

Rib Fracture Protocol

> 2 Fractures

Admit

Cardiac monitoring, continuous pulse oximetry

Supplemental oxygen

PCA + NSAIDs (e.g. Toradol) if no contraindication (e.g. splenic laceration)

Frequent assessment of

 Pain (pain scale)

 Respiratory mechanics (incentive spirometer)

Consider BiPAP

Repeat CXR in 24h to evaluate for hemopneumothorax

>3 Fractures

APC consult for epidural analgesia for pts >64 years of age

Consider for pts >64 with lesser injuries or for pts <64 with >3 rib fractures

At discharge

NSAIDs x 10 days (e.g. Ibuprofen 600 mg tid) if no contraindications

References

1. "Pain Management in Blunt Thoracic Trauma." : An Evidence-Based Outcome Evaluation – 2nd Review 2003" EAST Guidelines
2. Hoff SJ, Shotts SD, Eddy VA, Morris J A Jr., Outcome of Isolated Pulmonary Contusion in Blunt Trauma Patients. Am Surg. 1994 Feb; 60(2):138-42.
3. Bulger, EM, Arneson, MA, Mock CN, Jurkovich GJ, Rib Fractures in the Elderly. J Trauma 2000 June; 48 (6) 1040-47.