VUMC Facial Trauma Practice Management Guidelines

Revised October 2019 , Jan 2022, Jan 2024,* ***Oct 2026* *Reviewed By: Matthew Pontell, MD; Samuel McKenna, DDS, MD; Alexander Gelbard, MD*

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, vomiting.***
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. ***Antibiotics - prophylactic antibiotics are indicated for blunt fractures that are open (all fractures involving teeth are considered open) and all penetrating fractures. Refer to Antibiotics in Craniofacial Trauma PMG for details on type, route, duration, and timing.***
6. No-chew diet includes clear liquids, full liquids, and pureed food. It ***does not*** include minced and moist or bite-sized.
7. When in doubt, consult Face team for imaging review or clinical discussion.

INJURY	IMAGING	CONSULT OR REFERRAL	RECOMMENDATIONS	ASSOCIATED INJURIES
Frontal SinusFracture				
Nondisplaced Anterior Table	CT H/MF, 3D Recon	• Refer 1 week	1. Facial/Sinus Precautions 2. Neurosurgery consult for posterior table	*Intracranial and/or cervical spine injuries.*
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 • O/w refer 1 week	1. Facial/Sinus Precautions 2. Ophthalmology c/s for ***red flag*** symptoms	*Eyelid lacerations and retrobulbar hemorrhage. (managed per Ophthalmology)*
Displaced Floor/Wall	CT H/MF, 3D Recon	• Consult for imaging review • Bedisde evaluation as determined by Face team		
Panfacial, Lefort, Naso-orbital Ethmoid Fracture (NOE):				
Any Pattern	CT H/MF, 3D Recon	• Consult	1. Facial/Sinus Precautions 2. Ophthalmology c/s for ***red flag*** symptoms 3. Open to Mouth/Tooth Root Involvement: - Peridex swish and spit TID	*Intracranial, cervical spine, and/or blunt cerebrovascular injury.*
Nasal Bone Fracture:				
Nondisplaced, No Deformity	CT H/MF, 3D Recon	• Consult for septal hematoma • Otherwise refer 1 week	1. Facial/Sinus Precautions	*Septal hematoma. (places nasal cartilage at risk and requires* ***urgent*** incision and drainage)
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 • Otherwise refer 1 week	1. Facial/Sinus Precautions 2. Ophthalmology c/s for ***red flag*** symptoms 3. Soft diet unless oral mucosal injury present 4. Open to Mouth/Tooth Root Involvement: - Peridex swish and spit TID - Empiric Clindamycin	*ZMC fractures frequently have an orbital floor fracture component.*
Displaced or Deformity	CT H/MF, 3D Recon	• Consult for imaging review •Bedisde evaluation as determined by Face team		
Maxilla / Palate Fracture *(not meeting criteria for Le Fort)*				
Sinus Wall or Nasal Spine	CT H/MF, 3D Recon	• Refer 1 week	1. Facial/Sinus Precautions 2. No-chew Diet 3. Open to Mouth/Tooth Root Involvement: - Peridex swish and spit TID	
Nondisplaced Palate/Alveolus	CT H/MF, 3D Recon	• Refer 1 week		
Displaced Palate/Alveolus	CT H/MF, 3D Recon	• Consult for imaging review • Bedisde evaluation as determined by Face team		
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 • Otherwise refer 3 days	1. No-chew Diet 2. Open to Mouth/Tooth Root Involvement: - Peridex swish and spit TID	*Intracranial, cervical spine, and/or blunt cerebrovascular injury.*
All Other	CT H/MF, 3D Recon	• Consult		
Soft Tissue Injuries				
Scalp		• Repair per ED or Trauma	1. Staples or large nylon sutures	**Complex: injuries with substantial tissueloss precluding tissue apposition.*
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 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	