# Greater Manchester Chest Injury Pathway

## Clinical Course

Thorough assessment and aggressive, early management should help to reduce the mortality and morbidity of these patients

## Important Interventions

Administration of timely Tranexamic Acid (TXA) and reversal of anticoagulants in appropriate cases

Identification and management of all other injuries using timely and appropriate diagnostics

Effective early analgesia – both PRN and regular analgesia are optimal. Analgesia requirements should be stratified according to severity of pain. The *'Chest Injury Pathway – Analgesia'* document provides some guidance on this, local policy should be followed. Effect of medications should be regularly measured and consideration should be given to preventing delirium and constipation in vulnerable groups

For the purpose of this document *'Non-invasive analgesia'* refers to simple analgesia, various methods of opiate administration (PO/SC/IM/IV) and the utilisation of Patient Controlled Analgesia (PCA). *'Invasive analgesia'* refers to intervention likely to be delivered within a Critical Care setting such as Serratus Anterior (SA) blocks or Paravertebral/Epidural blocks

P/F (Pa02/Fi02) ratio refers to arterial blood gas measurement and reflects how well the lungs absorb oxygen from expired air. P/F ratio less than 27 (kPa) is a reasonable descriptor of significantly poor oxygenation

Chest fixation is a semi-elective procedure following clinical and radiological assessment. Rib fixation candidates will not be 'surgically urgent' cases for immediate transfer and as such should be discussed within the agreed operational timeframe. It is anticipated the majority of cases will be referrals from the Critical Care environment however operative management may be considered for ward patients

Greater Manchester Major Trauma Network

NHS

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## Process

All Sites have the capability to admit to a critical care setting for enhanced interventions

Local Acute pain Service should be contacted regarding specific management of pain issues

MTC Chest Injury services are available for clinical management advice/discussion during the operational hours stated below

**A pragmatic, clinical decision should be made as to which site is contacted. Consider other injuries and specific local/social issues**

Chest injury patients (if deemed suitable for rib fixation) are not *'immediate transfer to MTC'* patients

A suitable time should be agreed between both the sending and receiving sites and arrangements made for local admission to manage prior to transfer

It is anticipated that in the case of isolated chest injury only those patients who require surgical fixation will be transferred through the pathway as all other interventions should be delivered and escalated locally prior to discussion. There will be exceptions to this and these should be discussed during operational hours

Contact with SRFT is via a MT Coordinator. The coordinators are unable to provide clinical advice over the phone

Contact with MRI involves speaking directly to the Major Trauma Ward Consultant

Outside of operational hours documented below colleagues will be unable to contact the Chest Injury services at the MTC directly

## Contact Details

**SRFT – (0161) 206 7138**

9am - 4pm Monday – Sunday

**MRI - (0161) 701 4451**

9am – 4pm Monday – Sunday

A suitable time should be agreed between both the sending and receiving sites and arrangements made for local admission to manage prior to transfer