RIB FRACTURE PRACTICE MANAGEMENT GUIDELINE

Rib Fracture

- Intubated
  - Admit ICU
  - Request CT chest
    - Reconstruction
    - Consider Rib Plates
  - Respiratory Orders
    - Incentive Spirometry q 1 hr
    - Pep Valve q 2 hr
    - Initiate and turn over to nursing if appropriate
    - FVC q 4 - 8º and record
    - If FVC < 500 begin CPAP 10 cm or Hightflow 4hr off during day—on HS
    - Nebulizer Treatment as needed
  - Nursing Orders
    - Incentive Spirometry q 1º
    - Pep valve q 2
    - Percuss and vibrate bed q 2º
  - Pain Consult
    - If difficulty with pain, consult pain management and consider epidural catheter
    - Daily CXR
    - Total Sports Bed
    - Consider rib belt

- FVC <1000
  - Admit ICU
  - Respiratory Orders
    - Incentive Spirometry/Pep valve on admission-turn over to nursing if appropriate
    - FVC q 12º x 48º and record
    - Call HO if FVC falls below 25% from baseline
    - Nebulizer treatment as needed
  - Nursing Orders
    - Incentive Spirometry q 1º
    - Pep valve q 4º and record-turn over to nursing if appropriate
    - FVC q day x 48º

- FVC 1000-1500
  - Admit Step Down
  - Respiratory Orders
    - Incentive Spirometry Consult
    - Pep valve on admission-turn over to nursing if appropriate
    - FVC q 12º x 48º and record
    - Call HO if FVC falls below 25% from baseline
    - Nebulizer treatment as needed
  - Nursing Orders
    - Incentive Spirometry q 1º
    - Pep valve q 4º and record
    - Percuss and vibrate bed q 2 hr
    - Select 8NE Aggressive Protocol
    - Consider pain consult with consideration for epidural catheter

- FVC >1500
  - Floor Admission Or Observation
  - Respiratory Orders
    - Incentive Spirometry q 1º while awake turn over to nursing
    - Pep valve q 4º and record-turn over to nursing if appropriate
    - FVC q day x 48º
  - Nursing Orders
    - Pulse oximetry with vital signs
    - Incentive Spirometry q 1º while awake
    - Pep valve q 4 hrs and record

- FVC > 2
  - Okay to discharge home

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References


