Face and Neck Injuries

Chapter 25
Landmarks of the Neck

- Thyroid cartilage
- Carotid arteries
- Sternocleidomastoid muscle
- Cricoid cartilage
- Cricothyroid membrane
- Trachea
Injuries to the Face

- Injuries around 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
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
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 nonrebreathing mask over facial injuries; may be difficult but is important.
- Quickly assess pulse.
- Control life-threatening bleeding
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.
- Complete detailed Physical exam if 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
Care of Soft-Tissue Injuries
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.
Control Bleeding

- Control bleeding by applying direct pressure (unless you suspect a skull fracture)
- Remember: 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

- 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.
- Secure the dressing in place with roller gauze, adding more dressing if needed.
- Wrap gauze around and under patient’s shoulder
• Soft-tissue injuries and fractures of the bones of the face and neck are common and vary in severity.

• In face and neck injuries, your priorities are to prevent further injury to the cervical spine, manage the airway and ventilation of the patient, and control breathing.
Airway compromise may be caused by heavy bleeding into the airway, swelling in and around the structures of the airway located in the face and neck, and injuries to the central nervous system that interfere with normal respiration.
To control heavy bleeding from soft-tissue injuries to the face, use direct pressure with a dry, sterile dressing. If brain tissue is exposed, use a moist, sterile dressing.
• Always check for bleeding inside the mouth because this may produce airway obstruction.

• Open the airway using the modified jaw-thrust maneuver (when indicated), and clear the airway in all patients with facial injuries.
• Save avulsed pieces of skin and tissue, and transport them with the patient for possible reattachment at the hospital.

• Maintain a high index of suspicion for patients with unequal pupils—this sign may indicate an illness or an injury to the brain.
• Foreign bodies on the surface of the eye should be irrigated gently with normal saline solution. Always flush from the region of the eye closest to the nose toward the outside, away from the midline.
Summary (7 of 10)

• If a foreign body is on the underside of the eyelid, remove it gently with a cotton-tipped applicator. Never remove foreign bodies stuck to the cornea.
• Chemicals, heat, and light rays can all cause burn injury to the eyes, resulting in permanent damage.

• Be alert to clear fluid draining from the ears or nose. This may indicate a basilar skull fracture.
Blunt and penetrating trauma to the neck can produce life-threatening injuries. Palpate the neck for signs of subcutaneous emphysema. In patients with this sign, complete airway obstruction may develop in minutes.
If bleeding is present from a penetrating injury, direct pressure over the site will usually control most forms of bleeding.

Be alert to the possibility of an air embolism from an open neck injury. Place an occlusive dressing over the site, and provide direct pressure.