REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Head and Face Trauma

Overview: In a trauma event that involves the face and head, rapid transport, assessment and treatment of the injuries that compromise the airway are of the utmost importance.

INFORMATION NEEDED

__ Patient complaint
__ Mechanism of injury

OBJECTIVE FINDINGS

__ Physical signs of trauma:
- Deformity
- Open wounds
- Selling
- Partial or complete airway obstruction
- Stridor and/or abnormal voice
- Difficulty breathing
- Ecchymosis
- Contusions, tenderness, crepitus
- Abnormal papillary reaction to stimuli, double vision or altered extra-occular movement
- Blood or fluid from the ear(s) or nose

__ Glasgow Coma Scale-- a Glasgow Coma Scale of less than 12 should indicate that the patient is potentially critical

TREATMENT

__ Scene safety
__ BSI must be used by all EMS personnel
__ Contact an EMS transport agency as soon as possible or begin rapid transport
__ Assess the patient's mental status using the AVPU format
__ Control the patient's airway. If the patient cannot maintain a patent airway, manual or mechanical means will be necessary. Reassessment of the airway is to be done frequently
__ Suction as often as needed
__ Pulse oximetry
__ Provide supplemental oxygenation with a non-rebreather mask at 10-15 LPM
__ Support ventilatory effort or provide ventilations for the patient
__ Cervical spine control at all times
__ Vital signs
__ Control external bleeding with direct pressure. Note that any wounds to the patient's cheek(s) will potentially require internal cheek as well as external cheek hemorrhage control
__ Stabilize impaled objects. If an impaled object is compromising the patient's airway, it must be removed

TREATMENT(cont)

__ Keep avulsed teeth wrapped in a saline soaked gauze pad and transport with the patient, if feasible
__ Cover all open wounds with sterile dressings

Documentation of adherence to protocol:

__ Patient's complaint
__ Mechanism of injury
__ Airway procedures performed
__ Oxygen provided
__ Cervical spine immobilized

Medical Control Contact Criteria
__ Contact Medical Control if there is any difficulty in maintaining a patent airway

PRECAUTIONS AND COMMENTS

- Avoid hyperventilation of the patient. Hyperventilation for the head trauma patient is indicated only for signs of cerebral herniation which may display as patient posturing. Ventilation support for the adult patient should be kept between 12 to 16 breaths per minute.
- If head injury patient deteriorates, recheck problems with airway and breathing and circulation.
- Be prepared to turn entire spine board and suction if patient vomits

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

SMO: Head and Face Trauma

Overview: In a trauma event that involves the face and head, rapid transport, assessment and treatment of the injuries that compromise the airway are of the utmost importance.

INFORMATION NEEDED

__ Patient complaint
__ Mechanism of injury

OBJECTIVE FINDINGS

__ Physical signs of trauma:
- Deformity
- Open wounds
- Selling
- Partial or complete airway obstruction
- Stridor and/or abnormal voice
- Difficulty breathing
- Ecchymosis
- Contusions, tenderness, crepitus
- Abnormal papillary reaction to stimuli, double vision or altered extra-occular movement
- Blood or fluid from the ear(s) or nose

__ Glasgow Coma Scale-- a Glasgow Coma Scale of less than 12 should indicate that the patient is potentially critical

TREATMENT

__ Scene safety
__ BSI must be used by all EMS personnel
__ Contact an EMS transport agency as soon as possible for rapid transport or begin rapid transport of the patient to the hospital
__ Assess the patient's mental status using the AVPU format
__ Control the patient's airway. If the patient cannot maintain a patent airway, manual or mechanical means will be necessary. Reassessment of the airway is to be done frequently
__ Suction as often as needed
__ Provide supplemental oxygenation with a non-rebreather mask at 10-15 LPM
__ Support ventilatory effort or provide ventilations for the patient
__ Cervical spine control at all times
__ Control external bleeding with direct pressure. Note that any wounds to the patient's cheek(s) will potentially require internal cheek as well as external cheek hemorrhage control
__ Stabilize impaled objects. If an impaled object is compromising the patient's airway, it must be removed

TREATMENT(cont)

__ Keep avulsed teeth wrapped in a saline soaked gauze pad and transport with the patient, if feasible
__ Cover all open wounds with sterile dressings
__ IV of N.S. if the patient's systolic blood pressure is less than 90 mmHg or signs of inadequate perfusion exist. A fluid challenge of 500 ml of N.S. should be administered initially and repeated if the patient's systolic blood pressure does not rise above 90 mmHg
__ Cardiac monitor

Documentation of adherence to protocol:

__ Patient's complaint
__ Mechanism of injury
__ Airway procedures performed
__ Oxygen provided
__ Cervical spine immobilized
__ Cardiac rhythm strip

Medical Control Contact Criteria

__ • Contact Medical Control if there is any difficulty in maintaining a patent airway

PRECAUTIONS AND COMMENTS

- Avoid hyperventilation of the patient. Hyperventilation for the head trauma patient is indicated only for signs of cerebral herniation which may display as patient posturing. Ventilation support for the adult patient should be kept between 12 to 16 breaths per minute.
- If head injury patient deteriorates, recheck problems with airway and breathing and circulation.
- Be prepared to turn entire spine board and suction if patient vomits