Maxillofacial trauma SOP

Great North Air Ambulance Service

Further reading

http://dx.doi.org/10.1155/2015/724032
https://doi.org/10.1016/j.surge.2013.07.001

Related SOPs

Prehospital emergency anaesthesia SOP	Spinal injury SOP
Traumatic brain injury SOP	Front of neck access SOP

Patients with significant maxillofacial trauma may require critical care interventions in order to secure and protect their airway, to control major haemorrhage, and to optimally manage any associated traumatic brain injury/spinal injury.

Airway

- Conscious patients with significant facial trauma may be difficult to manage supine, and will often have found their own position (sitting up or semi-prone). It is advisable to maintain them in this position if practical.
- Where PHEA is required, either because of an obstructed airway, uncontrollable haemorrhage, or reduced consciousness, consider the following:
  i. Have 2 suction units available
  ii. Preoxygenation may be initially done in the sitting/lateral position
  iii. Mask ventilation will be difficult - use adjuncts routinely
  iv. Difficult intubation should be anticipated and briefed. Mark the cricothyroid membrane in advance and have the FONA kit immediately to hand
- Use spinal motion restriction techniques routinely, but **do not prioritise this over airway**

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For review April 2025

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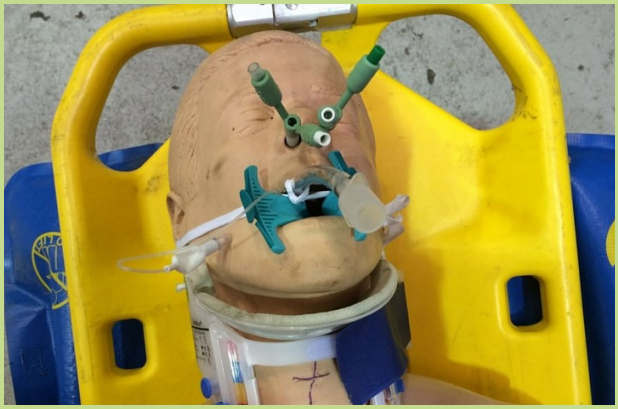
Management after intubation

1 Insert epistats bilaterally but **DO NOT INFLATE** at this stage

2 Insert dental blocks between the molars bilaterally

3 Apply cervical collar to splint the mandible



4 Inflate the posterior balloons with *up to* 10mls fluid each side and apply gentle traction

5 Inflate the anterior balloons with *up to* 30mls fluid each side

6 **Consider:**

Tranexamic acid

Temporary sutures for bleeding wounds

Celox packing of wounds

BoB as required

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