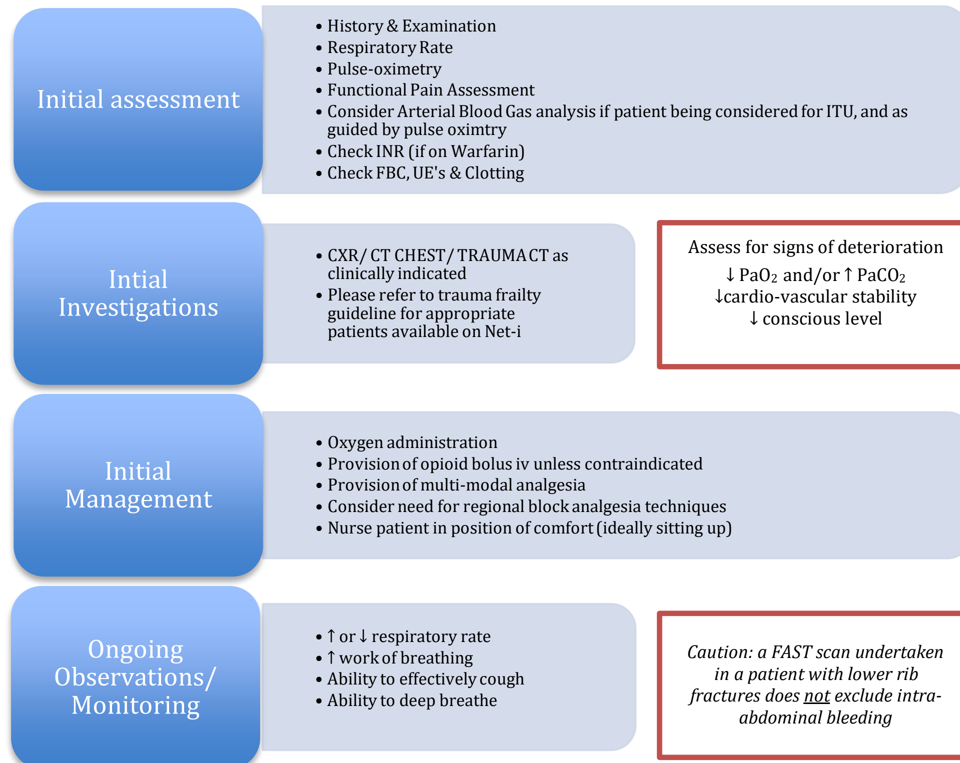
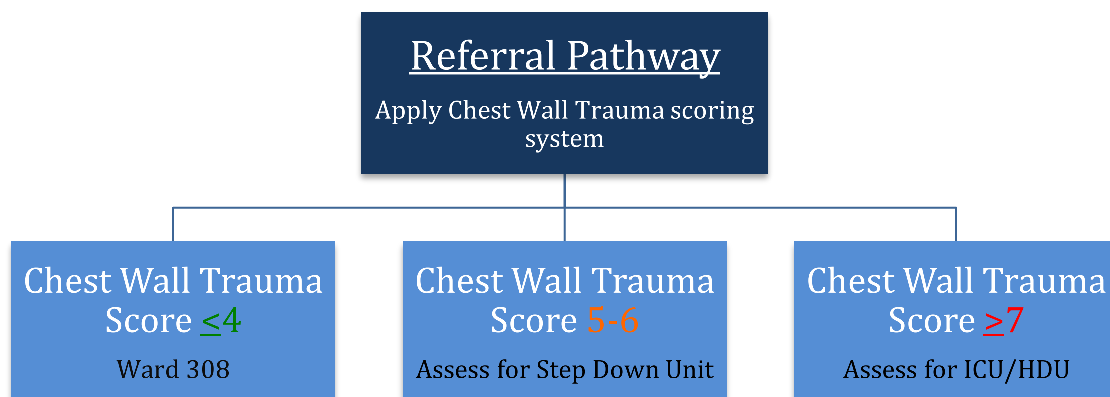
Chest Wall Trauma (Blunt) – Summary Guideline For Emergency Department use

Algorithm for Assessment & Initial Management of Blunt Chest Wall Trauma



Once patient is clinically stable, apply the Chest Wall Trauma Scoring system (see appendix 2) to determine most appropriate destination for inpatient admission



Review date : Dec 2026

Pathway for the patient presenting with isolated chest wall trauma or patients with chest wall trauma associated with other traumatic injuries who have NOT been transferred to the MTC:

1. **Obtain a Chest Wall Trauma Score**

CHEST WALL TRAUMA SCORING SYSTEM

Age	points	Pulmonary Contusion	points	No of rib fractures	points	Bilateral rib fracture	points
< 45	1	None	0	<3	1	No	0
45-65	2	Mild	1	3-5	2	Yes	2
>65	3	Severe	2	>5	3		
		Bilateral	3				
						Total Score =	

Pressley CM et al, Am J Surgery (2012); 204: 910-14

Minimum score: 2
Maximum Score: 11

A score of ≥ 7 predict increased risk of mortality. Assess the need for intubation and IPPV, and consider admission to ICU.

2. **Use score obtained to score to guide admission and referral**

   - Score of ≤ 4: Patient maybe transferred for care in ward 308 under the admitting surgical team with intiation of the NEWS/MEWS score unless need for epidural takes precedence as below when a referral to SDU will be required
   - Score of 5-6: Patient to be considered for SDU unless additional head injury or cardiovascular instability as below; they are under the care of the admitting surgical team
   - Score ≥ 7: Patient to be considered for ICU/HDU as they are at high risk of deterioration and likely will require NIV or IPPV; they are under the care of the admitting surgical team

Irrespective of the score:

- All patients with a significantly altered GCS should go to ICU/HDU after their trauma CT scan
- All patients who are cardiovascularly unstable should go to ICU/HDU
- All patients who went to theatre for a significant visceral injury and blunt chest wall trauma should go to ICU/HDU
- All patients with significant hypoxaemia likely to require advanced respiratory support (eg CPAP, Optiflow, Intermittent NIV) or hypercarbia should be admitted to ICU/HDU

Any patient not being directly admitted to SDU or ICU/HDU will likely be transferred to SAU pending inpatient transfer to Ward 308 where possible. Ward 308 will act as a cohorting ward for all blunt chest wall injury patients to consolidate on going care.