4.03 HEAD, NECK AND FACIAL TRAUMA

BLS Treatment

- 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.
- Bandage wounds/control bleeding as indicated.
- Control external bleeding with direct pressure.
- Stabilize impaled objects with bulky damp dressing.
- 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.
- 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**

Comments

- Nasotracheal intubation should NOT be performed in the presence of significant mid-facial trauma.
- 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.

Base Hospital Contact Criteria

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