

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 REQUIRING 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)

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
- PaO₂ <10kPa on high flow O₂
- PaCO₂ >6.5kPa
- Inadequate Pain Control
- Clinical concern

YES

YES

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

NO

NO

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

ADMIT WARD 37 WITH FOLLOWING COMPLETE/ PRESCRIBED:

ARTERIAL BLOOD GAS RESULT DOCUMENTED IN NOTES

HUMIDIFIED O₂ TITRATED TO O₂ 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