**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.
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

**Frontal Sinus Fracture**
- Nondisplaced Anterior Table: CT H/MF, 3D Recon • Refer 1 week
- Displaced Anterior or Any Posterior Table: CT H/MF, 3D Recon • Consult

**Orbit Fracture:**
- Nondisplaced Floor/Wall: CT H/MF, 3D Recon • Consult for red flag symptoms
- Displaced Floor/Wall: CT H/MF, 3D Recon • Consult for imaging review

**Panfacial, Lefort, Naso-orbital Ethmoid Fracture (NOE):**
- Any Pattern: CT H/MF, 3D Recon • Consult

**Nasal Bone Fracture:**
- Nondisplaced, No Deformity: CT H/MF, 3D Recon • Consult for septal hematoma
- Displaced, Deformity, Nasal Airway Obstruction: CT H/MF, 3D Recon • Consult

**Zygoma or Zygomaticomaxillary Complex (ZMC) Fracture (cheek bone fractures):**
- Nondisplaced No Deformity: CT H/MF, 3D Recon • Consult for red flag symptoms
- Displaced or Deformity: CT H/MF, 3D Recon • Consult for imaging review

**Maxilla / Palate Fracture (not meeting criteria for Le Fort):**
- Sinus Wall or Nasal Spine: CT H/MF, 3D Recon • Refer 1 week
- Palate/Alveolus: CT H/MF, 3D Recon • Refer 1 week
- Displaced Palate/Alveolus: CT H/MF, 3D Recon • Consult

**Dentoalveolar Fractures (teeth and supporting structures):**
- Isolated Tooth Fracture: Panorex • Refer to Dentist 1 week
- Mobile, Displaced, Avulsed Tooth: Panorex • Consult OMFS
- Isolated Alveolar Fracture: CT H/MF • Consult OMFS

**Mandible Fracture**
- Nondisplaced, Without Malocclusion: CT H/MF, 3D Recon • Consult for airway involvement
- All Other: CT H/MF, 3D Recon • Consult

### CONSULT OR REFERRAL

1. Facial/Sinus Precautions
2. Neurosurgery consult for posterior table
3. *Red flag symptoms:
   - Intracranial and/or cervical spine injuries.
   - Eyelid lacerations and retrobulbar hemorrhage.
   - Septal hematoma. (places nasal cartilage at risk and requires urgent incision and drainage)
   - Intracranial, cervical spine, and/or blurt cerebrovascular injury.

### RECOMMENDATIONS

1. *Antibiotics - Empiric:
   - Peridex swish and spit TID
2. Open to Mouth/Tooth Root Involvement:
   - Soft, No-chew Diet
   - Peridex swish and spit TID

### ASSOCIATED INJURIES

- Soft Tissue Injuries
  - Scalp: Repair per ED or Trauma
  - Eyelid: Repair per Ophthalmology
  - Simple cheek, forehead, brow, neck, chin, inner lip without tissue loss: Repair per ED
  - Lip crossing vermilion, complex nasal/ear, degloving, avulsion or any complex face: Consult
  - Request for “plastic surgeon”: Consult

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*Complex: injuries with substantial tissue loss precluding tissue apposition.*