

## VUMC Facial Trauma Practice Management Guidelines

*\*Revised October 2019, Jan 2022*

1. Evaluation of all facial fractures should include **maxillofacial and head CT with 1mm cuts and 3D reconstruction**.
2. The cervical spine must be **clinically or radiographically cleared** as part of the initial evaluation.
3. **\*Red Flag Symptoms: include extra-ocular muscle restriction, diplopia, bradycardia during ocular examination.**
4. Final in-house reads of outside scans are not required if scans are complete, review of outside report and uploaded images by consulting service is sufficient.
5. **If no allergies, Ampicillin/Sulbactam for 24hr prophylaxis, then hold for OR (given 30min prior to incision). Consider clindamycin for outpatient. Refer to Antibiotic PMG for details.**
6. When in doubt, consult Face team for imaging review or clinical discussion.

INJURY	IMAGING	CONSULT OR REFERRAL	RECOMMENDATIONS	ASSOCIATED INJURIES
<b>Frontal Sinus Fracture</b>				
Nondisplaced Anterior Table	CT H/MF, 3D Recon	• Refer 1 week	1. Facial/Sinus Precautions	<i>Intracranial and/or cervical spine injuries.</i>
Displaced Anterior or Any Posterior Table	CT H/MF, 3D Recon	• Consult	2. Neurosurgery consult for posterior table	
<b>Orbit Fracture:</b>				
Nondisplaced Floor/Wall	CT H/MF, 3D Recon	• Consult for <b>red flag</b> symptoms • O/w refer 1 week	1. Facial/Sinus Precautions	<i>Eyelid lacerations and retrobulbar hemorrhage. (managed per Ophthalmology)</i>
Displaced Floor/Wall	CT H/MF, 3D Recon	• Consult for imaging review • Beside evaluation as determined by Face team	2. Ophthalmology c/s for <b>red flag</b> symptoms	
<b>Panfacial, Lefort, Naso-orbital Ethmoid Fracture (NOE):</b>				
Any Pattern	CT H/MF, 3D Recon	• Consult	1. Facial/Sinus Precautions 2. Ophthalmology c/s for <b>red flag</b> symptoms 3. Open to Mouth/Tooth Root Involvement: - Peridex swish and spit TID - Empiric <b>antibiotics</b>	<i>Intracranial, cervical spine, and/or blunt cerebrovascular injury.</i>
<b>Nasal Bone Fracture:</b>				
Nondisplaced, No Deformity	CT H/MF, 3D Recon	• Consult for septal hematoma • Otherwise refer 1 week	1. Facial/Sinus Precautions	<i>Septal hematoma. (places nasal cartilage at risk and requires <b>urgent</b> incision and drainage)</i>
Displaced, Deformity, Nasal Airway Obstruction	CT H/MF, 3D Recon	• Consult		
<b>Zygoma or Zygomaticomaxillary Complex (ZMC) Fracture (cheek bone fractures)</b>				
Nondisplaced No Deformity	CT H/MF, 3D Recon	• Consult for <b>red flag</b> symptoms • Otherwise refer 1 week	1. Facial/Sinus Precautions 2. Ophthalmology c/s for <b>red flag</b> symptoms 3. Soft, No-chew Diet	<i>ZMC fractures frequently have an orbital floor fracture component.</i>
Displaced or Deformity	CT H/MF, 3D Recon	• Consult for imaging review • Beside evaluation as determined by Face team	4. Open to Mouth/Tooth Root Involvement: - Peridex swish and spit TID - Empiric Clindamycin	
<b>Maxilla / Palate Fracture (not meeting criteria for Le Fort)</b>				
Sinus Wall or Nasal Spine	CT H/MF, 3D Recon	• Refer 1 week	1. Facial/Sinus Precautions 2. Soft, No-chew Diet	
Nondisplaced Palate/Alveolus	CT H/MF, 3D Recon	• Refer 1 week	3. Open to Mouth/Tooth Root Involvement: - Peridex swish and spit TID - Empiric <b>antibiotics</b>	
Displaced Palate/Alveolus	CT H/MF, 3D Recon	• Consult for imaging review • Beside evaluation as determined by Face team		
<b>Dentoalveolar Fractures (teeth and supporting structures)</b>				
Isolated Tooth Fracture	Panorex	• Refer to Dentist 1 week		
Mobile, Displaced, Avulsed Tooth	Panorex	• Consult OMFS		
Isolated Alveolar Fracture	CT H/MF	• Consult OMFS		
<b>Mandible Fracture</b>				
Nondisplaced, Without Malocclusion	CT H/MF, 3D Recon	• Consult for airway involvement • Otherwise refer 3 days	1. Soft, No-chew Diet 2. Open to Mouth/Tooth Root Involvement: - Peridex swish and spit TID - Empiric <b>antibiotics</b>	<i>Intracranial, cervical spine, and/or blunt cerebrovascular injury.</i>
All Other	CT H/MF, 3D Recon	• Consult		
<b>Soft Tissue Injuries</b>				
Scalp		• Repair per ED or Trauma	1. Staples or large nylon sutures	
Eyelid		• Repair per Ophthalmology		
Simple cheek, forehead, brow, neck, chin, inner lip without tissue loss		• Repair per ED	1. Absorbable (i.e. Vicryl) for deep layers 2. Nylon, chromic or fast for skin	<i>*Complex: injuries with substantial tissue loss precluding tissue apposition.</i>
Lip crossing vermillion, complex nasal/ear, degloving, avulsion or any complex face		• Consult	1. Please have 1% Lidocaine w/1:100,000 epinephrine for repair at bedside	
Request for "plastic surgeon"		• Consult	1. Please have 1% Lidocaine with 1:100,000 epinephrine for repair at bedside	