

Rib Fracture Triage Guide for Trauma Patients

2 points

Age \geq 60yo

1 point

\geq 3 rib fractures

Bilateral rib fractures

Flail segment

IS $<$ 500ml

Weak or no cough

Underlying chronic lung disease

If \geq 3 points-admit pt to the SICU and consult pain for an epidural

If \geq 2 points- consider admission to the OU and early pain consult for an epidural

****Final patient disposition is up to the discretion of the trauma attending****

References

Battle CE, Hutchings H, Evans PA. Risk factors that predict mortality in patients with blunt chest wall trauma: a systematic review and meta-analysis. *Injury* 2012;43:8-17

Pressley EM, Fry W, Philp AS, Berry SD, Smith RS. Predicting outcome of patients with chest wall injury. *Am J Surg* 2012;204:910-914

Bulger EM, Arneson MA, Mock CN, Jurkovich GJ. Rib fractures in the elderly. *J Trauma* 2000;48:104-1047

Bergeron E, Lavoie A, Clas D, et al. Elderly trauma patients with rib fractures are at greater risk of death and pneumonia. *J Trauma* 2003;54:478-485

Monaghan SF, Adams CA, Connolly MD, et al. A geriatric specific rib fracture protocol significantly improves mortality. Abstract from AAST 2014

Holcomb JB, McMullin NR, Kozar RA, Lygas MH, Moore FA. Morbidity from rib fractures increases after age 45. *J Am Coll Surg* 2003;196:549-555

Bakhos C, O'Connor J, Kyriakides T, Abou-Nukta F, Bonadies J. Vital capacity as a predictor of outcome in elderly patients with rib fractures. *J Trauma* 2006;61:131-134