NHS Lanarkshire - Rib Fracture Analgesia Pathway

This flowchart is intended as a treatment guide to support clinical decision making

Accurate pain assessment - *Score on coughing and deep inspiration*

Consider humidified 0_2 therapy and regular NaCl 0.9% nebules

Suggested initial analgesia - *See Rib fracture HEPMA bundle*

- Please check ECS to maintain any baseline opiates
- Regular paracetamol 1 gram 4 times a day (adjust if weight <50 kgs)
- Morphine sulphate 10mg/5ml oral solution 5mgs 4 times a day + 5mgs PRN 2 hourly
- Ibruprofen 400mgs 3 times a day unless contraindicated + PPI cover
- Regular laxative
- As required anti emetic
- Consider PCA if no enteral route
- VTE prophylaxis +/- TED stockings
- Consider lidocaine patch for local application

Recognition of high risk patient

- Flail or > than 3 ribs
- Respiratory morbidity risk*
- Increasing oxygen requirement
- Uncontrolled pain

Refer high risk patients to Anaesthetics/ICU (page 003) for consideration for regional anaesthesia e.g. Erector Spinae, Serratus Anterior or Thoracic Epidural.

Respiratory morbidity risk

- Smoker
- Obese
- Chronic respiratory disease
- Age > 65
- Obstructive Sleep Apnoea
- Pneumothorax/Chest Drain

Treatment targets

- Improving SpO_2/PaO_2
- Reducing FiO_2
- Improved analgesia
- Cooperative with Chest Physio (e.g. Incentive Spirometry)
- Effective cough
- Early mobilisation

If ongoing concerns or clinical deterioration – Refer to ICU

Available support

http://firstport2/staff-support/acute-pain-control/wishaw/Documents/Adult%20Inpatient%20Post-operative%20Analgesia.pdf

- Acute pain team - Dect 6224 Page 021
- Major Trauma Coordinator - Dect 5889, Page 025

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