



## Facial/Dental Trauma

### Aliases

None noted

### Patient Care Goals

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

### Patient Presentation

#### Inclusion Criteria

Isolated facial injury, including trauma to the eyes, nose, ears, midface, mandible, dentition

#### Exclusion Criteria

1. General Trauma [See [General Trauma Management Guideline](#)]
2. Burn trauma [See [Burns Guideline](#)]

### Patient Management

#### Assessment

1. Overall trauma assessment
2. **ABCs (Airway, Breathing, Circulation)** 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. Patient medications with focus on blood thinners/anti-platelet agents
5. Cervical spine pain or tenderness [See [Spinal Care Guideline](#)]
6. Mental status assessment for possible traumatic brain injury [See [Head Injury Guideline](#)]
7. Gross vision assessment
8. Dental avulsions
9. Any tissue or teeth avulsed should be collected, if possible
10. Specific re-examination geared toward airway and ability to ventilate adequately

#### Treatment and Interventions

1. Administer oxygen as appropriate with a target of achieving 94–98% saturation. Use EtCO<sub>2</sub> to help monitor for hypoventilation and apnea
2. IV access, as needed, for fluid or medication administration
3. Pain medication per the [Pain Management Guideline](#)
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. Alternatively, an alert and cooperative patient can hold tooth in mouth using own saliva as storage medium
5. Eye trauma: