1°/2° Survey
Immediate Trauma Treatments
Appropriate imaging as per NUTH protocol

BLUNT CHEST TRAUMA = Rib/Sternal Fractures +/– lung contusion

ED Chest drain of pneumo/haemothorax as indicated

CT Thorax
CXR

Diagnosis
No./pattern Rib #s /Sternal#
Pleural collections
Lung contusion

To Ward 18 Critical Care if...

Other Trauma Indication for critical care
Respiratory Failure requiring support from the outset
Using clinical judgement based on one or more of the following
Age>65, chronic lung disease
>= 4 Rib #s
Significant lung contusion on imaging
PaO2<8, SaO2<2,92% on high flow O2
PaCO2 > 6.5kPa
Evidence of ↑ work of breathing
Poor cough despite analgesia
Presence of cardiorespiratory morbidity
VC < 15ml/kg

Management on Trauma Ward
O2 therapy (humidified) titrated to SaO2
Paracetamol + NSAID if no contra-indication + IV morphine initially
Review by anaesthesia team as soon as indicated (all patients within 24 hr of admission) to consider regional technique
Referral to acute pain team
Physiotherapy x2 / 24 hrs including incentive spirometry
 Aim even fluid balance/ 24 hours after resuscitation
Trauma Orthopaedic review within 48 hours if > = 4 rib fractures
Daily review by Critical care Team
Ring 29999 if other concerns

Management on Wd 18 – Unintubated
All initial steps as per Ward Management
Consider early use of facial CPAP

Management on Wd 18 – Intubated
Standard ALI/ARDS ventilation
Consider early tracheostomy

The Newcastle upon Tyne Hospitals NHS Foundation Trust Management of Blunt Thoracic Trauma Algorithm

Anaesthesia
In Hours – Ring Day Case Unit Block Room – 25102
Out of hours – Ring PINC on call – 29214
Acute Pain Team
29912, 29996
Critical Care
ORANGE on call 29999 or Wd 18 consultant via switchboard