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

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

3. Assess for signs of trauma
   If traumatic injury suspected, treat in conjunction with **TP 1244-P, 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 forward❷
   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/mL) 1mcg/kg slow IV push or IM**, dose per **MCG 1309** or
   **Fentanyl (50mcg/mL) 1.5mcg/kg IN**, dose per **MCG 1309**
   Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact
   **Morphine (4mg/mL) 0.1mg/kg slow IV push**, dose per **MCG 1309**
   Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact

   **CONTACT BASE** for additional pain management after maximum dose administered:
   May repeat Fentanyl or Morphine as above maximum 4 total doses

10. For nausea or vomiting in patients ≥ 4 years old:
    **Ondansetron 4mg ODT**
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.