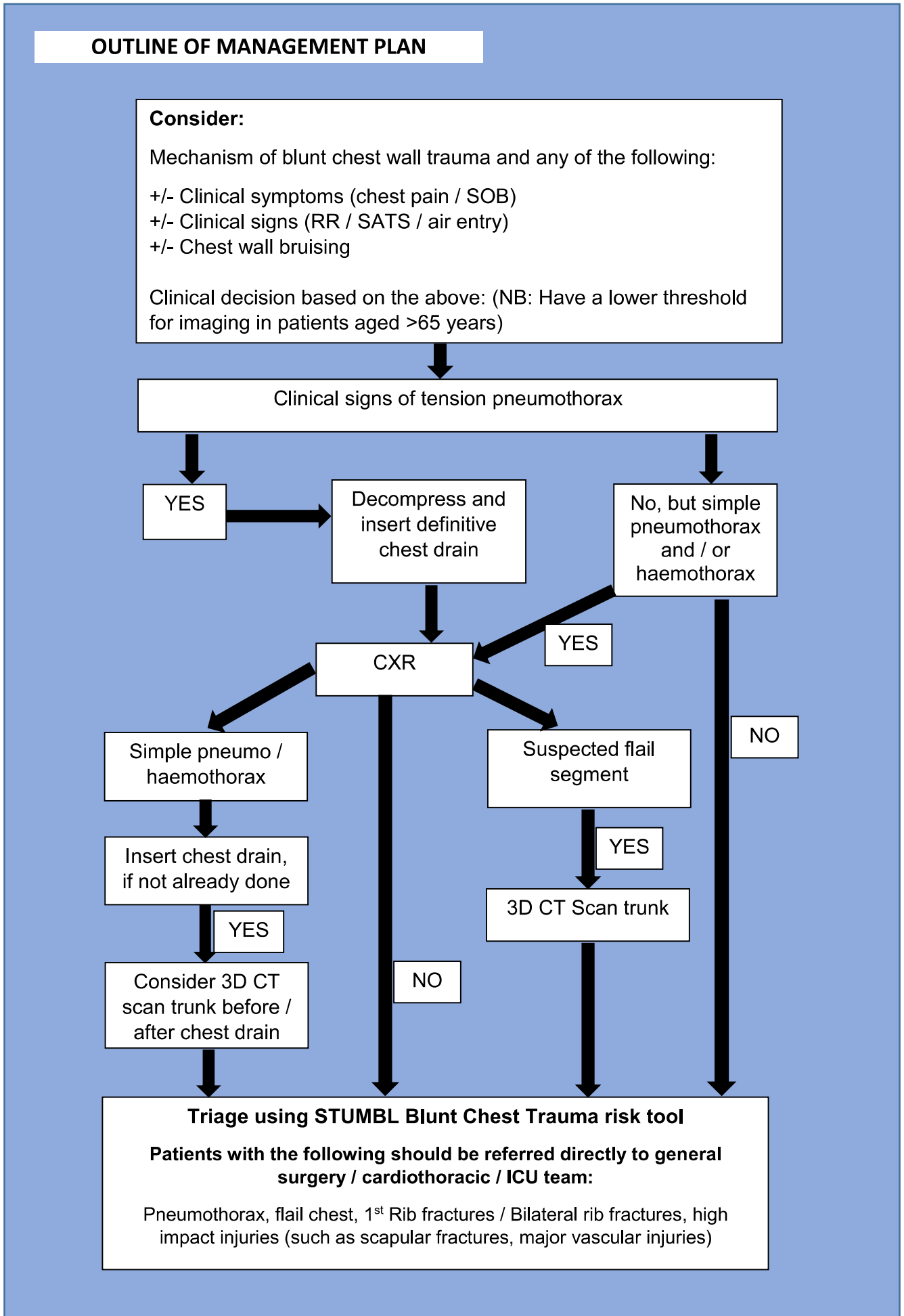
## OUTLINE OF MANAGEMENT PLAN



Add patient ID sticker

# STUMBL Adult Blunt Chest Trauma Risk Tool[1]

| Age | Suspected Rib Fractures | Chronic Lung Disease | Anticoagulated Pre-injury | O2 Sats on Room Air | Total Score |
|---|---|---|---|---|---|
| Score 1 point for every complete decade e.g. 63 = 6 points | Score 3 points for every suspected rib fracture. Score 6 for each segmental rib fracture in the flail segment | 5 points for COPD or productive chest disease (not smokers) | If yes score 4 | <94% = 2<br><89% = 4<br><85% = 6 | Add each separate score to give a total risk score |
| | | | | | |

| Risk Score | ≤10 | 11-15 | 16-20 | 21-25 | 26-30 | ≥31 |
|---|---|---|---|---|---|---|
| **Patient destination** | Consider discharge home with analgesia / advice sheet | D/W senior doctor in ED re admission OR discharge home | Recommend admission to ward | Recommend admission to ward | Recommend admission to Critical Care | Recommend admission to Critical Care |
| **Oxygen delivery** | | **If admitted:**<br>• Titrate to SATS<br>• Nebulisers | • Titrate to SATS<br>• Nebulisers | *Humidified oxygen titrated to SATS<br>*Nebulisers | • Nasal high flow oxygen<br>• Nebulisers | • Advanced ventilation support<br>• Nebulisers |
| **Team involvement** | | • Admitting team<br>• Chest trauma support team (see below for contacts)<br>**If discharged:** Give analgesia and advice sheet | • Admitting team<br>• Chest trauma support team (see below for contacts) | • Admitting team<br>• Chest trauma support team (see below for contacts) | *Admitting team<br>*Chest trauma support team (see below for contacts)<br>*ICU | • Admitting team<br>• Chest trauma support team (see below for contacts)<br>• ICU<br>Consider surgical fixation |

**ANALGESIC LADDER:**

| | | | |
|---|---|---|---|
| **In ED:** Regular paracetamol or Cocodamol* +/- NSAIDS** prn | **If admitted:** MST 5-10mg BD +/- Gabapentin 300mgs +/- oramorph as needed | Strong opioid bolus iv titrated to pain IV morphine / Fentanyl PCA | Contact anaesthetist to discuss regional technique |
| | Serratus anterior / erector spinae plane block / paravertebral block / thoracic epidural | | |

* If giving co-codamol 30/500 x 2 tablets qds: this gives an equivalent morphine dose of 24mg over 24 hours.
**Contraindications: renal disease, hypersensitivity, anti-coagulation, gastric irritation, asthma, Refer to BNF. *Precautions: haemothorax

**Chest trauma support team:**

| | |
|---|---|
| Theatre general anaesthetic reg. | 23488 |
| Cardiac anaesthetic reg: | 23615 |
| Ceri Battle / ITU physio team: | 23920 / switch out of hours |
| Acute pain team: | 23997 / 34612 out of hours |
| Consultant anaesthetist: | 23808 |

*NB: Additional guidance on whom to contact re regional analgesia techniques can be found in the anaesthetics dept*

*1) Battle CE, et al Predicting outcomes after blunt chest wall trauma: development and external validation of a new prognostic model. Crit Care. 2014, 18:R98 DOI: 10.1186/cc13873*

## Swansea Bay University Health Board

## Authorisation Form for Publication onto COIN

**PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A**

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