UAB Chest Wall Trauma Triage and Management Guidelines

≥2 Rib fractures or Sternal Fracture

Obtain Forced Vital Capacity (FVC) in Emergency Department and record
Check Pain Scale and Assess O2 requirement

Intubated

Admit TBICU

Multimodal Pain Control
- Anti inflammatory
- Narcotic
- Muscle Relaxant
- Paravertebral block (On-Q)

Respiratory Orders
- Chest Percussion
- Vent management per routine.

FVC <1000 or 2 of following: Pain Scale ≥8, O2 ≥ 2L NC, Age ≥ 65

Admit TBICU

Multimodal Pain Control
- Anti inflammatory
- Narcotic
- Muscle Relaxant
- Paravertebral block (On-Q)

Respiratory Orders
- Incentive spirometry q 1 hr
- Pep Valve q 2hr
  - Transition IS and Pep valve to nursing if appropriate
- FVC q 6hr and record
- If FVC <500, begin CPAP 10cm, 4hr on/ 4hr off during day; on continuously at night.

FVC 1000-1500

Admit Step Down

Multimodal Pain Control
- Anti inflammatory
- Narcotic
- Muscle Relaxant
- Paravertebral block (On-Q)

Respiratory Orders
- Incentive spirometry and Pep Valve upon admission
  - Transition to nursing if appropriate
- FVC q 12hr x 4 and record
- Call MD or APP if FVC falls below 25% from baseline measurement.

FVC >1500 with 1 of following: Pain Scale ≥8, O2 ≥ 2L NC, Age ≥ 65

Admit Floor

Multimodal Pain Control
- Anti inflammatory
- Narcotic
- Muscle Relaxant
- Paravertebral block (On-Q)

Respiratory Orders
- Incentive spirometry and Pep Valve upon admission
  - Transition to nursing if appropriate
- FVC q 24hr x 2 and record
- Call MD or APP if FVC falls below 25% from baseline measurement.

FVC >1500

Consider Discharge

Early Rib Fracture Stabilization if indicated (see rib fixation algorithm)

CT chest 3D reconstruction if appropriate (see rib fixation algorithm)

Nursing Orders: Incentive spirometry q 1 hr
Pep Valve q 2hr

FVC = Forced Vital Capacity
Pep Valve = Positive Expiratory Pressure