Barnes Jewish Hospital/Washington University
Trauma Service
Facial Fracture Guideline

NOTE: Orbit fractures – Ophthalmology consult - Outpatient unless entrapment or pressure concerns. Recommend inpatient consultation for patients with vision complaints and operative intervention during the same admission.

Treatment:

1. These recommendations are not for procedural.
2. Surgical prophylaxis in the perioperative phase is at the discretion of patient's physician.
3. Patients receiving prophylactic antibiotics and requiring surgical delay for facial fractures greater than 24 hours must have attending physician sign-off.
4. Limit nose blowing

Facial fractures

If taken for operative procedure, surgical perioperative prophylaxis with Ampicillin/Sulbactam (Unasyn®) (if allergic to PCN-Clindamycin should be used) and an additional 2 doses postoperative. Up to 5 days for more complex fractures.

Open (noncontaminated)
Surgical perioperative prophylaxis antibiotic only
Open (to skin and contaminated)
Ampicillin/Sulbactam IV or Amoxicillin/Clavulanate (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 Chlorhexidene Gluconate (Peridex®) mouthwash 15ml swish/spit twice daily

2. If taken for operative procedure, surgical perioperative prophylaxis with Ampicillin/Sulbactam (if allergic to PCN-Clindamycin should be used) and an additional 2 doses postoperative.

3. If complex may have antibiotics up to 5 days

4. If no operative procedure, no antibiotic treatment needed.

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 supersedes all written guidelines.

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