

**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. _____

<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"/> Facial asymmetry		

Oral Surgery Emergency: Immediate Emergency Care without Delay

- Difficulty breathing, call 911
- Loss of consciousness

Refer to Medical Provider If:

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

Notify Medical Provider For:

- X-rays, tetanus booster
- Emergency department notification time: _____ Transport time: _____

Medical Provider/RN Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment:

- Alteration in comfort related to injury

Plan:

Nursing Intervention Routine:

- Place soft pad on the jaw and allow offender 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 offender 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. Place lost teeth in sterile 4x4 and send with offender to ER
- 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/medical provider)
- Contact **OMS Oral Surgery Resident** regarding fractured jaw (405-690-3988) (if dentist or medical provider not available, facility nurse may contact the **OMS Oral Surgery Resident**)
- Instruct officers to inform ER staff upon arrival that the facility medical provider has spoken with the **OMS Oral Surgery Resident** and that the **OMS Oral Surgery Resident** is to be contacted....**Not ORL**
- Medical lay-in / restrictions

Progress Note: _____

Offender Education:

- Instructed on keeping jaw as immobile as possible, liquid diet, pain management. Follow-up sick call after return from hospital/ER. Offender verbalizes understanding of instructions.

LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

RN/Provider Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

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