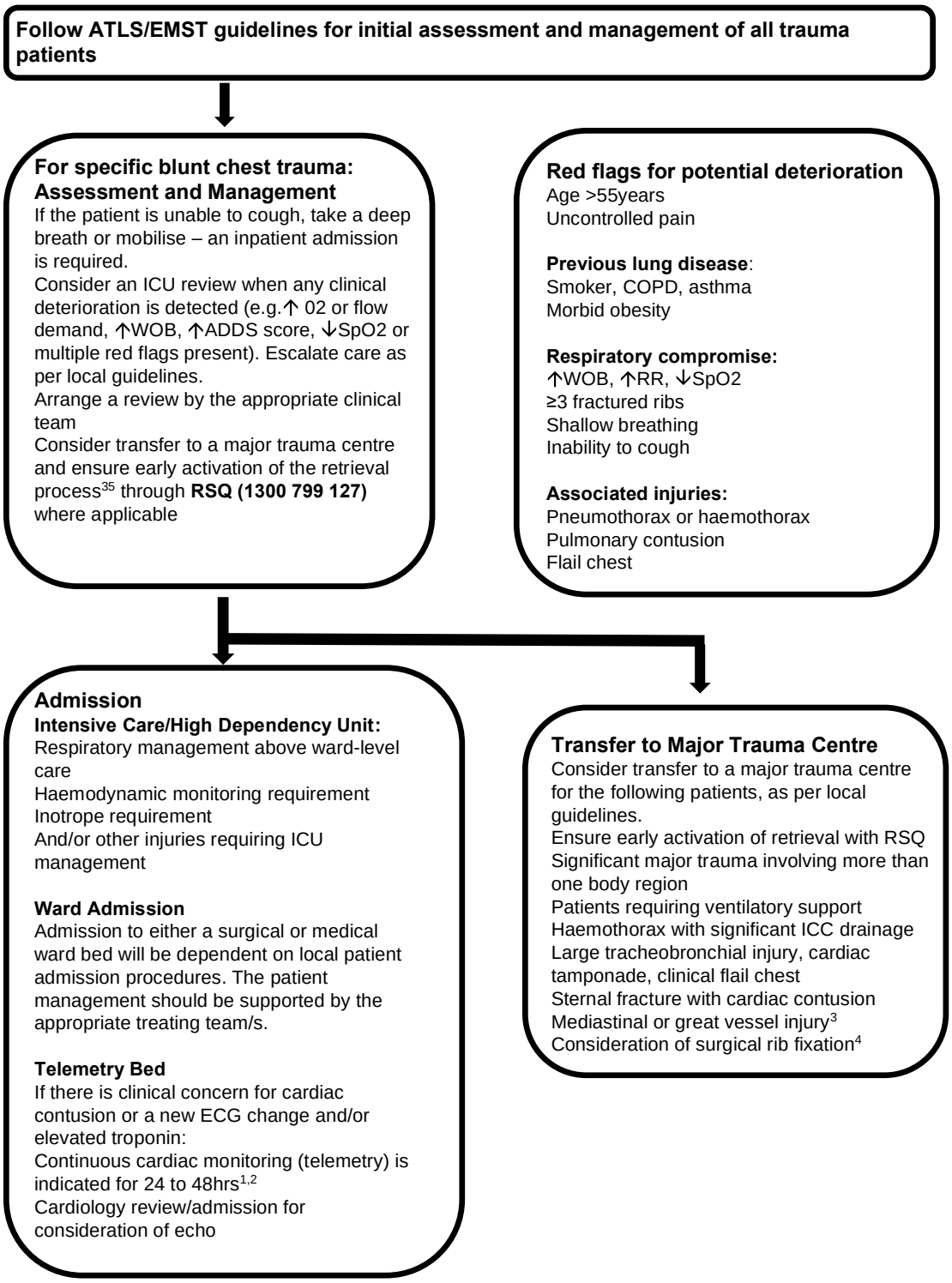
Flowchart: Blunt Chest Trauma



Ward-based Care
Consider respiratory adjuncts, analgesia requirements, and prevention of complications

Respiratory Adjuncts
Incentive Spirometry
Hourly deep breathing
Supported cough
Daily review by Physiotherapist
Consider HFNP (Flow/Fi02 and target SpO2 to be documented in the patients' medical record)

Analgesia
Referral to the Acute Pain Management Service (or equivalent if available) once a decision is made to admit the patient. If any RED FLAG risk factors are present, also refer for consideration of a Regional Block or PCA.
Ensure regular oral analgesia is available
Simple analgesia - paracetamol (age/weight appropriate dose)
NSAID - if clinically appropriate, review every 3 days
Oral Opioids - immediate or slow release or PRN
Patient Controlled Analgesia (PCA) - Opioid
Regional blocks - Erector Spinae Plane (ESP), Serratus Anterior Plane (SAP) , Intercostal Nerve (ICN), paravertebral
Epidural
Other - Ketamine - continuous infusion, Gabapentinoids

