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 \(TP 1244-P, \text{Traumatic Injury}\)

4. Control bleeding with direct pressure \(\text{❶}\)

5. For epistaxis:
   - Control bleeding by pinching nose just distal to nasal bone with head in neutral position and patient sitting forward \(\text{❷}\)
   - 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 \(TP 1234, \text{Airway Obstruction}\)
   - 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 or IM, 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 \(\geq 4\) years old:
    - **Ondansetron** 4mg ODT
SPECIAL CONSIDERATIONS

1. 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.

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