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Executive Director

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Medical Director

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HEAD-NECK-FACIAL TRAUMA

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

STANDING ORDERS

ABC's

SECURE AIRWAY/INTUBATE Use simplest effective method while maintaining c-spine. Avoid nasotracheal intubation in patients with midface injuries that distort nasopharyngeal anatomy. Confirm tube placement, if intubated, with end-tidal CO₂ detector and esophageal detector device. **Continuous waveform capnography should be used in all intubated patients, if available.**

NOTE: Medicate brain injury patients with Lidocaine 1.5 mg/kg IV prior to intubating, when time allows.

SPINE IMMOBILIZATION: If indicated refer to ALS Introduction Policy 554.00

OXYGEN: Hyperventilate only if neurologic status is deteriorating.

POSITION: Elevate the heads of brain injured patients, if patient exhibits no signs of shock. If patient is pregnant, place patient on left side, or if in spinal immobilization, tilt spine board 30 to left.

IV ACCESS TKO

MORPHINE: Up to 5 mg slow IV push, then 2.5 mg increments slow IV (if systolic BP greater than 100), to relieve pain. May give up to 20 mg morphine without Base Physician order.

DRESS & SPLINT: As needed.

CONSIDERATIONS:

- **Avulsed Tooth** - Place tooth in milk, normal saline, saline soaked gauze or a commercial "tooth saver."
- **Eye Injuries** - cover with a non-contact dressing, such as a paper cup. Do not apply direct pressure to eye and do not attempt to replace partially torn globe.
- **Impaled Object** - immobilize and leave in place. Remove object if it interferes with CPR, extrication, or ventilation.

BASE PHYSICIAN ORDERS

MORPHINE Additional Morphine per Base Physician Order