



POLICY: 554.84
TITLE: Head-Neck-Facial Trauma

EFFECTIVE: 02/13/2019
REVIEW: 02/2024
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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 EMRs, EMTs, AEMTs and Paramedics within their scope of practice.

III. PROTOCOL

STANDING ORDERS

ASSESS	CAB
SECURE AIRWAY	Use simplest effective method while maintaining SSMR. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Beyond BLS airway management refer to General Procedures Protocol 554.00
SPINE IMMOBILIZATION	If indicated refer to 554.80 Selective Spinal Movement Restriction
OXYGEN	Oxygen delivery as appropriate.
POSITION	Elevate the head of brain injured patients, if patient exhibits no signs of shock. If patient is pregnant, place patient on left side, or tilt spine board 30 degrees to left.
IV/IO ACCESS	TKO. For suspected TBI, if systolic BP is less than 80mmHg, give 250 boluses to SBP reaches 100 mmHg. Reassess patient after each bolus.
PAIN MANAGEMENT	Refer to Pain Management Protocol 554.44.
DRESS & SPLINT	Dress and splint as indicated. Consider hemostatic dressing as appropriate.
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 <u>do not</u> attempt to replace partially torn globe. Impaled Object - immobilize and leave in place. Remove object if it interferes with CPR, extrication, or ventilation.