Memorandum

To: Emergency Department, UCLA-Santa Monica

From: UCLA Department of Head and Neck Surgery
UCLA Division of Plastic Surgery

Date: September 30, 2019

Re: Facial trauma call panel at UCLA-Santa Monica Emergency Department

The UCLA Department of Head and Neck Surgery and Division of Plastic Surgery have reached an agreement to alternate facial trauma call, to include bony and soft tissue trauma, every other day. This will be effective as of 10/1/2019. Currently, Plastic Surgery is consulted for all bony facial trauma, so this policy intends to include Head and Neck Surgery in the bony facial trauma, but using the current "ENT=even," call scheme, changing over at 7am.

As both departments must keep resident work hours in mind to maintain accreditation, we have agreed on the following provisions that will ensure timely patient care, while respecting our residents' work hour requirements, particularly between the hours of 10pm and 6am. We agree that if a trauma patient's diagnosis is ambiguous or there is uncertainty that a diagnosis falls within these guidelines, the resident should err on the side of caution and see the patient overnight.

Facial lacerations: Lacerations that are simple and can be comfortably closed by the ED attending/resident should be closed by them. The remaining lacerations should be closed by the facial trauma resident. Every effort should be made for the ED attending/resident to close simple lacerations, even with the patient's insistence on a "plastic's closure."

Facial fractures: Please communicate with the facial trauma resident. In-person evaluation will depend on the situations listed below.

1. If the fracture is non-displaced, non-operative, no functional deficit and closed, the patient can be sent to the appropriate attending's clinic within approximately one week (e.g. non-displaced nasal or orbital fracture).
2. If the fracture is operative, no functional deficit and closed, the patient should be seen in the morning or sent to the appropriate attending's clinic within one day, so surgery can be scheduled in a timely fashion (e.g. displaced ZMC fracture without functional deficit, nasal fracture).
3. If the fracture is open, airway is compromised, or there is potential for airway compromise (natural increased swelling could potentially cause airway compromise, even if none exists at the time of consult) or with a functional deficit (entrapment of muscle in orbital floor fracture, abnormal bite) should be seen by the resident when called.

We can all agree that patient safety is paramount, so we encourage ED staff to contact the on-call resident or attending to discuss the patient if there is any question as to safety for discharge. Please contact us if you have any questions or concerns as we roll out this plan.

Sincerely,

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