

Thank you, Missah!

Hello again – it's good to be back. We are now going to explore emergency care for patients with face and neck injuries.

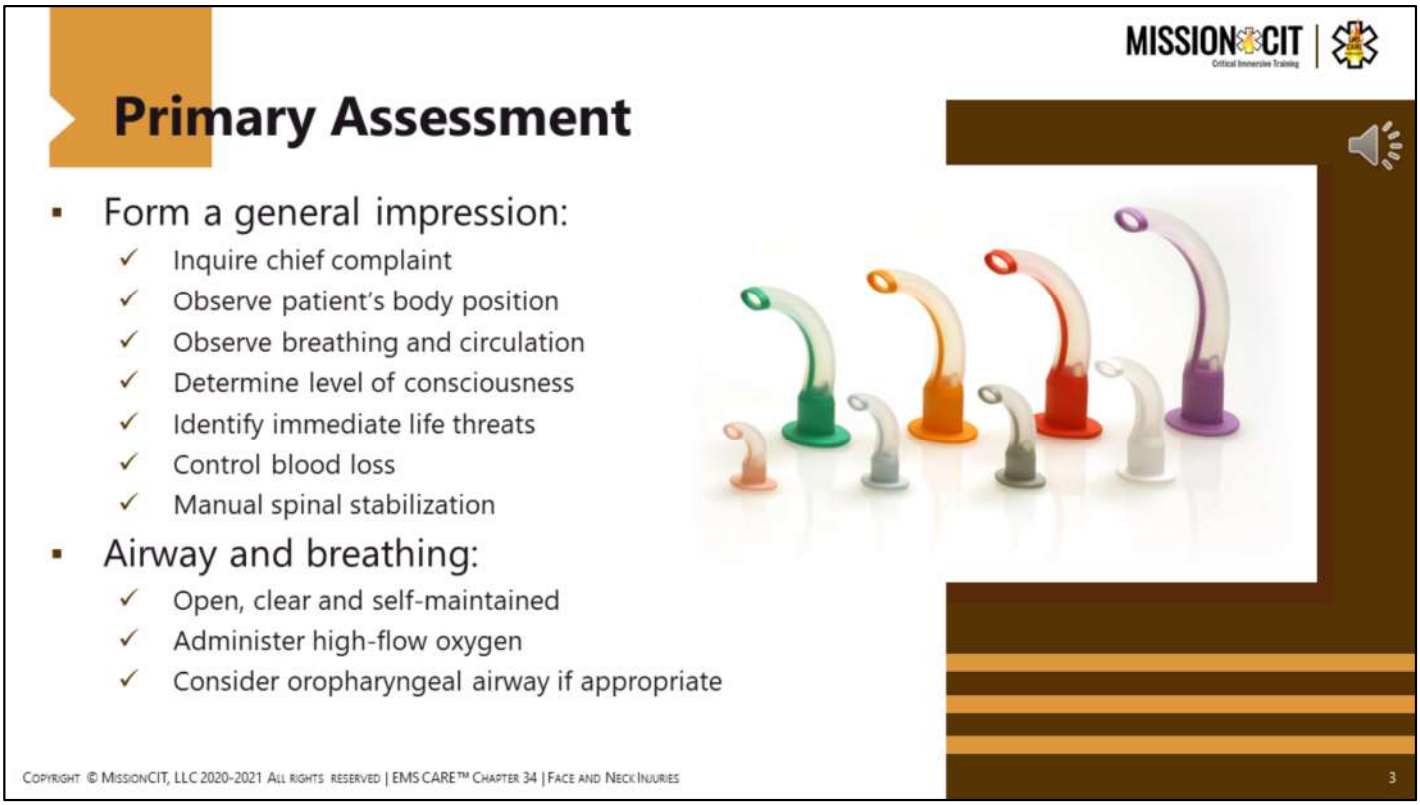
We will review scene size-up, primary assessment, and history taking. We will also discuss secondary assessment, reassessment along with specific emergency medical care.

Good Studying.



