

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 EtCO₂ 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: