ANALGESIC MANAGEMENT OF MULTIPLE RIB FRACTURES

ST GEORGE'S UNIVERSITY HOSPITALS DEPARTMENT OF ANAESTHESIA

Patients at heart, excellence in mind

STEP 1

- Regular paracetamol
- Regular dihydrocodeine
- +/- NSAIDS if no contraindications
- PRN oral opioids

UNCONTROLLED PAIN

PAIN SCORE 2 - 4

STEP 2 IN ED/CRITICAL CARE ONLY

- Titration of intravenous morphine, 0.1 –
 0.2 mg/kg
- Monitor respiratory rate

UNCONTROLLED PAIN

PAIN SCORE 2 - 4

STEP 3

- Consider an antineuropathic agent such as amitriptyline or gabapentinoid if appropriate
- Commence on pathway for serratus plane block catheter in the absence of obvious contraindications
- In normal working hours, bleep regional fellow on 8508 or otherwise duty floor anaesthetist on 8011 to assess suitability for regional block. Outside these hours, bleep on call anaesthetist on 6111 or 7647
- Referral and decision must be documented
- If suitable, ED or parent specialty team to book patient and procedure onto TheatreMan
- If not suitable or anticipated delay in performing serratus plane block catheter, then start PCA

ALL patients should be referred for chest physiotherapy

CONTINUE ESTABLISHED
ANALGESIA REGIME

PAIN CONTROLLED

PAIN SCORE 0 - 1

PAIN CONTROLLED

PAIN SCORE 0 - 1

PAIN CONTROLLED

PAIN SCORE 0 - 1

- Regular paracetamol
 - +/- NSAIDS if no contraindications
 - Consider oral regular and PRN opioids, or PCA

ESTABLISH ON

EMAIL REFERRAL TO THE ACUTE PAIN TEAM FOR FOLLOW UP AT

acute.painservice@stgeorges.nhs.uk

ESTABLISH ON

- · Regular paracetamol
- +/- NSAIDS if no contraindications
- Do not prescribe 5% lignocaine patches on the same side as a serratus plane catheter

Please remember the cautions and contraindications associated with antineuropathic agents, NSAIDS and opioids, particularly in the elderly

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 SCORE¹

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