LONDON'S AIR AMBULANCE
roadside intensive care

Pre-hospital Care Standard Operating Procedure

Maxillofacial Injury

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DISTRIBUTION:	PHC Doctors PHC Paramedics	
RELATED DOCUMENTS:	Equipment folder – dental props & epistats	
THIS DOCUMENT REFERS TO:	☑ PHC Clinical Practice PHC Non-clinical Practice PHC Operational Procedure	Ref: CP-6

Aims:

- Describe the methods used to attempt to control excessive haemorrhage from maxillofacial injury.

Background:

Maxillofacial haemorrhage may be torrential. Where possible it should be controlled by a combination of anatomical reduction and splinting with (from below up) cervical collar, dental blocks and tracheal tube and nasal epistats.

Torrential maxillofacial haemorrhage is usually associated with an obstructed airway (actual or impending) and most patients will require airway protection with a cuffed tracheal tube (intubation or surgical airway).

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An Epistat consists of two balloons, one at the tip which secures the epistat in the posterior nasal space and a second midway along the shaft that compresses the walls of the nasal space. For the balloons to provide tamponade in the nasal space it is important that the hard palate is braced against the lower jaw [which is supported by a cervical collar] with dental bridges. Failure to do this will result in a mobile maxilla being pushed off the base of the skull and increasing the space for bleeding.

Policy:

Patients with uncontrolled haemorrhage from the facial skeleton should undergo tamponade with bilateral epistats and dental bridging. They should only be used when the patient is anaesthetised. A cervical collar should be in place.

Process

- Insert the epistats along the floor of the nose with the same technique as insertion of a nasopharyngeal airway. Do not inflate at this stage.
- Insert the dental blocks in either side of the tracheal tube and position between the molars. [Point of wedge toward the back of the mouth]. Tie the chain on the dental blocks together or tape them to the side of the cheek.
- Fill two 20 ml syringes with normal saline.
- Inflate the balloon in the posterior nasal space (white valve) with approximately 10ml of fluid, enough to prevent the epistat being pulled out with light traction.
- Now inflate the middle balloon [green valve] with 20 - 30 mls of fluid until haemorrhage is controlled.
- Try to inflate both epistats alternately (a little at a time) to avoid causing deviation of fractures
- NB Both epistats must be inserted even if haemorrhage is only from one side.

Other points

- In patients with severe facial injuries pre-oxygenation and induction of anaesthesia should be performed in the position where they are most comfortable and can maintain their own airway.
- Although patients with severe facial injury can look alarming the experience of this service is that the vast majority can be intubated in the normal way sticking rigidly to the RSI SOP.