

**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
  - Swelling
  - Partial or complete airway obstruction
  - Stridor and/or abnormal voice
  - Difficulty breathing
  - Ecchymosis
  - Contusions, tenderness, crepitus
  - Abnormal pupillary reaction to stimuli, double vision or altered extra-ocular 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

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**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 – 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
  - Swelling
  - Partial or complete airway obstruction
  - Stridor and/or abnormal voice
  - Difficulty breathing
  - Ecchymosis
  - Contusions, tenderness, crepitus
  - Abnormal pupillary reaction to stimuli, double vision or altered extra-ocular 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

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**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