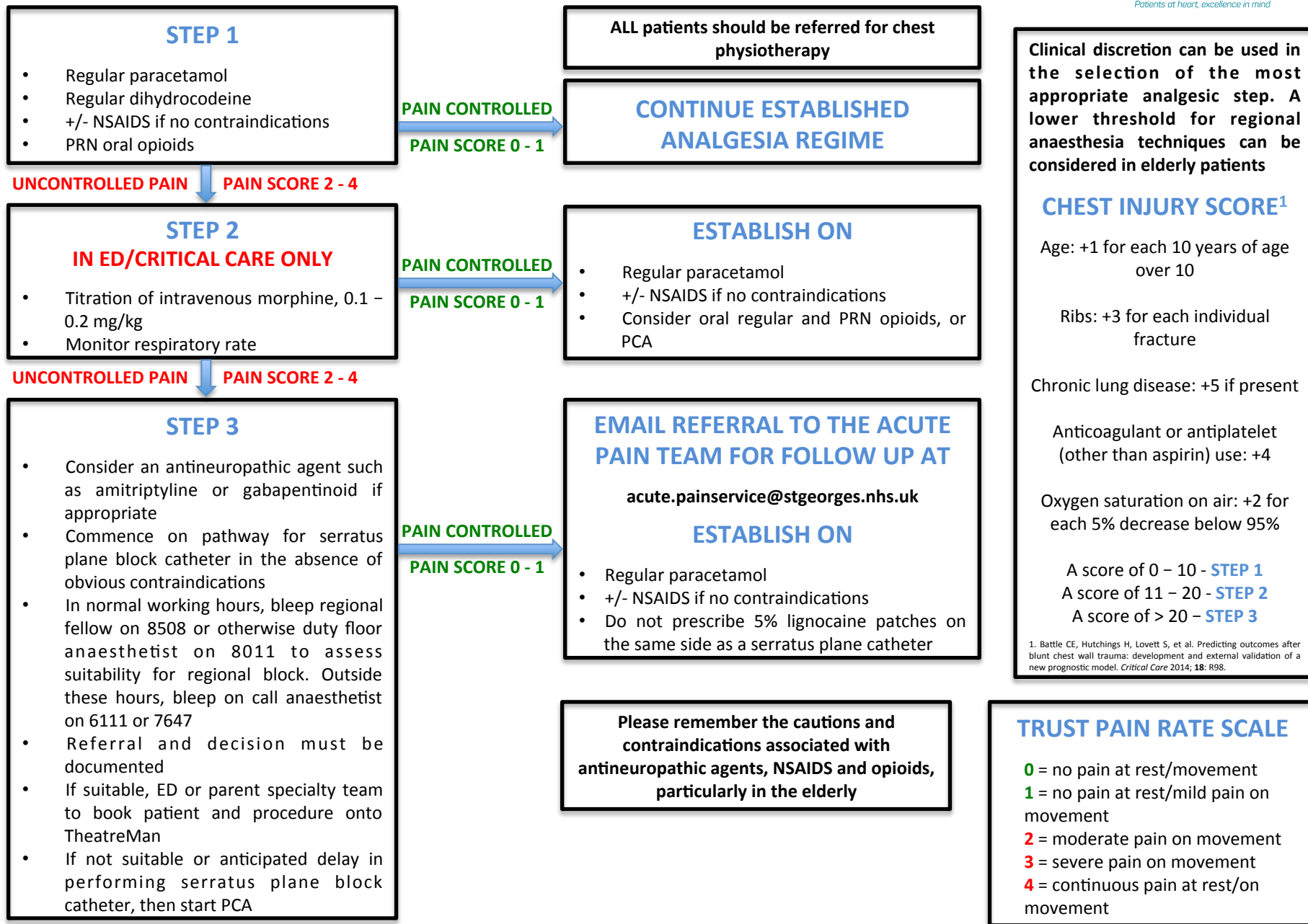


# ANALGESIC MANAGEMENT OF MULTIPLE RIB FRACTURES



Clinical discretion can be used in the selection of the most appropriate analgesic step. A lower threshold for regional anaesthesia techniques can be considered in elderly patients

**CHEST INJURY SCORE<sup>1</sup>**

Age: +1 for each 10 years of age over 10

Ribs: +3 for each individual fracture

Chronic lung disease: +5 if present

Anticoagulant or antiplatelet (other than aspirin) use: +4

Oxygen saturation on air: +2 for each 5% decrease below 95%

A score of 0 – 10 - **STEP 1**  
A score of 11 – 20 - **STEP 2**  
A score of > 20 - **STEP 3**

1. Battle CE, Hutchings H, Lovett S, et al. Predicting outcomes after blunt chest wall trauma: development and external validation of a new prognostic model. *Critical Care* 2014; 18: R98.

**TRUST PAIN RATE SCALE**

**0** = no pain at rest/movement  
**1** = no pain at rest/mild pain on movement  
**2** = moderate pain on movement  
**3** = severe pain on movement  
**4** = continuous pain at rest/on movement