



Dental Professional Liability | Managing Adverse Events

Swallowed and Aspirated Objects

Please Note

A number of sample risk management forms and letters are available electronically in association with this manual, including written informed consent templates, patient termination letters, records release authorization forms and others. Dentist's Advantage-insured dentists may access these sample documents on the [Dentist's Advantage website](#).

Each PDF sample permits customization: copy and paste the sample text from the PDF template document to a text editing file (MS Word, Apple Pages, etc.); edit text and add your dental practice information where appropriate; save the file to create a blank form for ongoing use. If necessary, customize the text of the form template for specific patient needs. You may wish to include components from various sources if the templates provided do not meet the needs of your practice.

While a number of form templates are available, documents are not available for every dental procedure. We encourage you to create consent forms for those dental procedures you perform frequently. You may wish to use the sample consent forms as an outline and review the manual section on informed consent. Consider consulting your attorney to ensure that your forms comply with state informed consent statutes.

Risk management content and resources are provided for illustrative purposes only. The information is intended to provide only a general overview of the matters discussed and is not intended to establish any standards of care.

Swallowed and Aspirated Objects

Swallowed object claims often demand payment for follow-up radiographs and medical services to initially visualize the object and to track its normal course through the digestive tract. However, some objects, especially endodontic files, have required surgical removal to prevent or correct penetrations in the gastric or intestinal walls. Obviously, claims requiring surgical intervention are much more severe than the average non-surgical claim.

While foreign body aspirations are less common than ingestions, the potential consequences and medical care required are considerably more serious. The injuries alleged by patients who have aspirated objects include mental anguish, surgical removal of the object, and death. Allegations have included an inadequate use of precautions and a failure to exercise due care. Be aware that aspiration may cause choking or severe coughing initially. In some cases, however, the patient may have no immediate reaction to the event. Nevertheless, do not assume that no reaction indicates no adverse event.

Managing the Risks of Swallowed and Aspirated Objects

Recognizing risk factors

A wide variety of dental objects have been ingested or aspirated by patients. The items are usually small to moderate in size, but larger items (such as removable appliances or prostheses) are also rarely involved. Examples include:

- Dental instrument fragments (explorers, periodontal probes, curettes, and scalers), endodontic files and reamers, dental burs, prophylaxis cups and brushes, handpiece heads, ultrasonic scaler tips, mirror heads, implant screwdrivers, rubber dam clamps, rubber dam fragments, suture needles, amalgam restorations, castings, temporary crowns, space maintainers, orthodontic bands, impression materials, teeth and tooth fragments.

In addition to small objects being a risk factor, certain patients can be considered at higher risk to swallow or aspirate an object. They include patients with:

- Strong gag reflexes
- Hyperactivity of the tongue and other intraoral muscles
- Pharmacologically depressed gag reflexes
- A history that includes a previously swallowed or aspirated dental object

Controlling the risks

Prevention of accidental ingestions or aspirations is the primary means of managing the risk. Other methods include maintaining an adequate level of preparedness in anticipation of a swallowed object incident, responding prudently following such an incident, and documenting all measures and actions taken to manage the event. Each of these elements should support the contention that the patient's alleged injuries were not caused by negligence or a breach of the standard of care.

Prevention

A number of clinical techniques can be used to minimize the risk of an object being ingested or aspirated during treatment. They include:

- Rubber dam — arguably the best preventive device. However, it is not always possible or practical to use
- Pharyngeal gauze block
- High velocity evacuator — to remove tooth and restoration fragments
- Dental floss — tied to rubber dam clamps and other small instruments; tied around the pontics of bridges
- More upright chair position
- Modified patient head position — turning the patient's head toward the side of treatment, allowing objects or debris to fall onto the buccal mucosa or into the buccal vestibule

Other preventive steps include patient communication and proper staff training.

- Warn patients that temporary crowns can loosen and unseat.
- Provide written home care instructions to patients who have received a temporary crown or who have been directed to self-administer at-home dental treatment, such as the use of orthodontic keys or elastics. The written instructions should direct the patient to appropriate medical or dental care following any at-home swallowed object incident.
- Train all office personnel in basic life support, including the Heimlich maneuver.
- Develop an action plan to respond to in-office swallowed and aspirated object incidents and train your staff on its implementation. Include in the action plan that a staff member may be required to transport the patient to a medical care facility as part of his or her job responsibility.

Responding to an event

Whenever a foreign object is lost intraorally into the oropharynx, it is prudent to assume that it has been aspirated. Aspirated objects pose an immediate hazard to the patient's health and life.

- Consistent with basic life support principles, first ensure that the patient has a patent airway.
- Initiate appropriate medical referrals unless the patient is certain that the object has been ingested.

If the airway is completely obstructed,

- Initiate the emergency medical system in your area by dialing 911.
- Perform the Heimlich maneuver and cricothyrotomy, if necessary.
- Be prepared to perform additional emergency procedures if the airway becomes patent. Such procedures may include artificial respiration and, if the patient experiences cardiac arrest, cardiac compression.

If the airway is partially obstructed, the patient will likely be able to breathe and to explain his or her symptoms.

- Provide oxygen, as needed.
- Initiate the emergency medical system in your area by dialing 911.
- Be cautious about the partial obstruction moving and causing a complete obstruction.

If the patient exhibits no symptoms of airway obstruction, assume the object has been aspirated, unless the patient expresses absolute certainty that it was ingested. Many aspirated objects have no associated symptoms. If the patient is stable and breathing unassisted, you may choose to quickly transport the patient to a medical care facility yourself, have a staff member drive the patient, or arrange for a family member or friend of the patient to drive. Anyone who transports the patient must be prepared to respond if the patient's condition deteriorates while in route to the hospital. The patient should be accompanied until discharged from medical care.

If the patient has ingested the object rather than aspirated it, refer the patient for medical evaluation and follow-up radiography. Even small objects may irritate or partially obstruct the digestive tract or contribute to gastrointestinal problems.

In every instance, referral to a physician is the most prudent course of action, as it demonstrates that the dentist was acting in the patient's best interest.

Documentation

Whenever an object is swallowed or aspirated, the patient healthcare information record should include the following:

- All preventive measures (rubber dam, pharyngeal drape, etc.) taken to avoid a swallowed object incident
- Copies or notations of any home care instructions or educational materials provided
- Any referrals or discussions about referrals. If the claim is related to a root tip that was lost during an extraction, the patient may allege that the injury would have been avoided if an oral surgeon had performed the extraction.
- The dentist's actions following the swallowed object incident, including:
 - Emergency procedures performed
 - The result of the emergency procedures (for example, did the patient begin to breathe after the Heimlich maneuver was performed?)
 - Any discussion urging the patient to seek a medical evaluation. If the patient refuses to pursue the evaluation, document the reason for the patient's refusal. Also, ensure that the patient understands the potential for acute and chronic complications resulting from the object. Provide the patient with written information and instructions.
 - How the patient was transported for medical evaluation and by whom
 - Any telephone discussions with the medical facility and treating physician, with a copy of the treating physician's report retained in the patient's file.

Report the swallowed or aspirated object incident to your malpractice insurer in a timely manner by first contacting your agent.

Swallowed/aspirated object claims have the potential to be financially severe. Sound risk management procedures can prevent or minimize some claims and provide a stronger defense for those that arise.

For more information call Dentist's Advantage
at 888-778-3981, or navigate to the
Dentist's Advantage website Risk Management section.



In addition to this publication, CNA and Dentist's Advantage have produced additional risk control resources on topics relevant to dental professionals, including: newsletters; articles; forms; letters; and claim scenarios.

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