JAMES COOK UNIVERSITY HOSPITAL EMERGENCY DEPARTMENT

THORACIC TRAUMA MANAGEMENT

CT/XR Diagnosis: Rib/sternal fractures/ pneumo/haemothorax / lung contusion
Intercostal Drain Insertion as per ED senior decision

ARE THE FOLLOWING FEATURES PRESENT?

HAEMOTHORAX WITH IMMEDIATE DRAINAGE OF >1000ML OR ONGOING >200ML/HR
EVIDENCE OF PERICARDIAL COLLECTION/ CARDIAC INJURY
PATIENTS REQUIREING INTUBATION DUE TO ACTUAL OR IMPENDING RESPIRATORY FAILURE SECONDARY TO ≥4 FLAIL OR DISPLACED RIB FRACTURES
PENETRATING TRAUMA REQUIRING DRAINAGE
(PATIENTS VENTILATED FOR ISOLATED CHEST TRAUMA GO TO CITU)

YES
DISCUSS WITH CARDIAC SURGERY REGISTRAR
(5293) or ONCALL CARDIAC SURGEON

OTHER INJURIES REQUIRING CRITICAL CARE
THORACIC TRAUMA REQUIRING OR LIKELY TO REQUIRE VENTILATORY SUPPORT
≥2 FEATURES OF:
- Age>65
- Chronic Lung Disease
- Significant Pulmonary Contusion on CT
- \( \text{PaO}_2 <10\text{kPa} \) on high flow \( \text{O}_2 \)
- \( \text{PaCO}_2 >6.5\text{kPa} \)
- Inadequate Pain Control
- Clinical concern

YES
DISCUSS WITH CRITICAL CARE REGISTRAR
(1005): ADMISSION/REVIEW/OUTREACH

NO
NO

DISCUSS WITH CARDIAC SURGERY REGISTRAR
(5293) or ONCALL CARDIAC SURGEON

ADMIT WARD 37 WITH FOLLOWING COMPLETE/ PRESCRIBED:
ARTERIAL BLOOD GAS RESULT DOCUMENTED IN NOTES
HUMIDIFIED \( \text{O}_2 \) TITRATED TO \( \text{O}_2 \) SATURATIONS
ADEQUATE ANALGESIA AS PER PROTOCOL (SEE ED GUIDELINES FOLDER)
CONSIDER ONE DOSE IV ANTIBIOTIC IN ED FOR PENETRATING INJURY REQUIRING DRAINAGE
DAILY CHEST PHYSIOTHERAPY: CONSIDER INCENTIVE SPIROMETRY

IF PATIENT DETERIORATES ON 37 CONTACT:
0900-1800 ED SHOPFLOOR CONSULTANT, 1800-0900** ED SHOPFLOOR REGISTRAR ** IF DURING THESE HOURS, THE ED REG IS UNABLE TO REVIEW THE PATIENT DUE TO ED PRESSURES, CARDIOTHORACIC REGISTRAR ON CALL WILL ATTEND PATIENT, ASSESS AND INVOLVE CRITICAL CARE AS REQUIRED.

IN THE EVENT OF RESIDUAL PNEUMOTHORAX OR ONGOING LEAK AT 72HOURS POST DRAIN INSERTION, DESPITE LOW PRESSURE SUCTION, REFER CARDIOTHORACIC TEAM FOR TAKEOVER OF CARE
CHEST WALL SERVICE WILL FOLLOW UP PATIENTS DISCHARGED FROM WARD 37 WITH RESIDUAL HAEMOTHORAX (F/UP=3/52) OR GROSSLY DISPLACED STERNAL # (F/UP=6-8/52) : FAX REFERRAL to 54613 CHEST WALL SERVICE

PATIENTS DISCHARGED WITH RESOLVING PNEUMOTHORAX SHOULD BE FOLLOWED UP IN ED REVIEW CLINIC FOR RPT CXR WITHIN 1-2/52