

Emergency

Care and Transportation of the Sick and Injured



Section 5: Trauma

26: Face and Throat Injuries

Cognitive Objectives (1 of 2)

1. Describe the causes of upper airway obstructions in facial injuries.
2. List the steps in the emergency medical care of the patient with soft-tissue wounds of the face and neck.
3. List the steps in the emergency medical care of the patient with injuries of the nose and ear.
4. List the physical findings of a patient with a facial fracture.

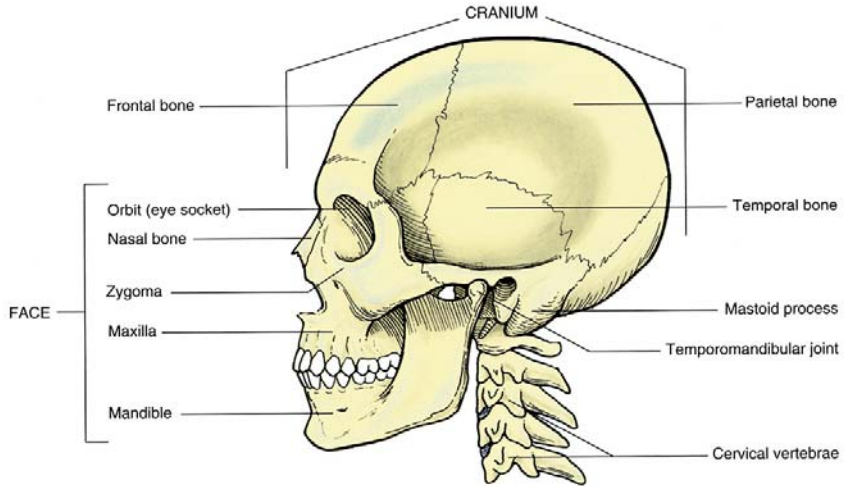
Cognitive Objectives (2 of 2)

5. List the steps in the emergency medical care of the patient with a penetrating injury to the neck.
 6. List the steps in the emergency medical care of the patient with an upper airway injury.
 7. List the steps in the emergency medical care of the patient with dental injuries.
- There are no affective objectives for this chapter.

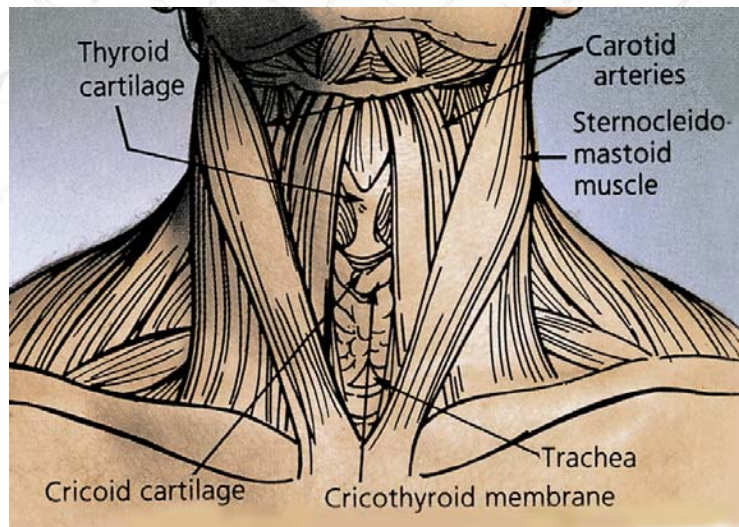
Psychomotor Objectives

8. Demonstrate the care of a patient with soft-tissue wounds of the face and neck.
 9. Demonstrate the care of a patient with injuries of the nose and ear.
 10. Demonstrate the care of a patient with a penetrating injury to the neck.
 11. Demonstrate the care of a patient with an upper airway injury.
 12. Demonstrate the care of a patient with dental injuries.
- All of the objectives in this chapter are noncurriculum objectives.

Anatomy of the Head



Landmarks of the Neck



Injuries to the Face

- Injuries about the face can lead to upper airway obstructions.
- Bleeding from the face can be profuse.
- Loosened teeth may lodge in the throat.
- If the great vessels are injured, significant bleeding and pressure may occur.

Soft-Tissue Injuries

- Soft-tissue injuries to the face and scalp are common.
- Wounds to the face and scalp bleed profusely.
- A blunt injury may lead to a hematoma.
- Sometimes a flap of skin is peeled back from the underlying muscle.





Hematoma

- Blunt injury that does not break the skin may cause a break in a blood vessel wall.



You are the Provider

- You and your EMT-B partner receive a call to the Acme Barn on a report of a fight.
- On arrival, law enforcement personnel advise you that the scene is safe and that they have the suspect.
- You take BSI precautions and approach a 25-year-old man holding his neck. You ask what happened. He replies that he was stabbed.

You are the Provider (continued)

- What are your safety considerations at the scene?
- What was the mechanism of injury?