Ensure scene safety and safe access to the patient. Standard precautions should include a minimum of gloves and eye protection if there is vomiting. Consider the possibility that facial injuries can cause bleeding into the oropharynx, producing coughing; therefore, consider the use of face shields. Consider donning a gown and shoe covers if other bodily fluids are involved. Determine the number of patients. Assess for the potential of violence and environmental hazards and the need for additional resources.

Determine the Mechanism of Injury and Nature of Illness. Interview the patient, family, and/or bystanders to determine the exact nature of the traumatic forces applied.

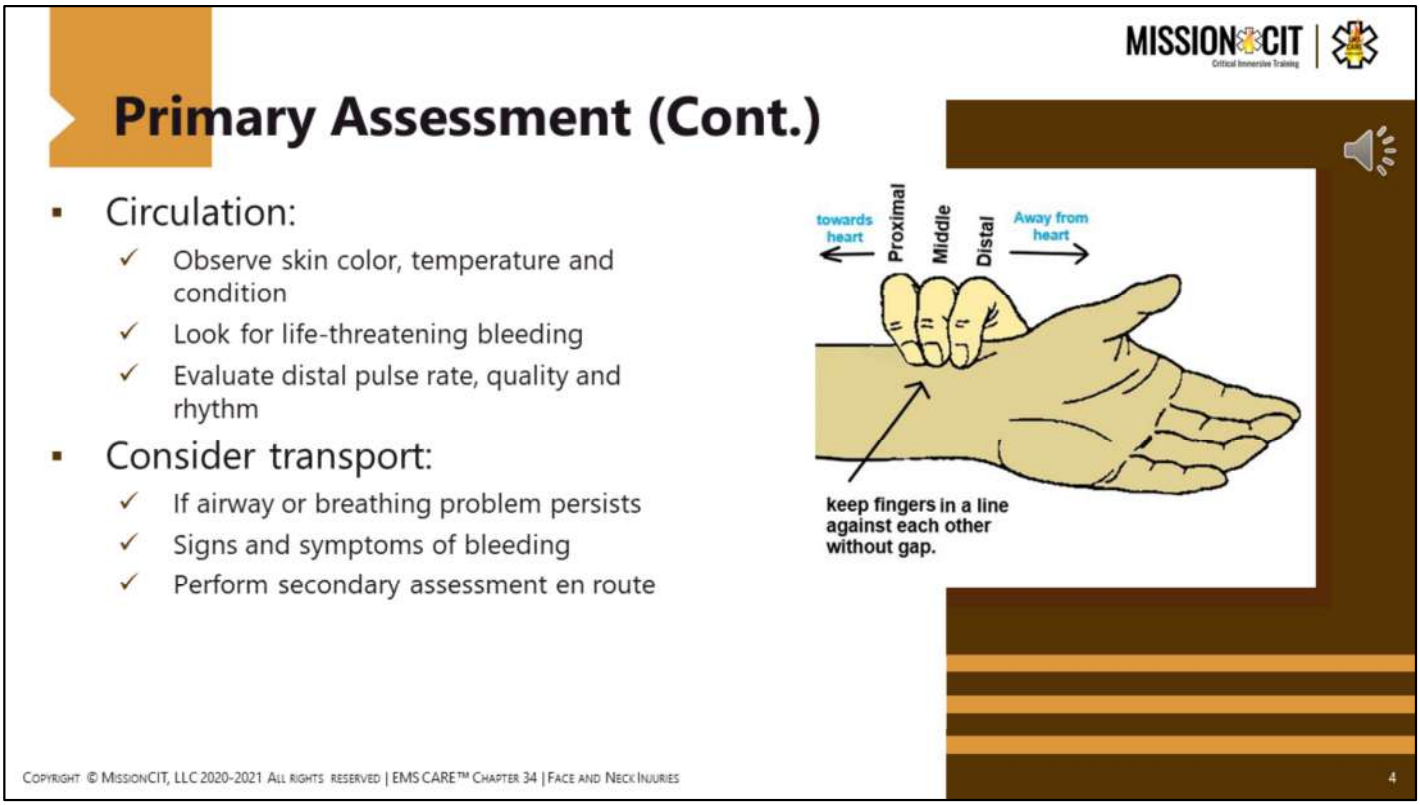


Form a general impression:

Inquire about the chief complaint and observe the patient's overall body position. Observe the work of breathing and circulation. Determine the level of consciousness using the AVPU scale. Identify immediate threats to life. Determine the priority of care based on the MOI. If the patient has a poor general impression, call for ALS assistance. A rapid scan will help you identify and manage life threats. Control blood loss with direct pressure. Consider the need for manual spinal stabilization. Maintain a high index of suspicion for airway or respiratory compromise. Injuries to the face and throat may be very obvious, but may also be hidden by collars or hats.

