

QEUH CHEST WALL TRAUMA Admission Integrated Care Plan

Patient Details

Please affix patient addressograph

Admission Details

Date of Injury:

Time of Injury:

Date of hospital admission:

1. TRAUMA CALL AND IDENTIFY INJURIES

TRAUMA CALL (PLEASE INDICATE TIER OF TRAUMA CALL):

Please refer to QEUH MTC Trauma Tier Call Protocol.

NONE PLACED/NOT APPLICABLE TIER ONE TIER TWO TIER THREE

IMAGING PERFORMED:

CXR has poor sensitivity for accurately quantifying number of fractures and associated pathology such as pulmonary contusions. There should be a low threshold for CT Imaging, particularly in the presence of high risk mechanism or respiratory co-morbidities.

CXR ONLY CHEST CT TRAUMA PAN SCAN

2. RESPIRATORY FAILURE RISK STRATIFICATION

CALCULATE STUMBL RIB FRACTURE SCORE

STUMBL SCORE =

STUMBL Score > 10 should be discussed with major trauma team +/- critical care team.

STUMBL Score > 30 should be discussed with critical care team providing there are no contraindications for treatment escalation beyond ward level management.

STUMBL SCORE CALCULATOR

- +1 point for each 10 years > Age 10.
- +2 points for each 5% below SpO2 95%
- +3 points for each INDIVIDUAL fracture
- +4 points if prescribed anticoagulant drugs
- +5 points if chronic lung disease present

Score 1-10 = Mild

Score 11 – 30 = Moderate

Score > 30 = Severe

3. CONSIDERATION OF HIGH RISK FEATURES

HIGH RISK INJURY FEATURES

More than 4 fractured ribs
 Bilateral fractures
 Flail Segment
 Pneumo/haemothorax needing ICD
 STUMBL Score > 10

HIGH RISK CO-MORBIDITY FEATURES

Age > 60
 BMI > 40
 Respiratory Disease
 Prescribed anti-coagulant drugs
 Smoker

4.

NO

3 OR MORE HIGH RISK FEATURES PRESENT?

YES

LOW RISK BUNDLE

1. Humidified oxygen if required.
2. Regular paracetamol
1 gram every 6 hours if weight > 50 kg
Reduce dose if < 50 kg
3. Regular ibuprofen 400 mg tds
(unless contraindicated)
4. Lansoprazole 30 mg od
5. Consider regular weak opioid initially (e.g. codeine 30 – 60 mg qds)
6. PO 5 – 10 mg oramorph PRN 2 hourly.
7. Consider PCA opioid
8. Regular laxatives
9. PRN anti-emetics
10. Consider INCENTIVE SPIROMETRY
11. Monitor for signs of deterioration.

HIGH RISK BUNDLE

As per Low Risk Bundle PLUS:

1. Ensure coagulation screen + FBC checked,
2. Refer to ANAESTHESIA for consideration of regional anaesthetic technique, for example
 - Erector spinae plane block or
 - Serratus plane block
3. Low threshold for referral to CRITICAL CARE, especially if STUMBL Score > 30.
4. Ensure regular strong opioid analgesia prescribed (eg morphine MR, oxycodone MR) OR Consider PCA.
5. Consider ketamine/clonidine in selected patients (Critical care environment only).

5. ED DISCHARGE AND COMMUNICATION

DISCHARGE DESTINATION

SURGICAL WARD

Suitable for patients with low STUMBL score and isolated chest wall injuries.

MTC WARD

Suitable for patients with mild to moderate STUMBL score, frail or multiply injured and do not require critical care support

CRITICAL CARE UNIT

For patients who need advanced respiratory or cardiovascular support/at risk of deterioration, and escalation beyond ward level care is appropriate.

DME WARD

For frail patients with mild chest wall injuries and would benefit from DME input. Ensure escalation status has been considered.

COMMUNICATION (As clinically appropriate)

MAJOR TRAUMA TEAM

Co-ordinator 82149/82150
or Consultant 83909

ANAESTHESIA

Registrar 83463

ACUTE PAIN SERVICE (APS)

ANP 83736

CRITICAL CARE

Consultant 83081

ORTHOPAEDICS

For consideration of rib fixation +/- thoracic Involvement
Registrar 82180

GENERAL SURGERY

Registrar 82315

ADMITTED BY: _____
ROLE: _____

SIGNED: _____
DATE: _____