

SEVERE MAXILLOFACIAL HAEMORRHAGE

Indication Uncontrolled haemorrhage due to mobile midface fracture
Isolated epistaxis? → see separate action card

Objective Resuscitate and anaesthetise patient to secure airway, then pack & scaffold midface to stop bleeding

1

Use postural drainage to help clear airway

- Allow awake patient to sit up and lean forward
- Roll obtunded patient onto their side
- Careful suction

2

Confirm plan and allocate roles

- Plan: Resuscitate with blood products → RSI → pack midface
- Allocate roles: e.g. blood product resus, prepare RSI, prepare packing

3

Resuscitate haemorrhagic shock

- Give TXA
- Deliver balanced transfusion and consider CODE RED
- Declare resuscitation target e.g. SBP \geq 90 pre-RSI

4

Perform RSI

- Most experienced operator, and prepare for failure
- Set up second suction
- Induce in sitting or lateral position, lay back for laryngoscopy
- Consider reduced dose regimen
- Manually hold ET tube until face packed

5

Manually reduce maxillary fracture

- Grip maxilla and traction anteriorly until fracture reduced



6

Insert but **DO NOT INFLATE** Epistats

- Insert along floor of nose until tip in posterior nasopharynx



7

Insert bite blocks

- Insert between teeth, either side of ET tube
- Point of wedge towards back of mouth
- As posteriorly as possible



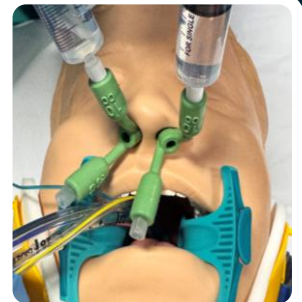
8

Apply c-spine collar to stabilise mandible

9

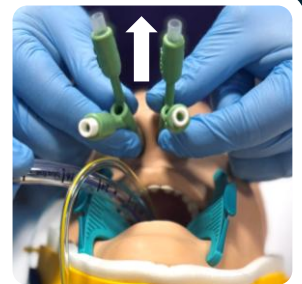
Simultaneously inflate posterior balloons (10ml)

- Use normal saline
- Two-person technique or alternate 5ml in each balloon



10

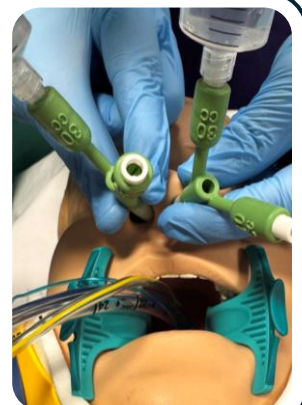
Gently traction Epistats anteriorly



11

Simultaneously inflate anterior balloons (20-30ml)

- Use normal saline
- Two-person technique or alternate 5ml in each balloon
- Stop when normal anatomy restored or haemorrhage controlled



END