Lec # 15 ( Management of hospitalized pts )

**DENTSITS IN HOSPITALS :**

1. ER consultation
2. Inpatient consultation
3. Procedures best done in hospitals

**Hospitalization the pt for dental care :**

1. Behavioral management
2. Pts with medical problems : uncontrolled epilepsy ,bleeding tendency, prosthetic heart valve ,or pt need to be given iv abx cover
3. Sedation needed or GA
4. Day case surgery

**Preparing the pt :**

1. Prepare the pt at least 24 hrs before the operation
2. Asses general health and fitness
3. Investegations: depening on the age and medical fitness ; young pt : we probably need nothing or just do a CBC ( complete blood cell ) count which gives us the bleeding tendency, platelet number ( 150-400 is the normal ) , hemoglobin (if less than 10 than you cant give the pt. GA nor go through any elective surgeries but considering emergency you have to proceed (12-16 females /14-18 male is normal) , wbc that give you an idea if there is an infection or not which increase in these cases, we can do a deferential blood test too . if the pt is an elderly: we do cbc, chest x-rays ( to examine the heart size ) , glucose test to see if he is diabetic or not. Radiological, microbiological, biochemical investigations; each one is done for the specific need of each pt.
4. Informed consent
5. Control anxity : oral sedative pills
6. Food and drinks : not allowed 6-8 hrs before surgery to avoid aspiration
7. Premedications : There are 2 types of medication

Medications that the patient already take them before; like hypertensive ptns. And diabetic ptns. , so if they need to take it before the surgery, they can take it.

Medications that we prescribe to the patient to take it before surgery and we tell the anesthetist about it like ; antibiotics (as a prophylaxis), steroids (to minimize the edema or the swelling after the operations, like Dexamethasone "4-8mg, one dose before and two to three doses postoperatively to minimize possibility of swelling", Analgesics (preoperative analgesics can minimize the need for postoperative analgesics like; NSAIDS, Prophin, voltaren) .

\*Routes of intubation : 1- oral 2- nasal : when u need occlusion during surgery 3- tracheostomy

\* if the procedure longer than 4 hrs u need to put foley's catheter

**Post op care :**

1. Documentation
2. Post op instructions
3. Recovery rooms VS ICU
4. Discharge
5. Follow up visits

**Post op complications :**

1. Throat discomfort ;intubation
2. Airway obstruction or laryngeal edema
3. Nausea and vomiting , give antiemetic drug
4. Fever : oral< 37.2 rectal <38 ; one day after surgery it's ok but if continued check if there's infection .

**Fluids and electrolytes**

We have to maintain good fluid level; either orally or IV … Daily intake 2.5-3 L

Like:

\*Dextrose 5% \* Normal saline \* Lactate ringer’s solution

**Blood transfusion**

We ask for it when we expect bleeding, 2 units before the operation.

We can use **Autogenous blood transfusion**; in which the ptn donate his blood before 6 months from the operation, to keep it and use it during operation.

During the operation we go to **hypotensive anesthesia** to minimize bleeding during surgery.