

4.03 HEAD, NECK AND FACIAL TRAUMA

BLS Treatment
<ul style="list-style-type: none">• Assess circulation, airway, breathing, and responsiveness.• Oxygen as indicated.• Provide Spinal Motion Restriction as indicated or position of comfort as indicated.• Appropriately splint suspected fractures/instability as indicated.• Bandage wounds/control bleeding as indicated.• Control external bleeding with direct pressure.• Stabilize impaled objects with bulky damp dressing.• Apply cold packs to soft tissue swelling.• Eye injuries: cover both eyes with dressings.• Keep avulsed teeth in saline and transport with patient.• For suspected head injury, evaluate visual acuity in both eyes. Assess if pupils are PERRLA.
ALS Treatment
<ul style="list-style-type: none">• Monitor for airway obstruction. Only impaled objects that obstruct the airway can be removed.• Advanced airway management as indicated.• IV/IO Normal Saline at TKO.• If SBP <90 mmHg administer Normal Saline fluid bolus.• For pain, if no evidence of head injury, or signs of hypoperfusion, and SBP > 90: may administer Morphine Sulfate.• For nausea/vomiting: may administer Ondansetron.
Comments
<ul style="list-style-type: none">• Avoid prophylactic hyperventilation. Hyperventilation for head trauma is ONLY indicated for signs of cerebral herniation (posturing, pupillary abnormalities, sudden neurologic deterioration) NOT due to hypotension or hypoxemia.<ul style="list-style-type: none">○ Hyperventilation for adults is 16-20 breaths per minute.○ Utilize Et CO₂ and adjust ventilation rate to keep EtCo₂ at 30 to 35 mmHg.• If the patient deteriorates, recheck for problems with airway, breathing or circulation.
Base Hospital Contact Criteria
<ul style="list-style-type: none">• Pain management for patients with evidence of hypotension (smaller doses for elderly and very young).