

Bayfield-Ashland Counties EMS TRAUMA	T-6 FACIAL and/or DENTAL
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SYMPTOMS: Isolated facial injury, including trauma to the eyes, nose, ears, midface, mandible, dentition.

Assessment, Treatment and Interventions

ALL LEVELS

1. Consider the event / mechanism of injury.
2. Assure scene safety for both rescuers and patient(s).
3. Assess ABCs with focus on ability to keep airway patent
  - a. Stable midface.
  - b. Stable mandible.
  - c. Stable dentition. Poorly anchored teeth may be aspirated.
4. Assess bleeding (which may be severe – epistaxis/nosebleed, oral trauma, and facial lacerations).
5. Consider patient medications with focus on blood thinners or anti-platelet agents.
6. Assess for overall trauma.

EMR-O; EMT-R

7. Conduct cervical spine assessment for field clearance per [Spinal Care guideline \[T-9\]](#).
  - a. Field clearance will enable patient to be sitting up
  - b. Patient may assist in difficulty with bleeding, swallowing or handling secretions.
8. Assess mental status for possible traumatic brain injury per [Head Injury guideline \[T-7\]](#).
9. Administer oxygen as appropriate for dyspnea or distress with a target of greater than 93% saturation for most acutely ill patients.
10. Document vital signs including pulse, respirations, blood pressure and SpO<sub>2</sub>.
11. Use ETCO<sub>2</sub> to help monitor for hypoventilation and apnea.
12. Eye trauma.
  - a. Perform basic vision assessment.
  - b. Place eye shield for any significant eye trauma.
  - c. If globe is avulsed, do not put back into socket; cover with moist saline dressing and place cup over it; cover the other eye.
13. Dental avulsions.
  - a. Poorly anchored teeth may be aspirated.
  - b. Recover teeth. Teeth not recovered on scene may be in the airway.
  - c. Pick up tooth at crown end. If dirty, rinse off under cold water for 10 seconds.
  - d. Avoid touching the root of an avulsed tooth. Do not wipe off tooth.
  - e. Place in milk or saline as the storage medium.
14. Mandible
  - a. If unstable, expect patient cannot spit or swallow effectively.
  - b. Prepare to suction as necessary.
  - c. Transport sitting up (preferred) with emesis basin or suction available in absence of suspected spinal injury.
15. Nose or ear avulsion
  - a. Recover tissue if it does not waste scene time.
  - b. Transport with tissue wrapped in dry sterile gauze in a plastic bag placed on ice.
  - c. Dress severe ear and nose lacerations with a protective moist sterile dressing.
16. Epistaxis – nosebleed
  - a. Squeeze nose (or have patient do so) for 10-15 minutes continuously.

- b. After nasal fracture, epistaxis may be posterior and may not respond to direct pressure over the nares with bleeding running down posterior pharynx, potentially compromising airway.

AEMT-R

17. Establish IV access as needed for fluid or medication administration.

INT-O; PARA-R

18. Interpret ETCO<sub>2</sub>.