Scene Size-up

- Take BSI precautions.
- Patients with facial bleeding may cough, projecting blood.
- Place several pairs of gloves in pocket.
- Look for bleeding as you approach.
- Consider spinal immobilization.

You are the Provider (continued)

- You ask the patient his name; he responds “Bill.”
- You observe blood flowing freely under his hand.
- He is breathing rapidly.
- You find a puncture wound to the right side of his neck with profuse, bright red bleeding.

You are the Provider

(continued)

- What are the steps of your initial assessment?
- When do you control the bleeding?
- How would you control the bleeding?
- What is your transport decision?
- Would you call for ALS backup?
- What are other treatment considerations?

Initial Assessment

- Maintain patient airway.
- Do not insert nasopharyngeal airway if there is chance of basal skull fracture.
- Quickly assess chest for DCAP-BTLS.
- Place nonbreathing mask over facial injuries; may be difficult but is important.
- Quickly assess pulse.
- Control life-threatening bleeding.

Transport Decision

- Avoid delays in transport.
- Consider ALS backup for long transport times.
- Monitor constantly.
- Significant blow to face or throat may mean spinal or brain injury.

You are the Provider

(continued)

- You ensure that his airway is open, taking c-spine precautions.
- No noted airway abnormalities. Breathing is rapid.
- DCAP-BTLS is unremarkable.
- You control neck bleeding with sterile dressing and direct pressure; color is bright red, suggestive of arterial bleeding.
- You start oxygen via nonrebreathing mask at 10-15 L/min.
- Priority transport

Focused History and Physical Exam

- Rapid physical exam or focused physical exam depending on injury
- Use DCAP-BTLS to guide you to identify and correct threats to life.
- Do not focus only on bleeding.
- Obtain baseline vital signs and SAMPLE history.

Interventions

- Complete spinal immobilization if spinal injuries suspected.
- Maintain open airway.
- Provide high-flow oxygen.
- May need assisted ventilation with BVM device
- Control bleeding.
- Treat for shock if patient has signs of hypoperfusion.
- Do not delay transport.

Detailed Physical Exam

- Perform if patient is stable and time allows.

Ongoing Assessment

- Reassessment is particularly important with face and throat injuries.
- These can easily affect respiratory, cardiovascular, and nervous systems.
- Communication and documentation
 - Include description of MOI.
 - Estimate amount of blood loss.
 - Note specific injuries.

You are the Provider

(continued)

- You must transport rapidly to a trauma center.
- If direct pressure does not control bleeding, apply pressure above and below wound.
- Secure dressing with bandage over wound and wrap it under patient's arm.
- Maintain cervical immobilization.
- Apply pressure to wound en route to trauma center.

Care of Soft-Tissue Injuries (1 of 3)

- Assess the ABCs and care for life-threatening injuries.
- Follow proper BSI precautions.
- Blood draining into the throat can lead to vomiting. Monitor airway constantly.
- Take appropriate precautions if you suspect a neck injury.

Care of Soft-Tissue Injuries (2 of 3)

- Control bleeding by applying direct pressure.



Care of Soft-Tissue Injuries (3 of 3)

- Injuries around the mouth may obstruct the airway.



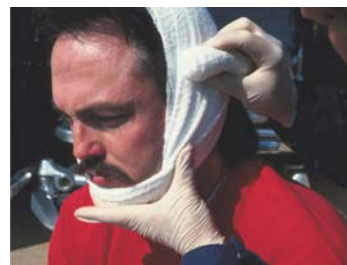
Injuries of the Nose

- Blunt trauma to the nose can result in fractures and soft-tissue injuries.
- Cerebrospinal fluid coming from the nose is indicative of a basal skull fracture.
- Bleeding from soft-tissue injuries of the nose can be controlled with a dressing.



Injuries of the Ear

- Ear injuries do not usually bleed much.
- Place a dressing between the ear and scalp when bandaging the ear.
- For an avulsed ear, wrap the part in a moist sterile dressing.
- If a foreign body is lodged in the ear, do not try to manipulate it.



Facial Fractures

- A direct blow to the mouth or nose can result in a facial fracture.
- Severe bleeding in the mouth, loose teeth, or movable bone fragments indicate a break.
- Fractures around the face and mouth can produce deformities.
- Severe swelling may obstruct the airway.



Dislodged Teeth

- Dislodged teeth should be transported with the patient in a container with some of the patient's saliva or with some milk to preserve them.



Blunt Injuries of the Neck

- A crushing injury of the neck may involve the larynx or trachea.
- A fracture to these structures can lead to subcutaneous emphysema.
- Be aware of complete airway obstruction and the need for rapid transport to the hospital.



Penetrating Injuries of the Neck (1 of 2)

- They can cause severe bleeding.
- The airway, esophagus, and spinal cord can be damaged from penetrating injuries.
- Apply direct pressure to control bleeding.
- Place an occlusive dressing on a neck wound.



Penetrating Injuries of the Neck (2 of 2)

- Secure the dressing in place with roller gauze, adding more dressing if needed.
- Wrap gauze around and under patient's shoulder.