Airway and breathing:

Ensure the airway is open, clear, and self-maintained. Evaluate the patient's ventilatory status for rate and depth of breathing, respiratory effort, and tidal volume. Administer high-flow oxygen at 15 L/min, providing ventilatory support as needed. Hypoxia may cause changes in the patient's mental state. If vomiting or bleeding into the oropharynx is a possibility, tilt the backboard to the side after spinal immobilization has been performed and have suction ready. If the patient is unresponsive or has a significantly altered level of consciousness, consider a properly sized oropharyngeal airway if appropriate.



Circulation:

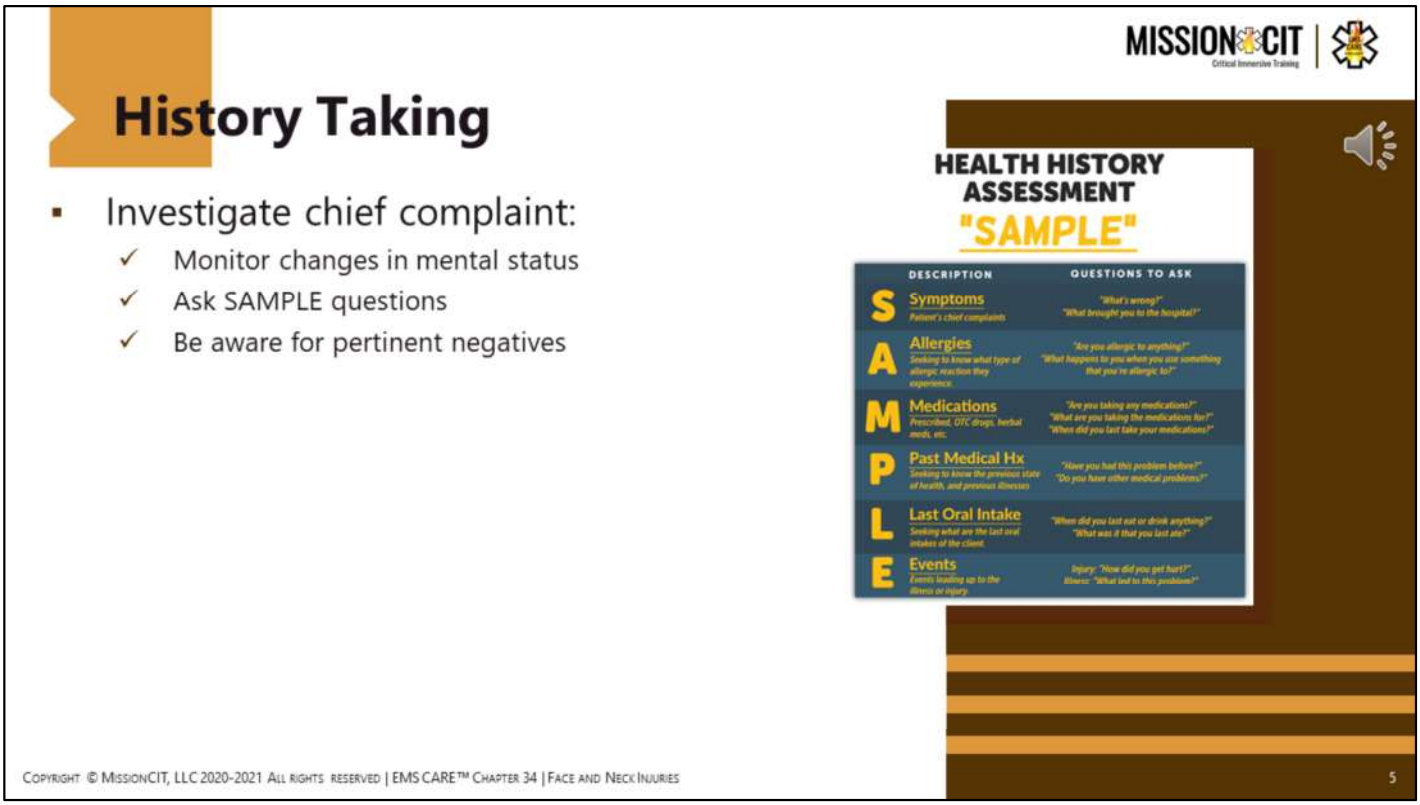
Observe skin color, temperature, and condition; look for life-threatening bleeding and treat accordingly. Evaluate distal pulse rate, quality (strength), and rhythm. Observe for significant oropharyngeal bleeding and assess circulatory status quickly.

