



**REGION 11  
CHICAGO EMS SYSTEM  
PROTOCOL**

Title: Facial / Dental Trauma

Section: Trauma

Approved: EMS Medical Directors Consortium

Effective: July 1, 2021

## **FACIAL / DENTAL TRAUMA**

### **I. PATIENT CARE GOALS**

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

### **II. PATIENT MANAGEMENT**

#### **A. Assessment**

1. Patient medications with focus on anticoagulants.
2. 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. Cervical spine pain or tenderness (see [Spinal Care](#) protocol).
5. Mental status assessment for possible traumatic brain injury (see [Head Injury](#) protocol).
6. Gross vision assessment.
7. Dental avulsions.
8. Any tissue or teeth avulsed should be collected.
9. Lost teeth not recovered on scene may be in the airway.
10. Overall trauma assessment.
11. Specific re-examination geared toward airway and ability to ventilate adequately.

#### **B. Treatment and Interventions**

1. Administer oxygen as needed to maintain an oxygen saturation of > 94%.



**REGION 11  
CHICAGO EMS SYSTEM  
PROTOCOL**

Title: Facial / Dental Trauma
Section: Trauma
Approved: EMS Medical Directors Consortium
Effective: July 1, 2021

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, do not put back into socket. Cover with moist saline dressings and then 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 it does not waste scene time.
  - 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.

**III. NOTES/EDUCATIONAL PEARLS**

**A. Key Considerations**

1. Airway may be compromised because of fractures or bleeding.



<b>REGION 11 CHICAGO EMS SYSTEM PROTOCOL</b>	Title: Facial / Dental Trauma
	Section: Trauma
	Approved: EMS Medical Directors Consortium
	Effective: July 1, 2021

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. Transport avulsed or broken teeth with the patient;
  - b. Use sterile dressing for ear and nose cartilage.

**B. Pertinent Assessment Findings**

1. Unstable facial fractures that can abruptly compromise airway.
2. Loose teeth and retro-pharynx bleeding.