Chest wall injuries in the elderly; more timely analgesia

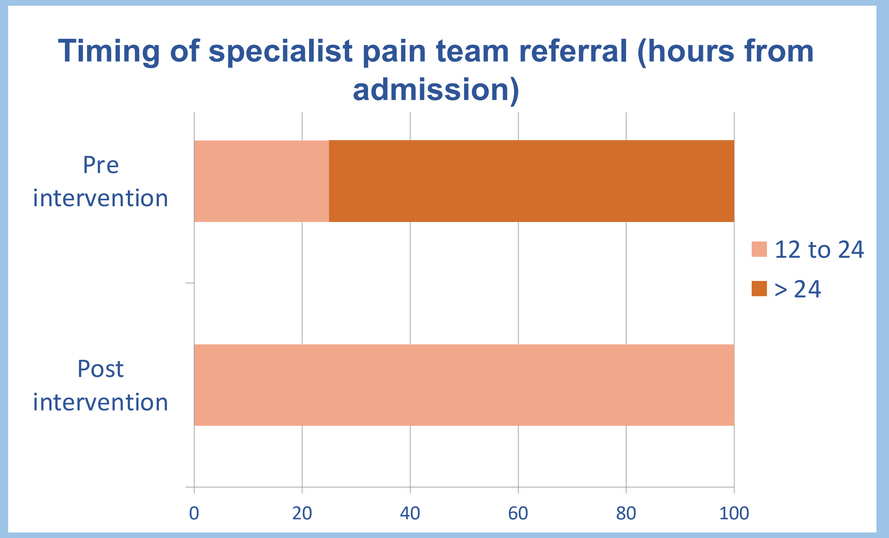
L Richardson, S Ralhan
Department of Perioperative Medicine, John Radcliffe Hospital, Oxford

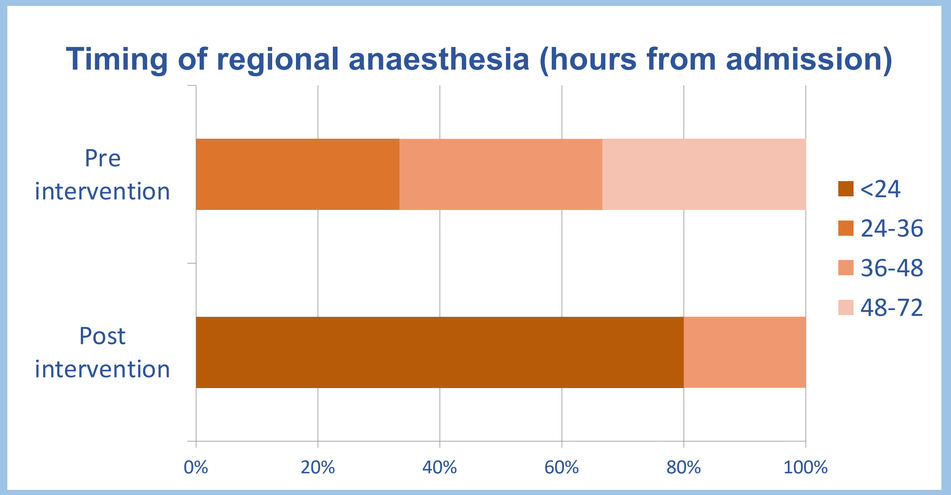
Introduction

The elderly will soon make up the largest proportion of patients sustaining major trauma. Rib fractures are the second most common injury in this patient group. Morbidity and mortality in older adults is double that of their younger counterparts and is directly linked with respiratory complications that occur as a result of pain induced hypoventilation. Effective analgesia is therefore essential. Following the addition of new criteria to assess frailty to the Major Trauma Best Practice Tariff in 2019, we introduced a Major Trauma Geriatrics service to our institution. We proposed that the service would help to facilitate earlier escalation of analgesia for patients with rib fractures via prompt recognition of injury severity; with particular focus on timely specialist pain team referrals and assessment for regional anaesthesia.

Methods

Notes for patients with a coded diagnosis of rib fractures and with a Battle score of > 21 were retrospectively analysed from 12 weeks pre and post service introduction.





Results

Seven patients were identified in the pre-implementation group and eight in the post-implementation group. Mean Battle scores were 35 and 36 respectively. Pre-intervention, 57% of patients were referred to specialist pain teams and referrals were predominantly made between 12 and 24 hours of presentation. 42% received regional anaesthesia which was administered between 24 and 72 hours of admission. Post-intervention, 88% of patients were referred to specialist pain services and all within 12 hours of presentation. 62% received regional anaesthesia; 80% within 24 hours of presentation.

Discussion

We have demonstrated that the introduction of a Major Trauma Geriatrics service has contributed to prompt referral to specialist pain services and earlier use of regional anaesthesia.