



Interfacility Transfer for Isolated Facial Trauma



Instructions:

- ❖ For patients of all ages with **isolated** facial trauma
- ❖ After *stabilization*, follow guidelines based on clinical/radiographic diagnoses
- ❖ For multiple facial injuries, combine guidelines
- ❖ Patients not transferred should be referred for the *next available* outpatient appointment



All patients should be transferred that present with:

- ❖ Airway compromise or uncontrollable hemorrhage
- ❖ Loss of vision/increased IOP
- ❖ Fractures with overlying full-thickness soft tissue injury/loss
- ❖ Facial ballistic injury
- ❖ Panfacial* fractures

UPPER FACIAL BONES

Frontal Sinus Fracture

transfer if

- ❖ Comminuted/depressed posterior table and/or
- ❖ CSF leak

MIDDLE FACIAL BONES

Zygomatic Arch Fracture
Maxillary Sinus Fracture
Nasal Bone Fracture



- ❖ Do *not* require transfer

Orbit Fracture
ZMC Fracture
NOE Fracture

transfer if

- ❖ Restricted ocular motility (*i.e.* entrapment)
- ❖ Bradycardia (*i.e.* oculocardiac reflex)
- ❖ Retrobulbar hematoma and/or
- ❖ CSF Leak

Le Fort Fracture**

transfer if

- ❖ Displacement and/or
- ❖ LeFort II or III pattern

LOWER FACIAL BONES

Hard Palate Fracture
Maxillary Alveolus Fracture
Mandible Fracture



- ❖ Do *not* require transfer

SOFT TISSUE

Soft Tissue Injury

transfer if

- ❖ >2cm of missing tissue
- ❖ Eyelid or globe involvement
- ❖ Facial nerve involvement and/or
- ❖ Parotid duct involvement

CSF – cerebrospinal fluid; IOP – intra-ocular pressure; ZMC – zygomaticomaxillary complex; NOE – naso-orbitoethmoid; cm – centimeter. *Panfacial – fractures of the upper, middle and lower third of the face. **This is a conditional recommendation, as such LeFort fractures are appropriate for discussion on a case-by-case basis. Pontell et al., 2022.

Interfacility Transfer Guidelines for Isolated Facial Trauma: A Multidisciplinary Expert Consensus

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