FACIAL/DENTAL TRAUMA

Patient Care Goals:
- Preservation of a patent airway
- Preservation of vision
- Preservation of dentition

Patient Presentation:
- Patients with isolated facial injury, including trauma to the eyes, nose, ears, midface, mandible, dentition

Treatment and Interventions:
- Manage Airway as indicated (see Airway Management protocol)
- Establish vascular access as indicated (see Vascular Access protocol)
- Initiate EKG monitoring as indicated
- Provide pain management as indicated (see Pain Management protocol)
- Avulsed tooth:
  - Avoid touching the root of the avulsed tooth. Do not wipe off tooth
  - Pick up at crown end. If dirty, rinse off with water for 10 seconds
  - Place in milk or saline as the storage medium.
  - Alternatively, an alert and cooperative patient can hold tooth in mouth using own saliva as storage medium
- Eye trauma:
  - Place eye shield for any significant eye trauma
  - If globe is avulsed, do not put back into socket. Cover with moist saline dressings and then place cup over it
  - Consider tetracaine for analgesia as indicated (see tetracaine formulary and FRG)
  - Consider oxymetazoline for analgesia as indicated (see oxymetazoline formulary and FRG)
  - Treat nausea/vomiting as indicated (see Nausea/Vomiting protocol)
- Mandible injury/fracture that is unstable:
  - Expect patient cannot spit/swallow effectively and have suction readily available
  - Preferentially transport sitting up with emesis basin/suction available (in the absence of a suspected spinal injury, see Spinal Care protocol)
- Epistaxis (from trauma)
  - Squeeze nose (or have patient do so) for 10-15 minutes continuously
  - Consider oxymetazoline topically (see oxymetazoline formulary and FRG)
  - (do NOT have patient blow nose forcefully in trauma)
- Nose/ear avulsion:
  - Recover tissue if it does not waste scene time
  - Transport with tissue wrapped in dry sterile gauze in a plastic bag placed on ice (if available)
  - Severe ear and nose lacerations can be addressed with a protective moist sterile dressing
**Key Considerations:**
- Airway may be compromised because of fractures or bleeding
- After nasal fractures, epistaxis may be posterior and may not respond to direct pressure over the nares with bleeding running down posterior pharynx, potentially compromising airway
- Protect avulsed tissue and teeth
- Avulsed teeth (PERMANENT TEETH ONLY) may be successfully re-implanted if done so within 15 minutes of avulsion and should only be done if EMS provider is comfortable performing the procedure, tooth is intact, free of debris, and patient is cooperative and no concerns for airway deterioration.

**Patient/Provider Safety Considerations:**
- Frequently reassess the airway to evaluate for possible deterioration
- Maintenance of a patent airway is the highest priority; therefore, conduct cervical spine assessment for field clearance (see Spinal Care protocol) to enable transport sitting up for difficulty with bleeding, swallowing, or handling secretions.
- However, airway protection is paramount and if cervical collar impedes airway it should be removed.