

**Blunt Chest Injury / Fractured Ribs  
(Clinically or Radiologically)**

**All Patients**

- Regular paracetamol charted
- PCA commenced with IV Fluids
- If No PCA then **must** have regular analgesia charted - 1<sup>st</sup> dose **must** be given prior to leaving Emergency department (+/- breakthrough doses charted).

**Are any of the following present?**

- Flail Segment
- $\geq 4$  Ribs
- $\geq 2$  significantly displaced fractured ribs
- Chest wall deformity or defect
- Significantly displaced fractured sternum
- Hypoxia (supplemental oxygen required to maintain Spo<sub>2</sub> > 94%)
- Lung contusions (on CXR or CT)
- Chronic respiratory failure or cardiac failure
- Age  $\geq 65$

**No**

Request admission to Trauma Ward

**Yes**

- Requires ICU admission, **must** have ICU review prior to leaving ED.
- Pain team consideration for regional block techniques

Consider Early Rib fixation.  
(Refer to Potential Criteria)

Consider early Geriatrician involvement for  $\geq 65$

- High risk of delirium/previous delirium in hospital
- Frailty score 5– 8 (page 8)

GERIATRIC ED ON CALL: PAGE # 50323  
STARRS CONSULT: PAGE # 50354