

4.03 HEAD, NECK, AND FACIAL TRAUMA – EMSAC JANUARY 2024

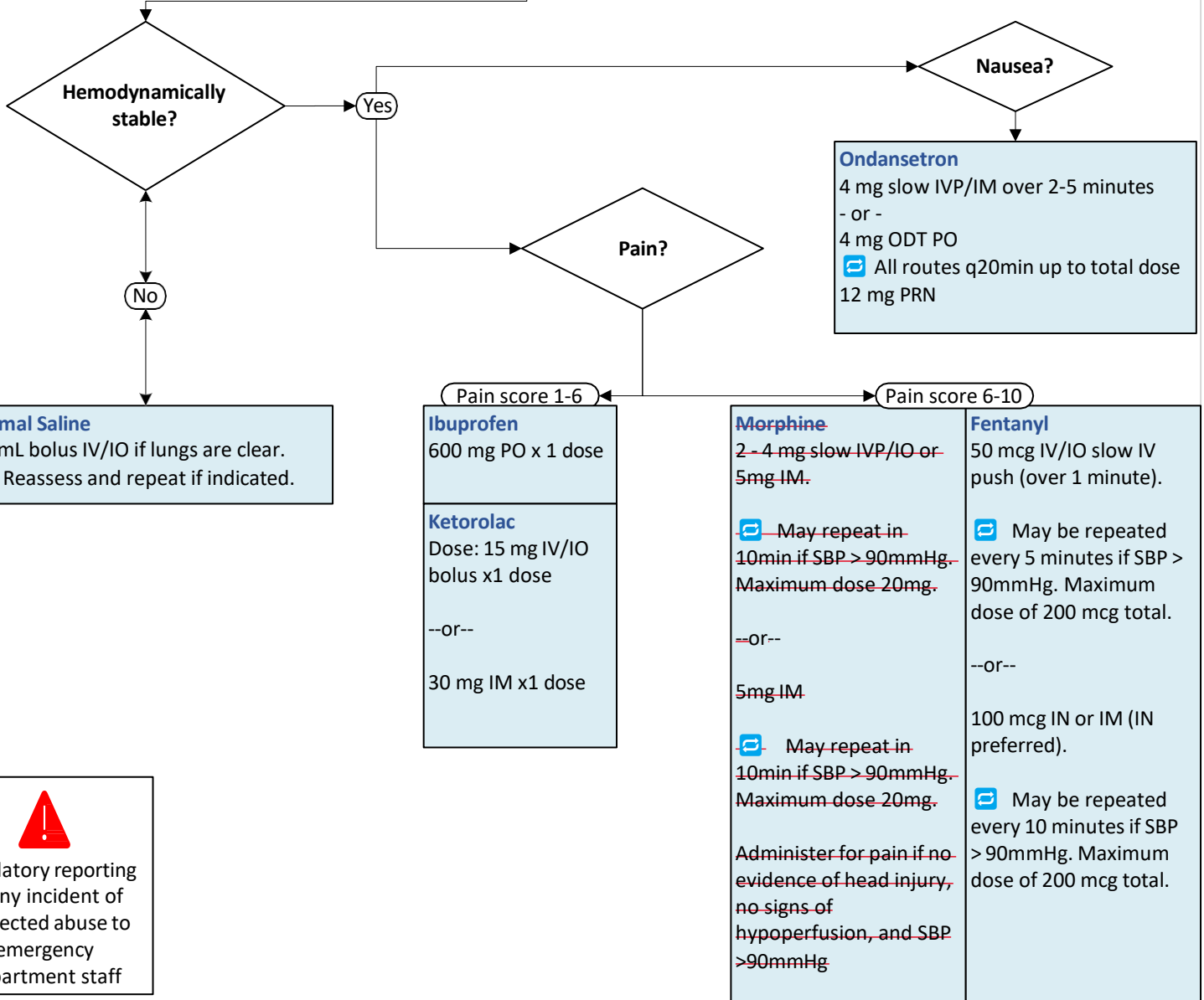
BLS – FAQ Link


**DRAFT
VERSION**

Assess **Vital Signs**, ABC's and responsiveness, NPO, apply **Oxygen** as needed
 If applicable:
 Stabilize spine and any suspected fractures
 Bandage wounds and control bleeding with direct pressure.
 Stabilize impaled objects with bulky damp dressing.
 Cover eye injuries with dressings.
 Keep avulsed teeth in saline and transport with patient
 Evaluate visual acuity and assess pupils.

