

**Barnes Jewish Hospital/Washington University**  
**Trauma Service**  
**Facial Fractures Guideline**

**Admission Criteria:**

*NOTE: Isolated non-geriatric facial injury and medically stable patients may go to Face Service. All others should be admitted to Trauma Service. Orbit fractures – Optho consult- Outpatient unless entrapment or pressure concerns.*

1. Inability to lay flat or control airway
2. Inability to control own secretions, frequent suctioning
3. Pain control issues
4. Inability to tolerate food
5. Bilateral rami body fractures

**Treatment:**

1. These recommendations are not for procedural.
2. Surgical prophylaxis in the perioperative phase is at the discretion of patient's physician.
3. Limit nose blowing

**Facial fractures**

**Open** (noncontaminated)

Surgical perioperative prophylaxis antibiotic only

**Open** (to skin and contaminated)

Unasyn IV or Augmentin PO until operative repair or 5 days  
(if allergic to PCN-Clindamycin should be used)

**Closed** (sinus fracture included here)

No prophylaxis

**Mandibular fractures (Consider all open with exception of Condylar fractures)**

1. All should receive Peridex mouthwash
2. If taken for operative procedure, surgical perioperative prophylaxis and single dose Unasyn (if allergic to PCN-Clindamycin should be used)
3. If no operative procedure, no antibiotic treatment needed.

**Condylar fractures**

No prophylaxis

**Angle to Angle Fractures (Assume open)**

Peridex, surgical perioperative prophylaxis, If complex may have antibiotics up to 5 days

**NOTE:**

*If patient is found to be MRSA+, consider adding vancomycin to perioperative prophylaxis.*

*If patient is receiving appropriate antibiotic for other reasons than this diagnosis, he/she does not need additional treatment.*

*Individualized, clinical judgment supercedes all written guidelines.*