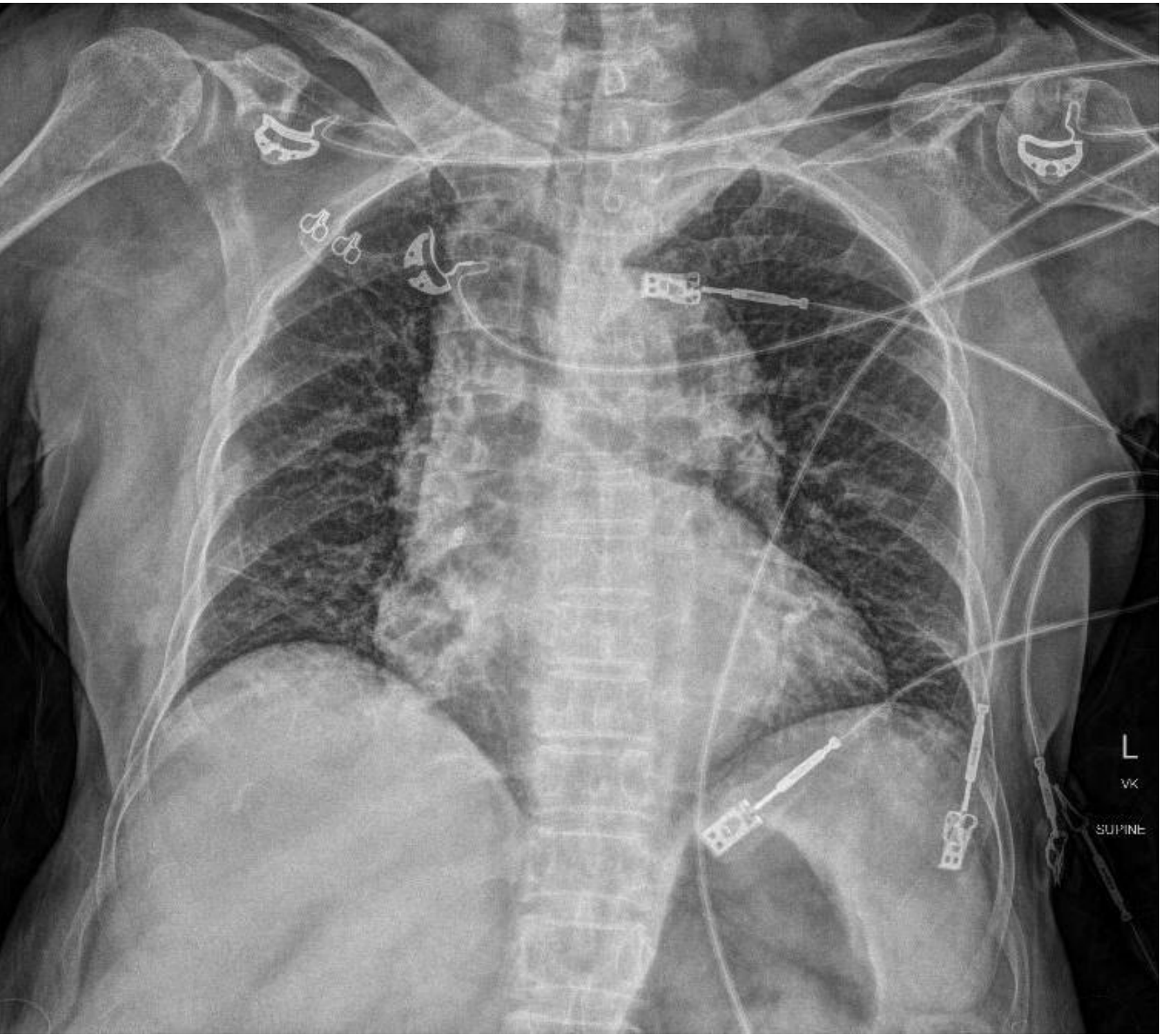
Complication Prevention
Early documented clearance to mobilise
Encourage sitting out of the bed
Elevate bedhead
Daily chest physiotherapy
Early nutrition
Regular aperients
VTE prophylaxis (chemical and/or mechanical)

Discharge Planning
Wean HFNP and analgesia as clinically indicated
Liaise with multidisciplinary team on any barriers to discharge such as mobility, carer support, home environment, return to work/activity limitations
Discharge home when pain well controlled on oral analgesics and respiratory function optimised

