**VUMC Facial Trauma Practice Management Guidelines**  
*Revised October 2019*

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
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**Frontal SinusFracture** | CT H/MF, 3D Recon | • Refer 1 week | 1. Facial/Sinus Precautions | Intracranial and/or cervical spine injuries.
**Nondisplaced Anterior Table** | CT H/MF, 3D Recon | • Consult | 2. Neurosurgery consult for posterior table |  
**Displaced Anterior or Any Posterior Table** | Panorex • Refer to Dentist 1 week |  
**Orbit Fracture:** | CT H/MF, 3D Recon | • Consult for **red flag** symptoms | 1. Facial/Sinus Precautions | Eyelid lacerations and retrobulbar hemorrhage. (managed per Ophthalmology)
**Nondisplaced Floor/Wall** | CT H/MF, 3D Recon | • 0/w refer 1 week | 2. Ophthalmology c/s for **red flag** symptoms |  
**Displaced Floor/Wall** | CT H/MF, 3D Recon | • Bedside evaluation as determined by Face team |  
**Panfacial, Lefort, Naso-orbital Ethmoid Fracture (NOE):** | CT H/MF, 3D Recon | • Consult | 1. Facial/Sinus Precautions | Intracranial, cervical spine, and/or blunt cerebrovascular injury.
**Any Pattern** | CT H/MF, 3D Recon |  
**Nasal Bone Fracture:** | CT H/MF, 3D Recon | • Consult for septal hematoma | 1. Facial/Sinus Precautions | Septal hematoma. (places nasal cartilage at risk and requires urgent incision and drainage)
**Nondisplaced, No Deformity** | CT H/MF, 3D Recon | • Otherwise refer 1 week |  
**Displaced, Deformity, Nasal Airway Obstruction** | CT H/MF, 3D Recon | • Consult |  
**Zygoma or Zygomaticomaxillary Complex (ZMC) Fracture (cheek bone fractures):** | CT H/MF, 3D Recon | • Consult for **red flag** symptoms | 1. Facial/Sinus Precautions | ZMC fractures frequently have an orbito floor fracture component.
**Nondisplaced No Deformity** | CT H/MF, 3D Recon | • Otherwise refer 1 week | 2. Ophthalmology c/s for **red flag** symptoms |  
**Displaced or Deformity** | CT H/MF, 3D Recon | • Bedside evaluation as determined by Face team |  
**Maxilla / Palate Fracture (not meeting criteria for Le Fort)** | CT H/MF, 3D Recon | • Refer 1 week | 1. Facial/Sinus Precautions |  
**Sinus Wall or Nasal Spine** | CT H/MF, 3D Recon | • Refer 1 week | 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 |  
**Displaced Palate/Alveolus** | CT H/MF, 3D Recon | • Consult | - Empiric antibiotics |  
**Dentoalveolar Fractures (teeth and supporting structures):** | CT H/MF, 3D Recon | • Consult |  
**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** | CT H/MF, 3D Recon | • Consult for airway involvement | 1. Soft, No-chew Diet | Intracranial, cervical spine, and/or blunt cerebrovascular injury.  
**Nondisplaced, Without Malocclusion** | CT H/MF, 3D Recon | • Otherwise refer 3 days | 2. Open to Mouth/Tooth Root Involvement: Peridex swish and spit TID |  
**All Other** | CT H/MF, 3D Recon | • Consult | - Empiric antibiotics |  
**Soft Tissue Injuries** |  
**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 |  
**Lip crossing vermilion, 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 |  

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