

Sternal Fracture - Full Clinical Guideline

Reference no.: CG-EMD/2266/23

To be used in conjunction with Chest Wall Trauma (Blunt) Clinical Guideline and the Trust Major Trauma Pathway.

Clinical suspicion of a fractured sternum requires:

1. CT imaging due to high energy mechanisms and concerns about other thoracic injuries
2. 12-Lead ECG
3. Troponin at 3h post injury

Patients with no fracture, or fracture with a normal ECG and normal Troponin may be discharged with adequate analgesia.

If isolated sternal fracture with normal ECG and normal Troponin requires admission for analgesia, admission to Surgical Team as per Chest Wall Trauma Guidelines is appropriate.

Patients with arrhythmia should be managed in Resus and discussed with Cardiology at UHDB, Major Trauma and/or Cardiothoracics at NUH depending on CT results. E-FAST may be useful in ED assessment but does not take the place of formal ECHO.

Patients with new ECG changes, and/or raised Troponin should be discussed with Cardiology at UHDB, and ECHO should be considered.

All patients with a Troponin >20ng/L (or deranged from their baseline) should be admitted to a monitored bed CCU/MAU and repeat Troponin performed at 24h post injury. Results should then be discussed with Cardiology.

Documentation Controls

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Review Date:	Dec 2026
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