

A fractured management: Reviewing the management of rib fractures in patients aged 65 years and over at Royal Bolton Hospital

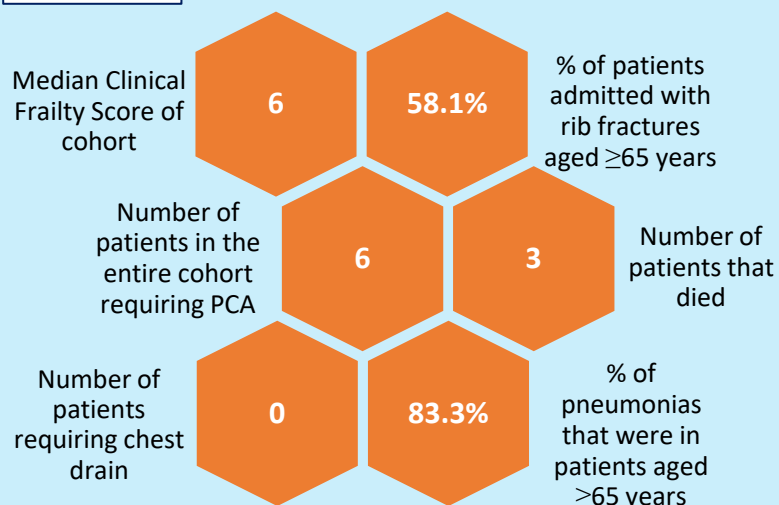
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BACKGROUND Patients aged 65 and over with rib fractures have an increased risk of death than younger patients¹. Traditionally at our hospital, patients with rib fractures have been admitted under the General Surgical team, despite the absence of Cardiothoracic Surgery on site, to facilitate the use of Patient Controlled Analgesia (PCA). The purpose of our project was to establish a cross-departmental management pathway to ensure optimal care of older patients.

Reference 1. Bergeron, E., Lavoie, A., Clas, D., Moore, L., Ratte, S., Tetreault, S., Lemaire, J. and Martin, M., 2003. Elderly Trauma Patients with Rib Fractures Are at Greater Risk of Death and Pneumonia. *The Journal of Trauma: Injury, Infection, and Critical Care*, 54(3), pp.478-485.

METHODS Demographic, injury severity, management and outcome data were collected for all patients diagnosed with rib fractures in a 6-month period at our hospital. (n=43)

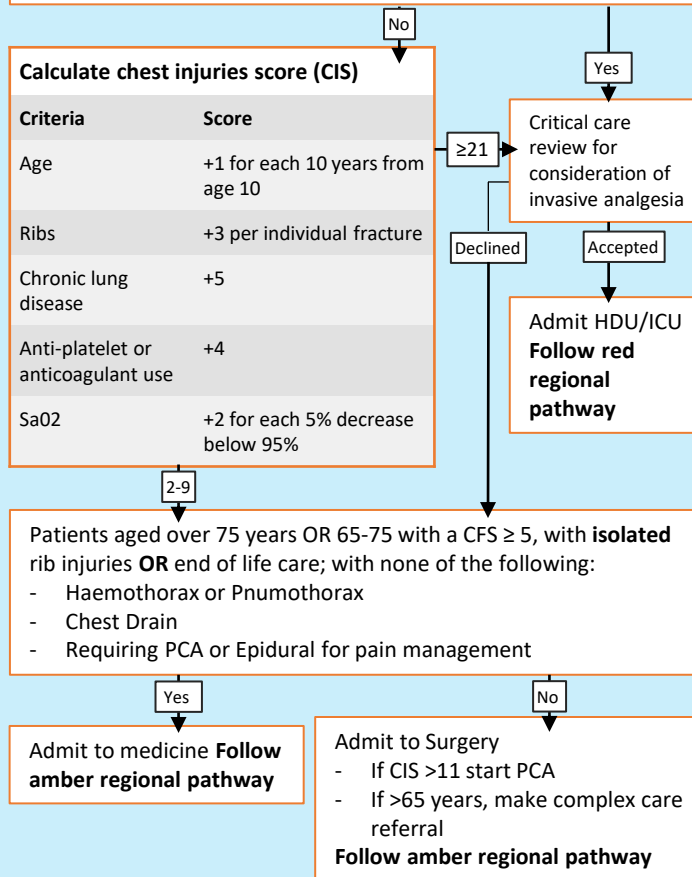
RESULTS



Major Trauma (ISS ≥15) declined by trauma centre
Flail chest
O₂ Requirement > FiO₂ 0.6

Calculate chest injuries score (CIS)

Criteria	Score
Age	+1 for each 10 years from age 10
Ribs	+3 per individual fracture
Chronic lung disease	+5
Anti-platelet or anticoagulant use	+4
SaO ₂	+2 for each 5% decrease below 95%



CONCLUSIONS

- Our findings were presented at the Trauma Steering Group, which involves ICU, A&E, General Surgery and Geriatric Medicine. The above admission pathway was developed on the consensus that these patients require Geriatrician input.
- A care bundle is being developed to further standardise care.