Transport decision:

If the patient has an airway or breathing problem, signs and symptoms of bleeding, or other life threats, manage them immediately and consider rapid transport, performing the secondary assessment en route to the hospital. Consider rapid transport to an appropriate trauma center. The patient who has a significant MOI but whose condition appears stable should also be transported promptly. Remember that any significant blow to the face or throat should increase your suspicion of spinal or brain injury. Look out for signs of hypoperfusion. Even if the patient has no signs of hypoperfusion or other life-threatening injuries, there is the possibility of eye injuries.

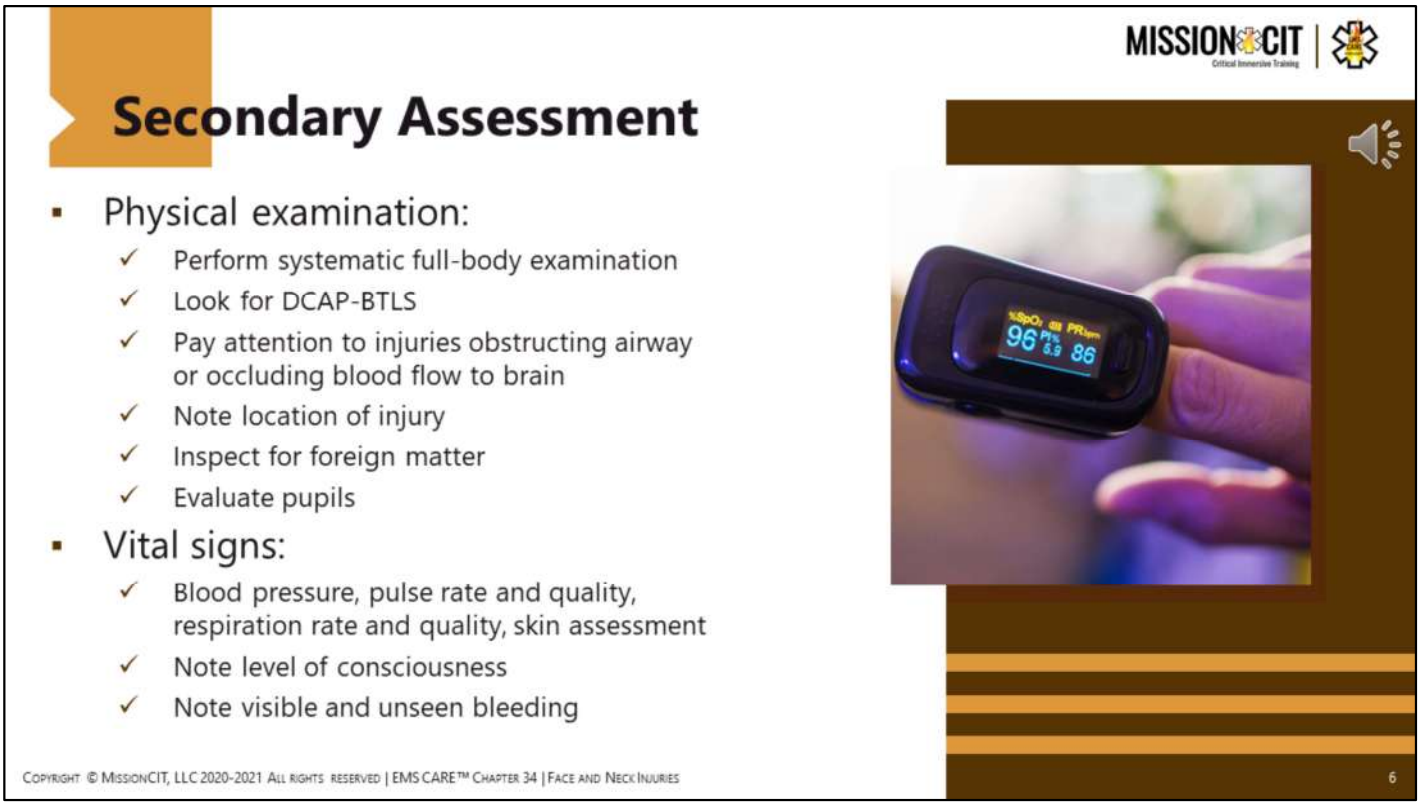
NOTE: The order of the steps in this section differs depending on whether the patient is conscious or unconscious.

