

Section 3: Clinical Actions
Every QRC includes a complete listing of the clinical treatments required by the emergency algorithm, including emergency medications and dosages as well as emergency equipment that should be utilized.

Medication dosages are especially helpful, as these details are critical and can often be forgotten when your patient's life is on the line. This section also serves as a great reminder for things you should practice during your mock emergency drills conducted with your staff.

SYNCOPE
(FAINTING)

1

CHECKLIST: PRE-SYNCOPAL

REMAIN CALM

START HERE - STEP 1

(PRIOR TO FAINTING)
Paleness
Sweating
Dizziness
Light Headedness

- ☐ Terminate all dental treatment or activity
- ☐ Place in supine position; legs above heart
- ☐ Attempt to comfort person
- ☐ Cool towel or cold compress to forehead
- ☐ Monitor vital signs

2

CHECKLIST: SYNCOPAL EPISODE

START HERE - STEP 1
(FAINTING)

- ☐ Terminate all dental treatment or activity
- ☐ Place in supine position; legs above heart

YES — Is person breathing? — NO

3

- ☐ Place crushed ammonia capsule under nose
- ☐ Administer oxygen
- ☐ Monitor vital signs
- ☐ Contact person's physician regarding treatment and discharge status
- ☐ Plan to minimize anxiety at future visits

☐ CALL 911 EMS

- ☐ Initiate your **Medical Emergency Plan**
- ☐ Assess **ABCs** (Airways, Breathing, Circulation)
- ☐ Initiate **Basic Life Support** as indicated
- ☐ Administer Oxygen
- ☐ Prepare patient for transport to emergency department by EMS

ACCREDITATION ASSOCIATION FOR DENTAL OFFICES

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How to Use the Syncope Quick Reference Checklist

OVERVIEW

A medical emergency, including Syncope, in the dental office is a **High-Risk, Low-Frequency Event**.

These sorts of events are worrisome in every occupation and profession. Any activity - including a response to a patient emergency - that both entails risk and is rarely accomplished will not produce sufficient muscle and cognitive memory for flawless performance.

However, for the dental professional, responding flawlessly is a **core critical task.**

Syncope (fainting) is the most common medical emergency in dental offices, typically resulting from vasovagal reactions triggered by anxiety, pain, or postural changes. The QRC provides a structured, chair-side guide to identify early warning signs, intervene appropriately, and manage the patient during and after a syncopal episode.

PRE-SYNCOPAL STAGE

These symptoms are early warning signs and signal the opportunity for preventive intervention:

- Paleness
- Sweating
- Dizziness
- Light-headedness

Action: Remain Calm

- Your composure directly influences the patient's anxiety level. Calm behavior helps de-escalate the sympathetic nervous response.
- *Research:* Patient anxiety is a major contributing factor to vasovagal syncope (Weinstein P. et al., *J Am Dent Assoc*, 1990).

STEP 1: Terminate All Dental Treatment or Activity

- Immediately stop any dental procedure.
- This removes any noxious stimuli and allows the team to shift attention to the patient's wellbeing.
- *Why important:* Continuing treatment during early signs of syncope may worsen the episode or delay recognition of its progression.

STEP 2: Place Patient in Supine Position with Legs Elevated

- This is the Trendelenburg-like position, which facilitates venous return and improves cerebral perfusion.
- *Research:* This position improves cardiac output in vasovagal syncope (Krediet et al., *Clin Auton Res*, 2002).

STEP 3: Attempt to Comfort Person

- Offer reassurance and maintain verbal contact.
- Anxiety reduction is key to preventing escalation to full syncope.
- *Why important:* A calm voice can reduce catecholamine release and stabilize hemodynamics. Verbal reassurance reduces fear-driven physiological responses by modulating the hypothalamic-pituitary-adrenal (HPA) axis and dampening sympathetic output (Kudielka & Kirschbaum, *Neurosci Biobehav Rev*, 2005).
- Here are examples of specific phrases that are **clinically effective**, emotionally supportive, and aligned with de-escalation techniques:
    - "You're okay. You're safe here."
    - "You're not alone—I'm right here with you."
    - "Let's take some slow breaths together—just like this." *(model calm breathing)*
    - "You're doing great. We've handled this before and know exactly what to do."

