RIB FRACTURE PRACTICE MANAGEMENT GUIDELINE

Rib Fracture

- Intubated
  - ICU
    - Request CT chest Reconstruction
      - Pain Consult
        If difficulty with pain, consult with pain management and consider epidural catheter
      - Consider Rib Plates
        - Percuss Vibrate
        - Daily CXR
        - Total Sports Bed

- FVC <1000
  - Admit ICU
    - Respiratory Orders
      Respiratory Care Consult
      - 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 4hr off during day – on at HS
      - Nebulizer Treatment as needed
    - Nursing Orders
      - Incentive Spirometry q 1º
      - Pep valve q 2
      - Percuss and vibrate bed q 2º

- FVC 1000-1500
  - Admit Step Down
    - Respiratory Orders
      Respiratory Care Consult
      - 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
      - Percuss and vibrate bed q 2 hr
      - Select 8NE Aggressive Protocol
      - Consider pain consult for epidural catheter

- FVC >1500
  - Floor Admission Or Observation
    - Respiratory Orders
      Respiratory Care Consult
      - 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

- FVC > 2
  - Okay to discharge home
    - Respiratory Orders
      Respiratory Care Consult
      - Incentive Spirometry q 1º while awake
    - Nursing Orders
      - Pulse oximetry with vital signs
      - Incentive Spirometry q 1º while awake
      - Pep valve q 4 hrs and record

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