ALS

Advanced airway management as indicated, monitor for obstruction and remove objects obstructing airway, establish IV access
 Follow **Policy 3020 Field to Hospital** for report formats to the trauma center team at ZSFG.




 Mandatory reporting of any incident of suspected abuse to emergency department staff

Make Base Hospital Contact
 if there is any question with the nemoodynamic status or the patient requiring the administration or pain or nausea medications.

Effective: xx/xx/xx
 Supersedes: 03/01/15

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BLS Treatment

- Assess Vital Signs, ABC's and responsiveness, NPO, apply Oxygen as needed
- If applicable:
- Stabilize spine and any suspected fractures
- Bandage wounds and control bleeding ~~as indicated.~~ with direct pressure.
- Stabilize impaled objects with bulky damp dressing.
- Cover eye injuries with dressings.
- Keep avulsed teeth in saline and transport with patient
- Evaluate visual acuity and assess pupils.
- ~~Assess circulation, airway, breathing, and responsiveness.~~
- ~~Oxygen as indicated.~~
- ~~Provide Spinal Motion Restriction as indicated or position of comfort as indicated.~~
- ~~Appropriately splint suspected fractures/instability as indicated.~~
- ~~Control external bleeding with direct pressure.~~
- ~~Apply cold packs to soft tissue swelling.~~
- ~~Eye injuries: cover both eyes with dressings.~~
- ~~Keep avulsed teeth in saline and transport with patient.~~
- ~~For suspected head injury, evaluate visual acuity in both eyes. Assess if pupils are PERRLA.~~

ALS Treatment

- ~~Monitor for airway obstruction. Only impaled objects that obstruct the airway can be removed.~~
- ~~Advanced airway management as indicated.~~ monitor for obstruction and remove objects obstructing airway, establish IV access
- ~~IV/IO Normal Saline at TKO.~~
- ~~If SBP < 90 mmHg administer Normal Saline fluid bolus.~~
- ~~For pain, if no evidence of head injury, or signs of hypoperfusion, and SBP > 90: may administer Morphine Sulfate.~~
- ~~For nausea/vomiting: may administer Ondansetron.~~
- Follow Policy 3020 Field to Hospital for report formats to the trauma center team at ZSFG.
- If hemodynamically unstable:
- Normal Saline 500mL bolus IV/IO if lungs are clear. Reassess and repeat if indicated.
- Nausea:
- Ondansetron 4 mg slow IVP/IM over 2-5 minutes or 4mg ODT PO
- All routes q20 minutes up to total dose 12 mg PRN
- Pain score 1-6:
- Ibuprofen 600 mg PO x 1 dose
- Ketorolac
Dose: 15 mg IV/IO bolus x1 dose or 30 mg IM x 1 dose
- Pain score 6-10:
Morphine 2-4 mg slow IVP/IO or 5 mg IM. May repeat in 10 min if SBP > 90mmHg.
Maximum dose 20 mg.

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~~-- or --~~
5 mg IM. May repeat in 10 min if SBP >90mmHg. Maximum dose 20 mg. Administer for pain if no evidence of head injury, no signs of hypoperfusion, and SBP >90mmHg.

- **Fentanyl** 50 mcg IV/IO slow IV push (over 1 minute). May be repeated every 5 minutes if SBP >90mmHg. Maximum dose of 200 mcg total.
- ~~-- or --~~
100 mcg IN or IM (IN preferred). May be repeated every 10 minutes if SBP >90mmHg. Maximum dose of 200 mcg total.

Comments

- ~~Avoid prophylactic hyperventilation. Hyperventilation for head trauma is ONLY indicated for signs of cerebral herniation (posturing, pupillary abnormalities, sudden neurologic deterioration) NOT due to hypotension or hypoxemia.~~
 - ~~Hyperventilation for adults is 16-20 breaths per minute.~~
 - ~~Utilize Et CO2 and adjust ventilation rate to keep EtCo2 at 30 to 35 mmHg.~~
- ~~If the patient deteriorates, recheck for problems with airway, breathing or circulation.~~
- **Mandatory reporting of any incident of suspected abuse to emergency department staff.**
- **Make Base Hospital Contact** if there is any question with the hemodynamic status of the patient requiring the administration of pain or nausea medications.

Base Hospital Contact Criteria

- ~~Pain management for patients with evidence of hypotension (smaller doses for elderly and very young).~~