STEP 4: Apply Cool Towel or Cold Compress to Forehead

- This stimulates peripheral vasoconstriction and may help reverse the vasovagal cascade.
- *Why important:* Cold application can enhance sympathetic tone, counteracting the hypotension and bradycardia.

STEP 5: Monitor Vital Signs

- Check pulse and respiration.
- Use a pulse oximeter or automated blood pressure cuff if available.
- *Why important:* Early identification of bradycardia or hypotension guides further intervention.

SYNCOPAL EPISODE (Patient Loses Consciousness)

STEP 6: Is the Person Breathing?

- Observe chest rise and feel for airflow.
- YES → Continue supportive care.
- NO → Go to Step 10.

STEP 7: Place Crushed Ammonia Capsule Under Nose

- The irritant stimulates respiration through reflex pathways.
- *Use only once.* If no improvement, escalate care.
- *Why important:* Can trigger arousal in vasovagal syncope, but not effective if true cardiac arrest.

STEP 8: Administer Oxygen

- 4–6 L/min via nasal cannula or mask.

- *Why important:* Supplemental oxygen improves tissue perfusion during hypotensive events.
- *Reference:* Malamed SF. *Medical Emergencies in the Dental Office.*

STEP 9: Monitor Vital Signs

- Continue to assess heart rate, blood pressure, and respiration every 2–3 minutes.
- Watch for return to consciousness or deterioration.

IF NOT BREATHING: INITIATE EMERGENCY RESPONSE

STEP 10: Initiate Your Medical Emergency Plan (you can get one here)

- Notify all team members and follow your office's chain of command.
- Assign roles: one person calls EMS, one documents, one retrieves AED, etc.
- *Why important:* Clear roles prevent chaos and delays in care.

STEP 11: Assess ABCs (Airway, Breathing, Circulation with the Basic Management of Emergencies QRC on pg. 11)

- A: Open airway using head-tilt/chin-lift.
- B: Provide rescue breaths if apneic.
- C: Check pulse and begin chest compressions if pulseless.

STEP 12: Initiate Basic Life Support (BLS) as Indicated

- Follow AHA BLS algorithm: 30 compressions to 2 breaths if unresponsive and not breathing.
- *Reference:* American Heart Association BLS Guidelines.

STEP 13: Prepare for EMS Transfer

- Continue CPR/Oxygen as needed.
- Provide EMS with a written summary: vitals, time of event, treatment provided.
- *Why important:* Smooth handoff reduces risk of miscommunication or delays in definitive care.

POST-RECOVERY STEPS

STEP 14: Contact Patient's Physician

- Report the incident and follow recommendations before releasing the patient.
- *Why important:* Syncope could signal underlying cardiac or neurological conditions.

STEP 15: Plan to Minimize Anxiety at Future Visits

- Consider premedication, behavioral strategies, and desensitization techniques.
- *Research:* Dental anxiety is a predictor of future vasovagal events (Armfield JM, *J Anxiety Disord*, 2010).

Summary of Why the Syncope QRC Matters

The QRC provides a standardized response that:

- Promotes early recognition of syncope
- Ensures timely intervention
- Reduces risk of adverse outcomes
- Helps meet legal and clinical standards for emergency preparedness in dental offices

Remember: Practice using this aid during mock drills, so your team knows how to apply it quickly and correctly under pressure.

How to Conduct a Mock Emergency Drill

1) Prepare for the drill by ensuring everyone on the team has watched the available online mock emergency drill video for Syncope.

2) Together with your team, verbally review the:

   a) **Basic Management of Emergencies Checklist** (page 11).

   b) The **Syncope Quick Reference Checklist** (cover page)

3) Assign a team member to simulate the role of the patient.

4) Assign a team member to act in the role of the Emergency Drill Coordinator. This person will, when the drill begins, call out a few of the Signs and Symptoms (located on the **Syncope Quick Reference Checklist** experienced by the simulated patient. For example, the Coordinator might call out, "The patient has complained of dizziness and lightheadedness. She is pale and sweating abnormally."

5) The call out of the Signs and Symptoms will serve as the "trigger event" to initiate the checklist items.

6) When the **Basic Management of Emergencies Checklist** has been called for by the Reactor, the Responder will "run" the **Checklist**. (If you have insufficient number of team members, one person can serve as both the Drill Coordinator and the Responder.)

7) Announce the commencement of the drill and begin the simulation by having the Drill Coordinator call out the signs and/or symptoms.

   a) The Reactor (dentist) should then verbally call for the **Basic Management of Emergencies Checklist**. (Example, "Let's run the Emergency Checklist.")

   b) The team member assigned as the Responder will normally "run the checklist" and **as needed** will verbally call out each step in the checklist.

   c) **Simulate, as completely as is possible, each step in the treatment algorithm**. Perfect practice makes perfect. For example, if the checklist requires a call to 911, the person responsible for the call should

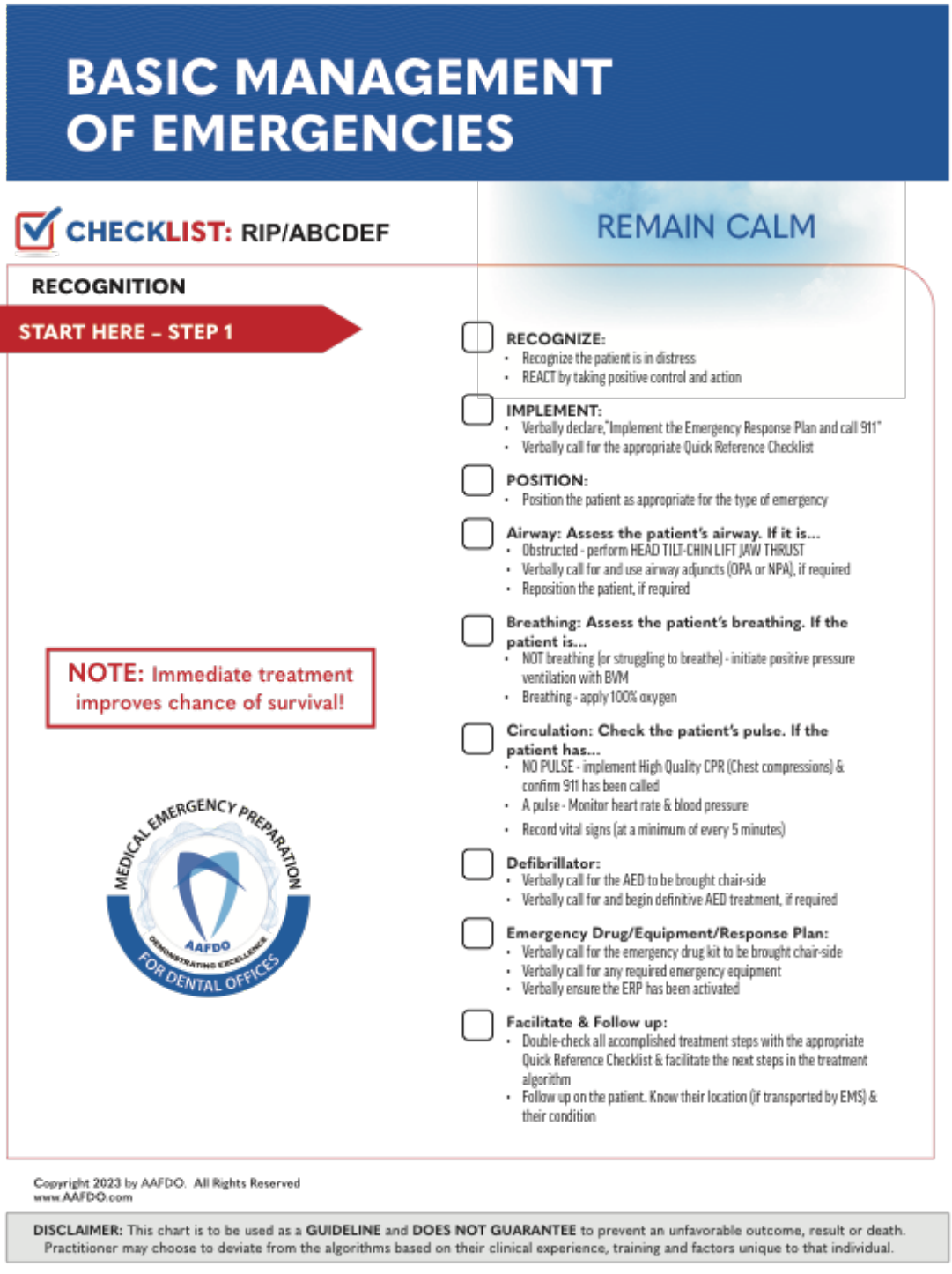
verbally simulate making the call by saying what he/she would say during a real call to 911. If the checklist calls for the administration of a drug, that drug should be in the drug kit, and brought to the location of the simulation. All appropriate crosschecks (e.g., labels, names, amounts, etc.) should be accomplished. If the checklist calls for the opening of an airway, the equipment required for this should be located and brought to the location of the drill.

d) All actions that cannot be simulated should be mentally visualized and verbalized to the team. Describe, out loud, exactly what you would do and how you would do it. If you can't "say it" you can't "do it."

e) **Your performance in an actual emergency will never exceed the level of performance in your emergency drills**. Mistakes made in drills will be made in a real emergency.

8) When the drill is complete, conduct a debriefing of the performance observed. Emphasize what must be done differently next time to improve performance.

Remember: Mistakes made in drills will be made in an actual emergency. Perfect practice makes perfect.



BASIC MANAGEMENT OF EMERGENCIES

CHECKLIST: RIP/ABCDEF

REMAIN CALM

RECOGNITION

START HERE – STEP 1

- ☐ **RECOGNIZE:**
  - Recognize the patient is in distress
  - REACT by taking positive control and action
- ☐ **IMPLEMENT:**
  - Verbally declare, "Implement the Emergency Response Plan and call 911"
  - Verbally call for the appropriate Quick Reference Checklist
- ☐ **POSITION:**
  - Position the patient as appropriate for the type of emergency
- ☐ **Airway: Assess the patient's airway. If it is...**
  - Obstructed - perform HEAD TILT-CHIN LIFT JAW THRUST
  - Verbally call for and use airway adjuncts (OPA or NPA), if required
  - Reposition the patient, if required
- ☐ **Breathing: Assess the patient's breathing. If the patient is...**
  - NOT breathing (or struggling to breathe) - initiate positive pressure ventilation with BVM
  - Breathing - apply 100% oxygen
- ☐ **Circulation: Check the patient's pulse. If the patient has...**
  - NO PULSE - implement High Quality CPR (Chest compressions) & confirm 911 has been called
  - A pulse - Monitor heart rate & blood pressure
  - Record vital signs (at a minimum of every 5 minutes)
- ☐ **Defibrillator:**
  - Verbally call for the AED to be brought chair-side
  - Verbally call for and begin definitive AED treatment, if required
- ☐ **Emergency Drug/Equipment/Response Plan:**
  - Verbally call for the emergency drug kit to be brought chair-side
  - Verbally call for any required emergency equipment
  - Verbally ensure the ERP has been activated
- ☐ **Facilitate & Follow up:**
  - Double-check all accomplished treatment steps with the appropriate Quick Reference Checklist & facilitate the next steps in the treatment algorithm
  - Follow up on the patient. Know their location (if transported by EMS) & their condition

NOTE: Immediate treatment improves chance of survival!

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How to Order a Complete Set of Laminated Quick Reference Checklists

MEPDO has 9′ X 12″ laminated copies of the medical emergency treatment algorithms the most common medical emergencies in general dentistry, sedation dentistry, and pediatric dentistry. To order, please visit:

https://www.aafdo.com/emergency-manual-checklists

When seconds matter, you will be glad you did.

