

MAXILLOFACIAL / EYE TRAUMA

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-40 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in

UNIVERSAL PATIENT CARE PROTOCOL**Determine type of injury**

Eye

Tongue

Nose

Ear

Tooth

Remove contact
Lenses
(If applicable)If burn or foreign
body,
determine
substance.
Flush with copious
amounts of normal
salineIf penetrating
trauma,
secure object
(Do not remove)Eye out;
Cover with sterile
4 x 4, normal saline
and stabilizeIf Non-Penetrating
Trauma or Chemical
Burns
CONSIDER TOPICAL
PAIN CONTROLTETRACAIN
(PONTOCAINE)
1 Drop to affected
eye
No Repeat⚠ If Tetracaine is
used, patient
must be
evaluated at
hospitalHave suction on and
immediately
available to maintain
airwayAttempt to control
bleeding with direct
pressure / gauze if
able and will not
cause airway
obstructionHave suction on and
immediately
available to maintain
airwaySit patient upright
and forward.
Pinch nostrils.
Consider external
applied cold pack to
bridge of noseIf foreign body,
determine
substance
Attempt to control
bleeding with direct
pressure / gauzeIf tooth out attempt
preservation as
soon as possible in;
Commercially
available tooth
preservation kit
(if available) or
whole milk
(if available).
Handle by enamel
only, do not touch
rootsTraumatic or
atraumatic epistaxis
not controlled with
BLS Measures
Consider
TRANEXAMIC ACID
(TXA)Soaked gauze
product nostril
packingSoak in standard
concentration TXA
Have patient blow
nose, suction active
bleeding, then pack
nostril with TXA
soaked gauzeResume BLS care as
aboveBleeding socket
from missing teeth
not controlled with
BLS Measures
Consider
TRANEXAMIC ACID
(TXA)Soaked gauze
product socket
packingSoak in standard
concentration TXAResume BLS care as
above

TRANSPORT to appropriate facility CONTACT receiving facility CONSULT Medical Control where indicated APPROPRIATE transfer of care

EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

Online Medical Control

MAXILLOFACIAL / EYE TRAUMA

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Trauma of any type that results in injury to one or both eyes. 	<ul style="list-style-type: none"> Irritation to eye Visual disturbances Obvious penetrating injury Burn (chemical, thermal) Loss of vision Dizziness Loss of consciousness Nausea 	<ul style="list-style-type: none"> Hypertension Contact lens problem

KEY POINTS
<ul style="list-style-type: none"> If unsure if something can be flushed with water, contact Medical Command. A garden hose can be used to help flush the patient's eye(s) if available. DO NOT use a high-pressure hose or at a high force. If needed, irrigate the patient's eyes for approximately 5 -15 minutes. Begin irrigating immediately, because irreversible damage can occur in a few minutes.
TRAUMA
<ul style="list-style-type: none"> Do not allow eye injury to distract you from the basics of trauma care. Do not remove any foreign body imbedded in the eye or orbit. Stabilize any large protruding foreign bodies. With blunt trauma to the eye, if time permits, examine the globe briefly for gross laceration as the lid may be swollen tightly shut later. Sclera rupture may lie beneath an intact conjunctiva. Covering both eyes when only one eye is injured may help to minimize trauma to the injured eye, but in some cases the patient is too anxious to tolerate this. Transport patient supine unless other life threats prohibit this from being done. (This is based on physics, the goal of not letting the fluid within the eye drain out of the eye)
CHEMICAL BURNS
<ul style="list-style-type: none"> When possible determine type of chemical involved first. The eye should be irrigated with copious amounts of water or saline, using IV tubing wide open for a minimum of 15 minutes started as soon as possible. Any delay may result in serious damage to the eye. Always obtain name and, if possible, a sample of the contaminant or ask that they be brought to the hospital as soon as possible.
CONTACT LENSES
<ul style="list-style-type: none"> If possible, contact lenses should be removed from the eye; be sure to transport them to the hospital with the patient. If the lenses cannot be removed, notify the ED personnel as soon as possible. If the patient is conscious and alert, it is much safer and easier to have the patient remove their lenses.
ACUTE, UNILATERAL VISION LOSS
<ul style="list-style-type: none"> When a patient suddenly loses vision in one eye with no pain, there may be a central retinal artery occlusion. Urgent transport and treatment is necessary. Patient should be transported flat.