The following order is for a conscious patient. For an unconscious patient, perform a primary assessment, perform a full-body scan, obtain vital signs, and obtain the past medical history from a family member, bystander, or emergency medical identification device.



Investigate chief complaint:

Monitor the patient for changes in mental status. Ask SAMPLE questions. SAMPLE can also be obtained from family, bystanders, and medical alert tags. Be aware of any pertinent negatives such as no pain or no loss of sensation.



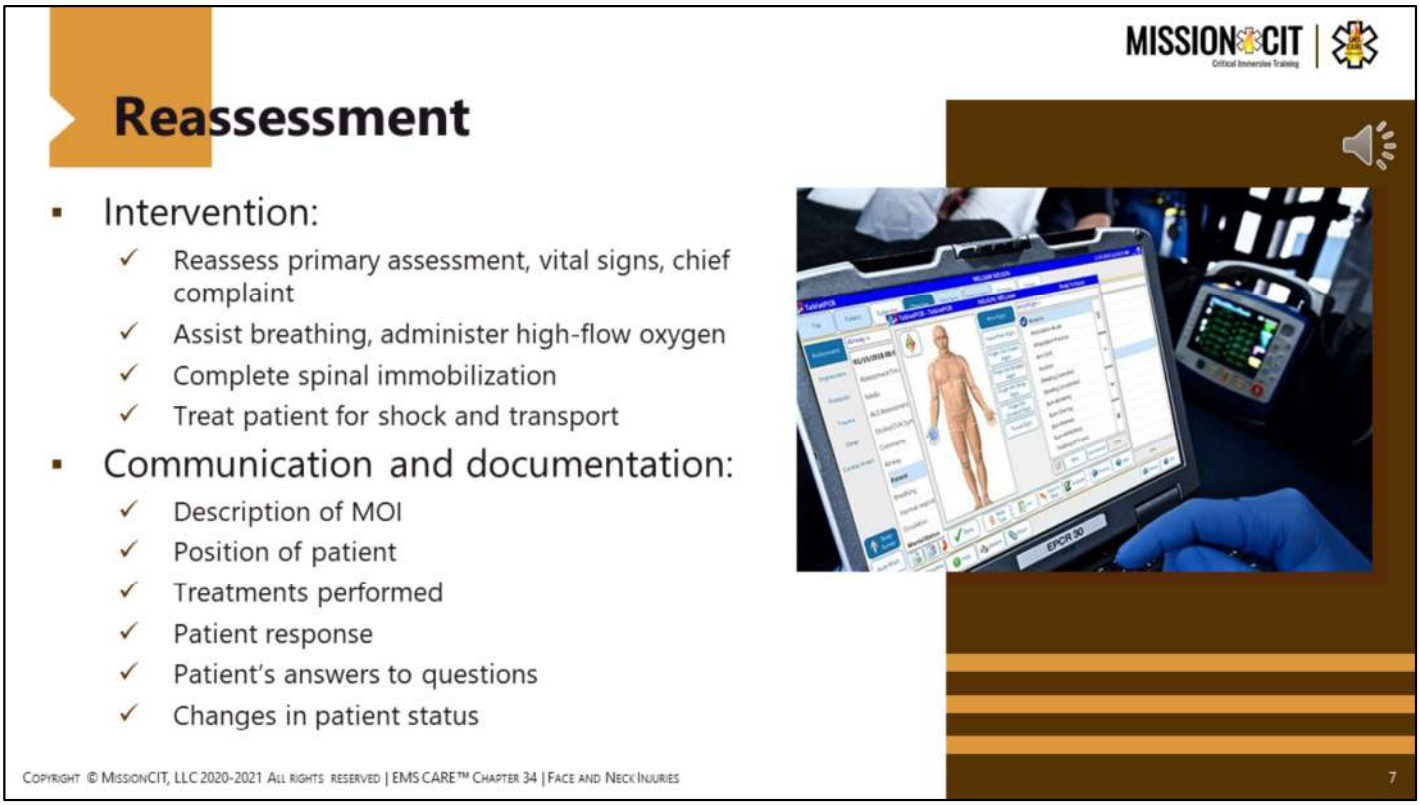
Physical examinations:

