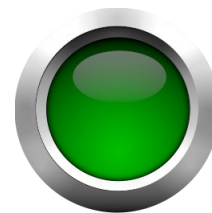


Maxillofacial trauma SOP

Further reading

Airway management in MaxFacs trauma. Barak et al. 2015
MaxFacs trauma Review. Tuckett et al. 2013



Related SOPs

Prehospital emergency anaesthesia SOP
Traumatic brain injury SOP

Spinal 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:
 - 2 suction units available
 - Preoxygenation may be initially done in the sitting/lateral position
 - Mask ventilation will be difficult - use adjuncts routinely
 - Difficult intubation should be anticipated and briefed. Consider using videolaryngoscopy.
 - 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**

Maxillofacial trauma SOP

Management after intubation

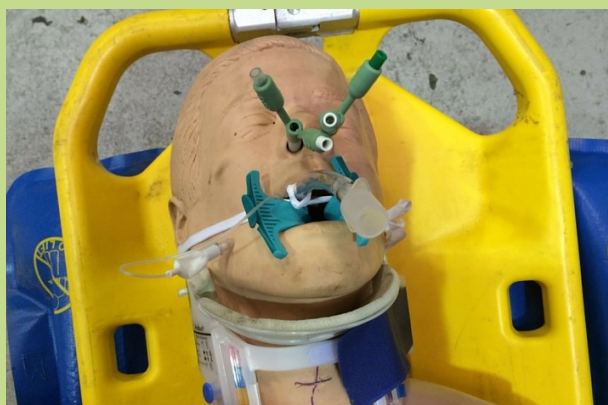
- 1** Insert epistats bilaterally but **DO NOT INFLATE** at this stage



- 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