

**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		

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

**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 Notified: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Assessment:**

- Alteration in comfort related to injury

**Plan: Nursing Intervention Routine:** (check all that apply)

- Check in assessment only for medical providers visit.
- 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
- Education/Intervention: 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.

**Progress Note:** \_\_\_\_\_

**Medical Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**QHCP Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

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