

# Stanford Plastic Surgery Facial Trauma Call Policy Stanford Hospital & Clinics

The Plastic Surgery Division, residents, fellows, and faculty provide Emergency Department call coverage for Maxillofacial Trauma and its sequelae on odd numbered dates. NOTE: The following document is primarily to outline the policy for facial trauma management at Stanford University Hospital and Clinics, and Lucile Packard Children's Hospital. (Please review the policy for facial trauma call with the SCVMC Service Chief, Dr. Yvonne Karanas, and the VA Chief of Service, Dr. Peter Johannet.)

The management of facial trauma (hard and soft tissue) is within the scope of Plastic Surgical practice, and is an essential component of resident education.

Plastic surgery residents/attendings are "on call" for maxillofacial trauma and are available for urgent ED consultation.

1. Stanford: ENT takes call on even days. Plastics takes call on odd days.
  - a. SCVMC: ENT takes call on odd days. Plastics takes call on even days.
  - b. PAVA: ENT takes call on even months. Plastics takes call on odd months.
2. Call switches at 6am at SUH.
3. Consult is assigned at the time the service is initially paged (not when the patient arrives in the ER/ICU or when the resident answers the page).
4. On their designated call days, ENT or Plastics will consult for cutaneous facial infections, TMJ dislocations, and ear lacerations. Plastics may defer to ENT for facial infections that are dental, gland, sinus- or ear-related.
5. Non-surgical infection admissions will be admitted to Internal Medicine, and ENT or Plastics will follow as needed.
6. ENT is to see all deep space infections, ear hematomas, and temporal bone trauma. If a temporal bone trauma patient has other facial trauma and Plastics is on call, then Plastics is to address that other facial trauma.
7. ENT or Plastics may repair eyelid lacerations, or retain the option to consult Ophthalmology for complex eyelid lacerations.
8. Consults that can be safely managed as an outpatient: nasal fractures (open or closed), mandible fractures (without airway concern), orbital floor fractures without entrapment or vision changes, maxillary sinus fractures. If patients are admitted for another reason with these injuries they can be seen on a non-urgent basis during the day.
9. **ORBITAL FLOOR FRACTURES:**
  - a. Days 1-10 of month:
    - i. For isolated orbital floor fractures (ie., no other facial trauma issues): oculoplastics will be the lead team for repair of orbit fractures- no need to involve plastics or ENT.
    - ii. For orbital floor fractures with other facial trauma: ENT/Plastics will be the lead team for other facial trauma and will coordinate the care of the floor fracture with Ophthalmology. In these cases, Ophthalmology will be responsible for the orbital floor fracture and any repair will be performed as a joint case.
  - b. Days 11-month end: ENT and plastics will be the lead team on any orbit fracture with ophthalmology help to clear the globe. If there is ocular compromise (globe not cleared) the patient will be managed by Ophthalmology and the orbital floor fracture repair will be decided after the eye pathology is appropriately addressed. Orbital floor fractures should be referred to the ENT and plastics services, while Ophthalmology consults are obtained for vision and globe assessment only.

## Oral Medicine & Maxillofacial Surgery Consults

The service will see all dental/OMFS consults during normal business hours (8a-5p, M-F); the plastics/ENT resident should direct referrals and calls to OMFS during this time. **There is a ghost pager (#13875) for the DENTAL SERVICE that is available 24/7 for dental issues.** The ENT/Plastics residents/attendings on face call are back up only. The Oral Medicine & Maxillofacial Surgery Service has an **On-Call Pager, p13875**, for dental and oral surgery consults that is covered by the following three hospital dentistry attendings:

- Timothy Bishop, DDS
- Dyani Gaudilliere, DMD, MPH
- Gary Roberts, DDS

We are available for oral health examinations and dental surgical treatments of inpatients and outpatients that are referred by a physician from Stanford Hospital & Clinics and the ED for:

- Oral health assessment and oral surgical treatment as needed prior to or after e.g. organ transplantation, chemotherapy, head/neck radiation, joint replacement, cardiac surgery
- Consults for dental infections and oral surgical treatment (extractions)
- Dental and alveolar bone trauma

Patients are seen during normal business hours (8am-5pm Monday through Friday) in the Oral & Maxillofacial Surgery Clinic, 1000 Welch Road, Suite 100, or as inpatients. For non-urgent outpatient referrals use EPIC "Referral to Dentistry" or inpatient consults "Consult to Dentistry". Our service coordinator can be reached at [\(650\)736-4355](tel:6507364355). For emergencies after hours call pager 13875.

### **SUMMARY AND INSTRUCTIONS:**

1. During the first third of the month, days 1-10, isolated orbital floor fractures will go to Oculoplastics. (so if you get a call about this at night, you can have the ER call ophthal and you do NOT need to come in and see the patient).
2. For isolated orbit frx for the remaining days of the month (11 through month's end), those go to ENT or plastics per protocol.
3. If there are other concomitant injuries, lacerations, other types of facial fractures, etc, then those will go to either ENT (even days) or Plastics (odd days)--no matter what time of the month it is.
4. Switch time for facial trauma will be at 6 am at Stanford.
5. If the ER or the patient has a specific request for Plastic Surgery and it is an EVEN day (ENT) you can respond by indicating that ENT is on-call for facial trauma; HOWEVER, if the ER or patient specifically requests/insists that the nature of the problem requires Plastic Surgery then you should be available to see the patient, regardless.
6. The plastic surgery faculty are definitely interested in managing and accepting any facial trauma and facial fractures. Therefore, if you are called at any time for facial trauma/fracture, then you are encouraged to accept and see the consult, review it with the chief resident first, and/or contact the CFA fellow (Dorfman 2013-14) and/or the appropriate Facial Trauma Faculty by the next business day--they are Dr. Lorenz, Kahn, Khosla, Wan, and Girod. Keep track of the patients name, MRN, and phone # so that they can be contacted by the New Patient Coordinators (SHC: [Plasticnewpatient@stanfordmed.org](mailto:Plasticnewpatient@stanfordmed.org); LPCH: [ehopkins@lpch.org](mailto:ehopkins@lpch.org)) so that the patient can be seen in clinic and scheduled

for surgery if appropriate. Emails should be sent for all communications so as to document the patients contact info, etc. Use your discretion as to when paging or text messaging is appropriate for immediate communication, in addition to email.

7. Please be sure to respond to ER Calls and Consults as soon as possible (ideally within 10 minutes or sooner, as these calls are of undetermined importance and urgency until you speak with the consulting physician).

**\*\* HELPFUL TIP:**

If you are in the Operating Room, **sign your pager out to the OR Phone number.** This way the referring physician will have to call into the room, and the nurse will answer the phone call. You may also talk with the Anesthesiologist and ask their permission to sign out your pager to the Anesthesia phone, as sometimes it is easier to have an MD answer the phone.

If you do not respond to your pages in a timely fashion, the ER has instructions to contact the On-Call Attending physician.