

VUMC Facial Trauma Practice Management Guidelines

*Revised October 2019, Jan 2022, Jan 2024 Authors: Matthew Pontell, MD & Brad Hill, ND

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 only indicated for open fractures, all fractures involving teeth are considered open. When indicated, administer Ampicillin/Sulbactam for 24hr prophylaxis, then hold for OR (given 30min prior to incision). Consider Clindamycin for penicillin allergy or outpatient. Refer to Antibiotic PMG for details.**

INJURY	IMAGING	CONSULT OR REFERRAL	RECOMMENDATIONS	ASSOCIATED INJURIES
Frontal Sinus Fracture				
Nondisplaced Anterior Table	CT H/MF, 3D Recon	• Refer 1 week	1. Facial/Sinus Precautions	Intracranial and/or cervical spine injuries.
Displaced Anterior or Any Posterior Table	CT H/MF, 3D Recon	• Consult	2. Neurosurgery consult for posterior table	
Orbit Fracture:				
Nondisplaced Floor/Wall	CT H/MF, 3D Recon	• Consult for red flag symptoms • O/w refer 1 week	1. Facial/Sinus Precautions	Eyelid lacerations and retrobulbar hemorrhage. (managed per Ophthalmology)
Displaced Floor/Wall	CT H/MF, 3D Recon	• Consult for imaging review • Bedside evaluation as determined by Face team	2. Ophthalmology c/s for red flag symptoms	
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	ZMC fractures frequently have an orbital floor fracture component.
Displaced or Deformity	CT H/MF, 3D Recon	• Consult for imaging review • Bedside evaluation as determined by Face team	3. Soft, No-chew Diet 4. Open to Mouth/Tooth Root Involvement: - Peridex swish and spit TID - Empiric Clindamycin	
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. 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 for imaging review • Bedside 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. Soft, 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 tissue loss 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	