



Maxillofacial presentations

▼ Common MaxFac presentations

Dental abscess/facial swelling: Generally originates from a toothache/infected tooth. May present with fever, pain and isolated area of swelling around jaw/cheek. Can spread to neck and present an airway risk, ensure airway is assessed promptly.

Facial trauma: More complex for referral, will need XRs of facial bones and consideration of trauma and mechanism - more likely to be doctor led referral. Complex facial lacerations will need MaxFac input for closure.

Orbital cellulitis: Cellulitis of eye socket - will cause swelling, redness and pain. May lead to loss of vision and needs prompt recognition, referral and treatment.

MaxFac Services at JR

All MaxFac referrals are made to SHO (1049) - the MaxFac Reg can be contacted via switchboard.

GPRU - If patients are stable and uncomplicated, they can be seen on GPRU directly between 0700 and 2200. The last referral time for GPRU is 2000.

SSIP - MaxFac patients home ward if being admitted for ongoing care. To be seen in ED prior to bed being assigned.

▼ Initial ED Assessment

Taking a history:

Use A-E assessment template

- Pain - OLDCARTS assessment

- Swallowing - assess oral intake, any swelling affecting the neck
- Swelling/redness - if concerned re orbital cellulitis, photos to be taken on Clinical Uploader

Assessment:

- Vital signs - assess for signs of shock (hypotension, tachycardia) and infection (hyperthermia)
- Bloods and access - gain patent IV access and send full set of bloods including CPR
- ECG - if tachycardic, gain an ECG for completeness - have signed by ED Reg
- Pain relief - ensure adequate analgesia given in ED
- Antiemetics - ensure antiemetic given ASAP to vomiting patients
- **REMEMBER - if clinical concern about patient (high NEWS score, severe pain, looks unwell) escalate ASAP to senior nurse and senior ED doctor**

▼ You've completed the assessment, what next?

Appropriate patients to refer to MaxFac directly:

- Orbital cellulitis
- Uncomplicated facial swelling (will likely want OPG before seeing)

Appropriate patients for UCC:

- Minor facial swelling
- Toothache/uncomplicated tooth infection

▼ You've successfully referred the patient and they've been accepted, now what?

- Discuss with NIC of the area to let them know the patient has been accepted
- The patients will need an 'R' put on EPR and an 'A' for the accepting team

- Handover to the accepting ward when bed ready
- Is the patient safe for transfer? Any vital sign instability? Ongoing heavy bleeding/airway concern? If any clinical concerns ensure patient is accompanied on transfer or kept in ED until stable - if the patient is needing resus request that the team review patient in ED and escalate to ED Reg/Consultant
- If safe for transfer, book porter and inform patient