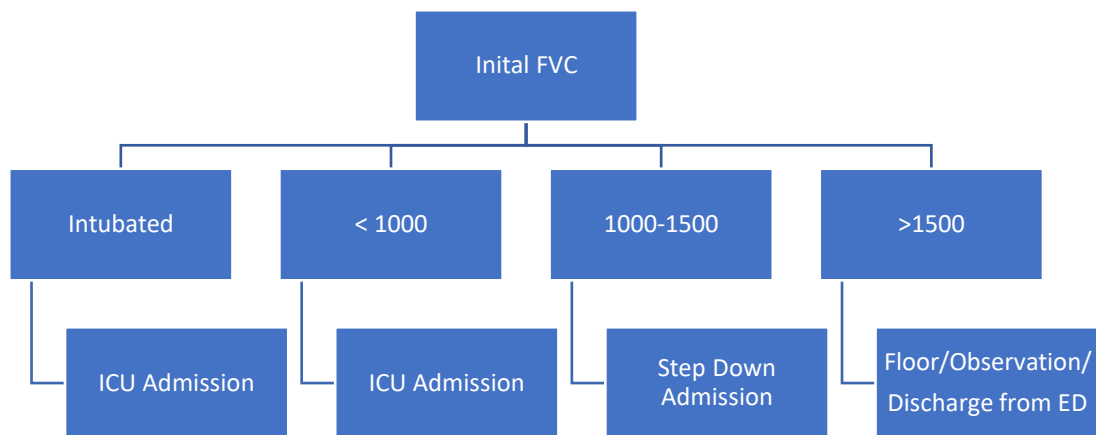


Rib Fracture Protocol



ICU Admission

- Respiratory Orders, Incentive Spirometer RT Instruct, RT Evaluation, FVC QID
- Nursing Orders- IS Q1 Hr,, Pep Valve Q2
- Imaging- CT Chest Recons from Initial Ruby Memorial CT CAP/Chest for consideration of Rib plating, Daily CXR
- RAP Consult Evaluation
- Multimodal Pain Control per SICU
 - o Consider Ketamine Infusion
- Non-invasive (BiPAP and/or HFNC) or Invasive Ventilation Management – in conjunction with SICU

Step Down Status Orders

- Respiratory Orders: RT Care Eval Evaluation, Incentive Spirometer RT Instruct, FVC BID if less than 1.0 please notify.
- Nursing Orders: IS Q1 Hr, Pep Valve Q2 hrs, Continuous Pulse ox
- Multimodal Pain Control and consider RAP consult if patient agreeable.
 - o Consider Ketamine Infusion once discussed with faculty.
- Imaging Daily CXR x 72 hours
- Non-invasive ventilation
 - o BiPAP or HFNC
- Discussion with faculty regarding whether escalation of care to ICU should FVC decrease to < 1.0 and/or increasing oxygen requirement/worsening clinical status.

Floor Orders –

- Respiratory Orders: RT Evaluation, Incentive Spirometer, pep valve on admission- then can transfer to nursing, FVC repeat in 12 hours if stable then daily.
- Nursing orders: Standard Pulmonary Toilet, Incentive spirometer, Pep Valve Q4hrs by Nursing, Pulse Ox and Vitals Q4 hours
- Multimodal Pain control
- Imaging: Repeat CXR on PTD 1
- Discussion with faculty regarding whether escalation of care to Step-down should FVC decrease to < 1.5 and/or increasing oxygen requirement/worsening clinical status.

Discharge from ED Criteria for Isolated Rib Fractures

- FVC > 1500 and < 3 Rib Fractures and No associated pneumothorax or effusion
- < 65 years of age
- Pain tolerable for ambulation and No oxygen requirement during ambulation

- Must discuss with faculty prior to ambulation.
- 1 week Trauma Clinic Follow up with repeat CXR