# NHS Lanarkshire - Rib Fracture Analgesia Pathway

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

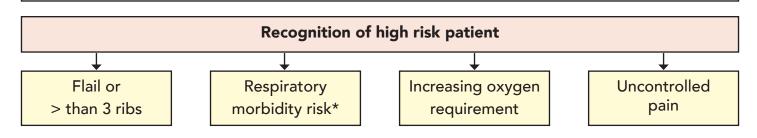


Accurate pain assessment - Score on coughing and deep inspiration

## Consider humidified 0, 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)</li>
- 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



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<sub>2</sub>/PaO<sub>2</sub>
- Reducing FiO<sub>2</sub>
- 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%20 Inpatient%20Post-operative%20Analgesia.pdf

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

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