

**Mandible / Jaw Injury
(Fractured /Dislocation)**

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ Location: _____ Mechanism of injury: _____

Type of pain:

<input type="checkbox"/> Dull	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Constant	<input type="checkbox"/> Throbbing	<input type="checkbox"/> Achy	<input type="checkbox"/> Sharp	<input type="checkbox"/> Pressure
<input type="checkbox"/> Numbness	<input type="checkbox"/> Tingling	<input type="checkbox"/> Pain	Pain scale: (0-10) _____			

Objective Data: (clinically indicated VA)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

<input type="checkbox"/> Bleeding from mouth	<input type="checkbox"/> Difficulty opening mouth widely	<input type="checkbox"/> Facial bruising	<input type="checkbox"/> Facial swelling
<input type="checkbox"/> Inability to close mouth	<input type="checkbox"/> Loose or damaged teeth	<input type="checkbox"/> Jaw protrudes forward	<input type="checkbox"/> Jaw stiffness
<input type="checkbox"/> Drooling	<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Facial asymmetry	

ORAL SURGERY EMERGENCY: IMMEDIATE EMERGENCY CARE WITHOUT DELAY

- Difficulty breathing, call 911
- Loss of consciousness

Emergency department notification time: _____ **Transport time:** _____ **Transported by:** _____

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

- Obvious deformity, loss of sensation
- Mechanism of injury suggesting hidden trauma
- Numbness/severe pain
- Takes anticoagulants, over age 50
- X-rays, tetanus booster

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- Check in assessment only for health care providers visit.
- Place soft pad on the jaw and allow inmate to support jaw with their hands.
- Apply ice or cold compress to closed injury site to reduce swelling of tissues.
- Cover open wound with sterile dressing.
- If bleeding, allow blood to dribble out or have inmate spit in cup or towel to prevent choking.
- Inspect mouth and without touching the roots remove any loose - broken teeth from mouth to prevent choking.
- Immobilize jaw to minimize discomfort and prevent further damage; wrap with bandage over top of head and under the jaw. Bandage should be easily removable in case of need to vomit.
- Monitor for breathing problems/heavy bleeding.
- X-ray of jaw – Panorex preferred (This will require an order from the dentist/health care provider)
- Contact **OU College of Dentistry** regarding fractured jaw (405-271-4441) (if dentist or health care provider not available, facility nurse may contact the **OU College of Dentistry**)
- Tetanus booster administered. (This will require an order from the dentist/health care provider)
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN.

OR

- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN.
- Clear liquid diet. Complete “Medical Diet Request” and send to kitchen.
- Medical lay-in / restrictions
- Education/Intervention: Instructed on keeping jaw as immobile as possible, liquid diet, pain management. Follow-up sick call after return from hospital/ER. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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