- Provide prescriptions for oral analgesia and aperients if required
- Ensure opioid weaning plan is documented in the Discharge Summary for the GP
- Arrange all follow up appointments including GP follow up within 3 days of discharge
- Provide patient with an information leaflet or relevant handout
- Arrange all follow up appointments including GP follow up within 3 days of discharge

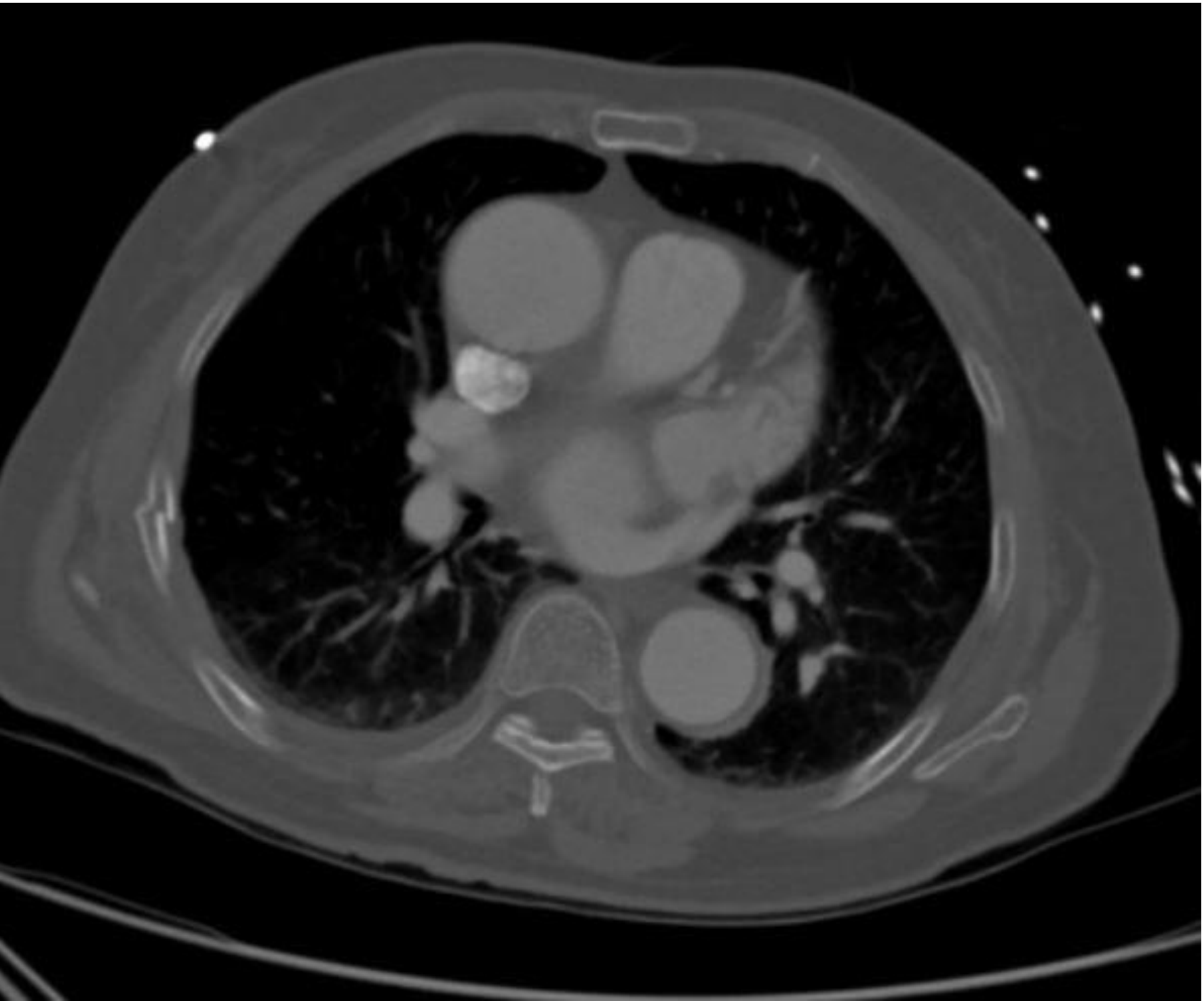
Consideration for special patient groups
Elderly frail patients aged >65 - Early recognition, low threshold for CT, GP/Geriatrician/medical input, and opioid sparing analgesia strategies i.e. regional blocks.
Obstetric trauma patients Refer to Maternity and Neonatal Clinical Guideline *Trauma in Pregnancy*[5]
Paediatric trauma patients Refer to Paediatric Trauma Service: *Trauma Guidelines 11th Edition*[6]