Perform a systematic full-body examination or a focused examination of the face and/or neck. Rule out any potential life threats. Advise the patient prior to performing any examination. Do not delay transport to perform the physical examination at the scene. Look for DCAP-BTLS and asymmetry in the face and neck. Pay close attention to injuries that could potentially obstruct the airway or occlude blood flow to the brain.

Ensure that control of bleeding is maintained, and note the location of the injury. Inspect the open wound for any foreign matter and stabilize impaled objects. During the physical examination, use both your eyes and your hands. If your patient is responsive, you should explain exactly what you are doing and what you are looking for. Evaluate the pupils, start with the outer aspect and work towards the pupils. Remember that visual acuity is considered the vital sign of the eye.

Vital signs:

Obtain baseline vital signs as soon as practical. Vital signs should include blood pressure by auscultation, pulse rate and quality, respiration rate and quality, and skin assessment for perfusion. Note the patient's level of consciousness. You must be concerned with visible bleeding and unseen bleeding inside a body cavity. With facial and throat injuries, baseline information about respirations and pulse is very important. Use pulse oximetry, if available, to assess the patient's perfusion status.



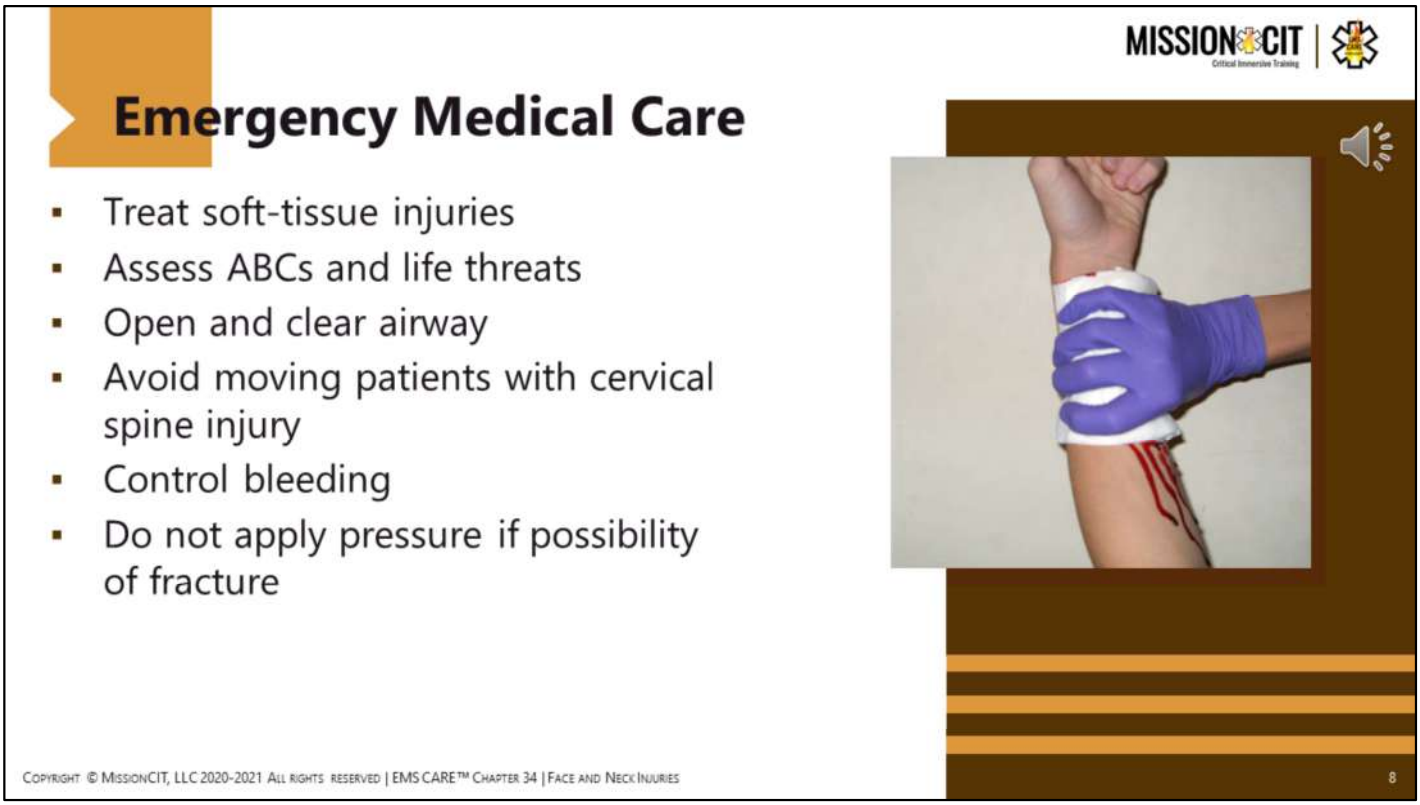
Interventions:

Reassess the primary assessment, vital signs, chief complaint, and any interventions already performed. Assist breathing as required, administering high-flow oxygen. Provide complete spinal immobilization to any patient with suspected spinal injuries. If the patient has signs of hypoperfusion, treat the patient aggressively for shock and provide rapid transport. Do not delay transport of a seriously injured patient to complete non-lifesaving treatments in the field.

Communication and documentation:

