



REGION 11 CHICAGO EMS SYSTEM PROTOCOL	Title: Facial / Dental Trauma – BLS/ALS
	Section: Trauma
	Approved: EMS Medical Directors Consortium
	Effective: July 10, 2024

FACIAL / DENTAL TRAUMA – BLS/ALS

I. PATIENT CARE GOALS

1. Preservation of a patent airway.
2. Preservation of vision.
3. Preservation of dentition.

II. PATIENT MANAGEMENT

A. Assessment

1. Perform a complete trauma assessment.
2. Assess ABCs with particular focus on ability to keep airway patent:
 - a. Stable midface
 - b. Stable mandible
 - c. Stable dentition (poorly anchored teeth require vigilance for possible aspiration).
3. Bleeding (which may be severe – epistaxis, oral trauma, facial lacerations).
4. Identify if the patient takes blood thinners.
5. Cervical spine pain or tenderness (see Spinal Care Protocol).
6. Mental status assessment for possible traumatic brain injury (see Head Injury Protocol).
7. Gross vision assessment.
8. Dental avulsions.
9. Any tissue or teeth avulsed should be collected.
10. Lost teeth not recovered on scene may be in the airway.
11. Overall trauma assessment.
12. Specific re-examination geared toward airway and ability to ventilate adequately.



REGION 11 CHICAGO EMS SYSTEM PROTOCOL	Title: Facial / Dental Trauma – BLS/ALS
	Section: Trauma
	Approved: EMS Medical Directors Consortium
	Effective: July 10, 2024

B. Treatment and Interventions

1. Administer oxygen as appropriate to maintain a target oxygen saturation of >94.
2. IV access, as needed, for fluid or medication administration.
3. Pain medication per the Pain Management Protocol.
4. Avulsed tooth:
 - a. Avoid touching the root of the avulsed tooth. Do not wipe off tooth.
 - b. Pick up at crown end. If dirty, rinse off under cold water for 10 seconds.
 - c. Place in milk or saline as the storage medium.
5. Eye trauma:
 - a. Place eye shield if available for any significant eye trauma.
 - b. If globe is avulsed or enucleated, do not put back into socket. Cover with moist saline dressings and protect from further injury.
6. Mandible (lower jaw) unstable:
 - a. Expect patient cannot spit/swallow effectively and have suction readily available.
 - b. Preferentially transport sitting up with emesis basin/suction available (in the absence of a suspected spinal injury, see Spinal Care Protocol).
7. Epistaxis (nosebleed) - Squeeze nose (or have patient do so) for 10-15 minutes continuously.
8. Nose/ear avulsion:
 - a. Recover tissue if possible.
 - b. Transport with avulsed tissue wrapped in dry sterile gauze in a plastic bag placed on ice.
 - c. Severe ear and nose lacerations can be addressed with a protective moist sterile dressing.

C. Patient Safety Considerations

1. Frequent reassessment of airway.
2. Maintenance of a patent airway is the highest priority; therefore, conduct cervical spine assessment (per Spinal Care Protocol) to enable transport sitting up for difficulty with bleeding, swallowing, or handling secretions.



REGION 11 CHICAGO EMS SYSTEM PROTOCOL	Title: Facial / Dental Trauma – BLS/ALS
	Section: Trauma
	Approved: EMS Medical Directors Consortium
	Effective: July 10, 2024

III. NOTES/EDUCATIONAL PEARLS

A. Key Considerations

1. Airway may be compromised because of fractures or bleeding.
2. 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.
3. Protect avulsed tissue and teeth:
 - a. Avulsed teeth may be successfully re-implanted if done so in a very short period after injury at the hospital.
 - b. Use moist sterile dressing for ear and nose cartilage.
4. For penetrating eye injuries, do not remove foreign bodies. Cover uninjured eye or ask patient to close eye to prevent conjugate movement of injured eye.
5. Consider administration of antiemetics to prevent increases in intraocular pressure due to nausea and vomiting in penetrating and blunt trauma to the eye. See [Nausea/Vomiting Protocol](#).