QUICK REFERENCE CHECKLIST
DOMES 24 ALGORITHMS
(12 Cards wth 2 algorithms each)

- ✔ Acute Adrenal Insufficiency. ..... Card 1 - Front
- ✔ Acute Hyperglycemia ..... Card 2 - Back
- ✔ Acute Hypoglycemia ..... Card 3 - Front
- ✔ Allergic Reaction ..... Card 4 - Back
- ✔ Anaphylaxis ..... Card 5 - Front
- ✔ Angina Pectoris ..... Card 6 - Back
- ✔ Apnea ..... Card 7 - Front
- ✔ Foreign Body Obstruction ..... Card 8 - Back
- ✔ Asthmatic Attack ..... Card 9 - Front
- ✔ Benzodiazepine Overdose ..... Card 10 - Back
- ✔ Cerebrovascular Accident ..... Card 11 - Front
- ✔ Epinephrine Overdose ..... Card 12 - Back
- ✔ Hypertension ..... Card 13 - Front
- ✔ Hyperventilation ..... Card 14 - Back
- ✔ Hypotension ..... Card 15 - Front
- ✔ Tachycardia ..... Card 16 - Back
- ✔ Local Anesthetic Toxicity ..... Card 17 - Front
- ✔ Myocardial Infarction ..... Card 18 - Back
- ✔ Narcotic Overdose ..... Card 19 - Front
- ✔ Seizure Disorder ..... Card 20 - Back
- ✔ Sudden Cardiac Arrest ..... Card 21 - Front
- ✔ Syncope ..... Card 22 - Back
- ✔ Transient Ischemic Attack ..... Card 23 - Front
- ✔ Emesis/Aspiration ..... Card 24 - Back

QUICK REFERENCE CHECKLIST
SEDATION EMERGENCIES: 8 ALGORITHMS
(4 Cards wth 2 algorithms each)

- ✔ Tachycardia ..... Card 1 - Front
- ✔ Bradycardia ..... Card 2 - Back
- ✔ Laryngospasm ..... Card 3 - Front
- ✔ Benzodiazepine Overdose ..... Card 4 - Back
- ✔ Vfib Pulseless ..... Card 5 - Front
- ✔ Malignant Hyperthermia ..... Card 6 - Back
- ✔ Hypoxia ..... Card 7 - Front
- ✔ Apnea ..... Card 8 - Back

QUICK REFERENCE CHECKLIST
PEDO MEDICAL/SEDATION EMERGENCIES
12 ALGORITHMS
(6 Cards with 2 algorithms each)

- ✔ Syncope ..... Card 1 - Front
- ✔ Anaphylaxis ..... Card 2 - Back
- ✔ Benzodiazepine Overdose ..... Card 3 - Front
- ✔ Narcotic Overdose ..... Card 4 - Back
- ✔ Epinephrine Overdose ..... Card 5 - Front
- ✔ Local Anesthetic Toxicity ..... Card 6 - Back
- ✔ Seizure Disorder ..... Card 7 - Front
- ✔ Allergic RXN ..... Card 8 - Back
- ✔ Asthma Attack ..... Card 9 - Front
- ✔ Foreign Body Obstruction ..... Card 10 - Back
- ✔ Laryngospasm ..... Card 11 - Front
- ✔ Hypoglycemia ..... Card 12 - Back

How to Order Our Complete Mock Medical Emergency Drills Guide

For an investment of $99, you may obtain the complete Drills Guide with all the instructions, training checklists, emergency response plans, and PDF copies of 40 Quick Reference Checklists for general, sedation, and pediatric dentistry, click on this link:

https://www.aafdo.com/mock-emergency-drills

Need a quick refresher on the clinical aspects of conducting realistic mock emergency drills?

The on-demand dental office emergency training you need is only a few clicks, and $5, away.

Here's how it works... for $5 you get instant access to an online lesson that provides all the clinical information you and your dental team need to conduct a realistic mock emergency drill for one 40 different medical emergencies covering general, sedation, and pediatric dentistry.

Taught by a national expert in emergency preparation and training, every lesson covers:

- Signs & symptoms
- Clinical actions
- Medications and equipment to be used to expertly respond to the emergency

All the clinical information you need for each emergency is built into the lesson.

Plus, each lesson is worth 1 hour of continuing education credit from either ADA or AGD. The training is appropriate for dentists, assistants, and hygienists.

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