Contact medical control/receiving hospital with a radio report; many hospitals require additional personnel and a separate treatment area. Include a thorough description of the MOI and the position the patient was found in. Include treatments performed and patient response. Be sure to document the patient's distress, answers to your questions, and any changes in patient status and the time. Follow local protocols. Document the reasoning for your treatment and the patient's response.

NOTE: Although the following steps are widely accepted, be sure to consult and follow your local protocols. Take appropriate standard precautions when treating all patients.



Treat soft-tissue injuries to the face and neck the same as soft-tissue injuries elsewhere on the body. Assess ABCs and life threats first. Follow standard precautions. In the absence of life-threatening bleeding, the first step is to open and clear the airway. The patient may need frequent suctioning of blood draining into the throat. Avoid moving the neck in patients with suspected cervical spine injuries.

Control bleeding by applying direct manual pressure with a dry, sterile dressing. Use roller gauze, wrapped around the circumference of the head, to hold a pressure dressing in place. Do not apply excessive pressure if there is a possibility of an underlying skull fracture.



When an injury exposes the brain, eye, or other structures, cover the exposed parts with a moist, sterile dressing. Apply ice locally to injuries that do not break the skin. For soft-tissue injuries around the mouth, check for bleeding inside the mouth.

- Broken teeth and lacerations to the tongue may cause profuse bleeding and obstruction of the upper airway.
- Often, the patient will swallow the blood, so the hemorrhage may not be apparent.
- Patients who swallow blood are prone to vomiting.

Physicians can sometimes graft a piece of avulsed skin back into the appropriate position.

- If you find portions of avulsed skin, wrap them in a sterile dressing, place them in a plastic bag, and keep them cool.
- If the skin is still attached in a loose flap, place the flap in a position that is as close to normal as possible.

In the next lesson, Missah will discuss emergency care. Good studying.