

APPROVED: Signature On File In EMS Office  
Executive Director  
  
Signature On File In EMS Office  
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 a patient treatment standard for EMT-1s and Paramedics within their scope of practice.
- III. PROTOCOL:

**STANDING ORDERS**

<b>ASSESS</b>	CAB
<b>SECURE AIRWAY</b>	Use simplest effective method while maintaining c-spine. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation/perilaryngeal airway. Refer to General Procedures Protocol 554.00  <b>NOTE: Medicate brain injury patients with Lidocaine 1.5 mg/kg IV prior to intubating, when time allows.</b>
<b>SPINE IMMOBILIZATION</b>	If indicated refer to General Procedures Protocol 554.00
<b>OXYGEN</b>	Oxygen delivery as appropriate.
<b>POSITION</b>	Elevate the head 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 degrees to left.
<b>IV ACCESS</b>	TKO
<b>PAIN MANAGEMENT</b>	Refer to Pain Management Protocol 554.44.
<b>DRESS &amp; SPLINT</b>	As needed.
<b>CONSIDERATIONS</b>	<b>Avulsed Tooth</b> - Place tooth in milk, normal saline, saline soaked gauze or a commercial "tooth saver."  <b>Eye Injuries</b> - cover with a non-contact dressing, such as a paper cup. Do not apply direct pressure to eye and <u>do not</u> attempt to replace partially torn globe.  <b>Impaled Object</b> - immobilize and leave in place. Remove object if it interferes with CPR, extrication, or ventilation.