1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)

2. Administer **Oxygen** pm (*MCG 1302*)

3. Assess for signs of trauma
   If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*

4. Control bleeding with direct pressure ☼

5. For epistaxis:
   Control bleeding by pinching nose just distal to nasal bone with head in neutral position and patient sitting forward ☻
   Document Provider Impression – *Epistaxis*

6. For tooth avulsion:
   Handle it by the enamel (crown) and do not touch the root
   Place in container with **Normal Saline**

7. For complaints of throat irritation and/or foreign body sensation:
   Assess for airway obstruction, if present treat per *TP 1234, Airway Obstruction*
   For throat complaints without airway obstruction, document Provider Impression – *ENT/Dental Emergencies*

8. Establish vascular access prn (*MCG 1375*)

9. For pain management: (*MCG 1345*)
   **Fentanyl 50mcg (1mL) slow IV push or IM/IN**
   Repeat every 5 min pm, maximum total dose prior to Base contact 150mcg
   **Morphine 4mg (1mL) slow IV push**
   Repeat every 5 min pm, maximum total dose prior to Base contact 12mg

   **CONTACT BASE** for additional pain management after maximum dose administered:
   May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg

10. For nausea or vomiting:
    **Ondansetron 4mg ODT/IV/IM**, may repeat x1 in 15 min pm
SPECIAL CONSIDERATIONS

❶ If unable to sit upright due to poor perfusion or concerns for trauma with possible thoracic or lumbar spinal injury, consider log rolling on side to prevent airway compromise.

❷ To prevent aspiration and for patient comfort, sit patient in high Fowler’s position leaning forward and suction prn.