Treatment Protocol: ENT / DENTAL EMERGENCIES

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 ❶

5. For epistaxis:
   Control bleeding by pinching nose just distal to nasal bone with head in neutral position and patient sitting forward ❷
   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.