CXR

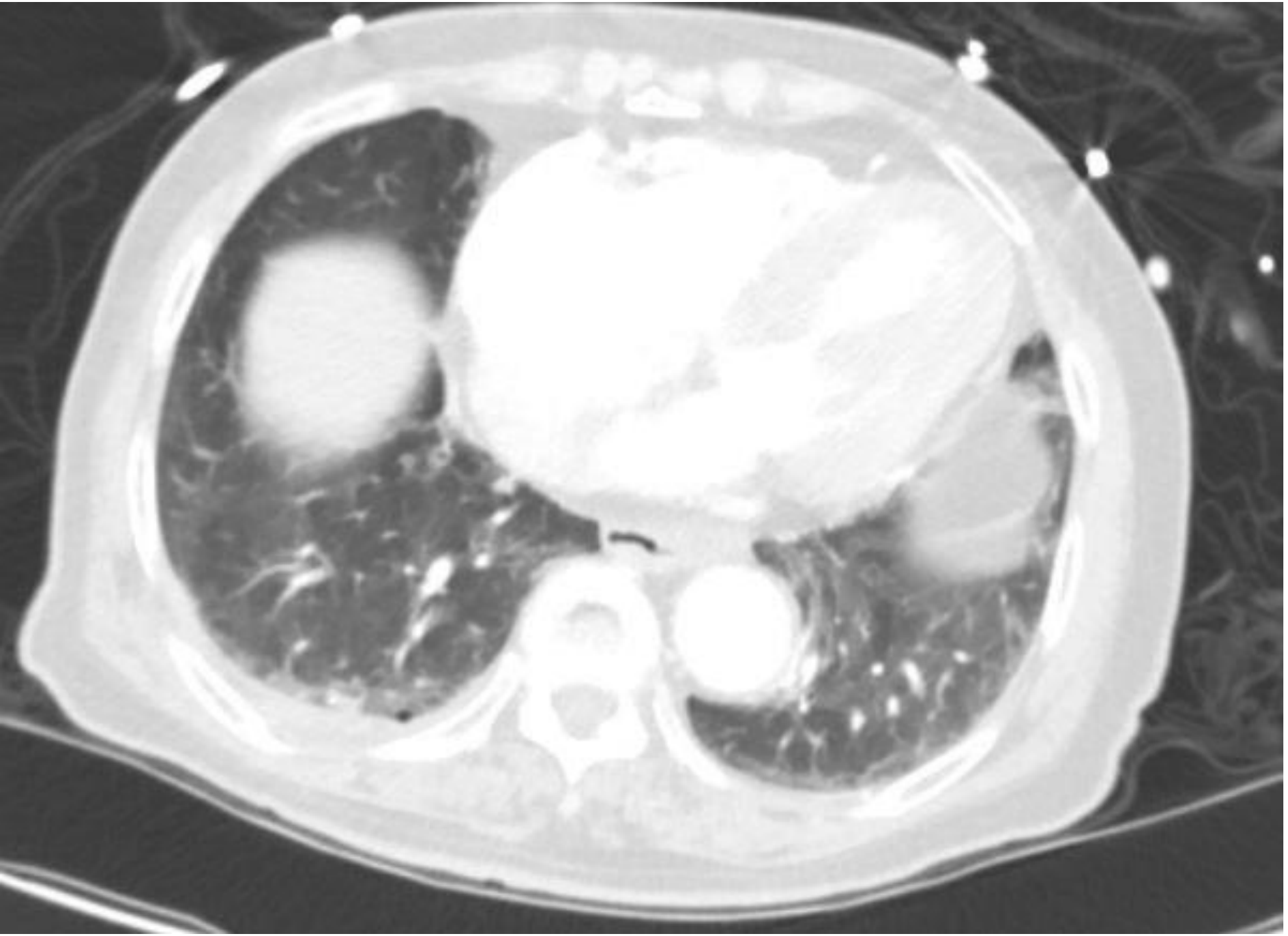


Pelvic xray

CT 1: chest bone windows



CT 2: chest lung windows



PIC Score

1 2 3 4 5 6 7 8 9 10

Pain Patient-reported, 0-10 scale	**Inspiration** Inspiratory spirometer; goal and alert levels set by respiratory therapist	**Cough** Assessed by bedside nurse
3 - Controlled (Pain intensity scale 0-4)	4 – Above goal volume	3 - Strong
2 - Moderate (Pain intensity scale 5-7)	3 – Goal to alert volume	2 - Weak
1 - Severe (Pain intensity scale 8-10)	2 – Below alert volume	1 - Absent
	1 – Unable to perform incentive spirometry	

Patient name: *Date:* *IS Goal:*