Kevin Henshall
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Counties Manukau Health
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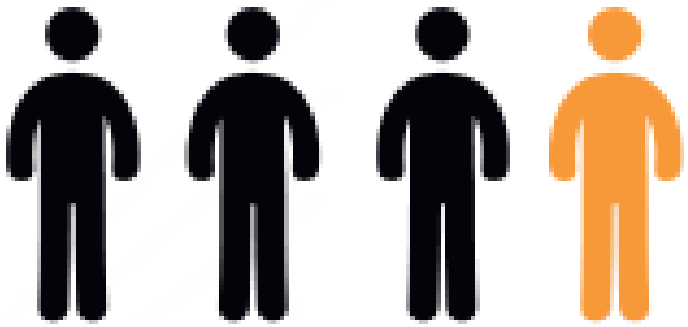

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Middlemore Experience

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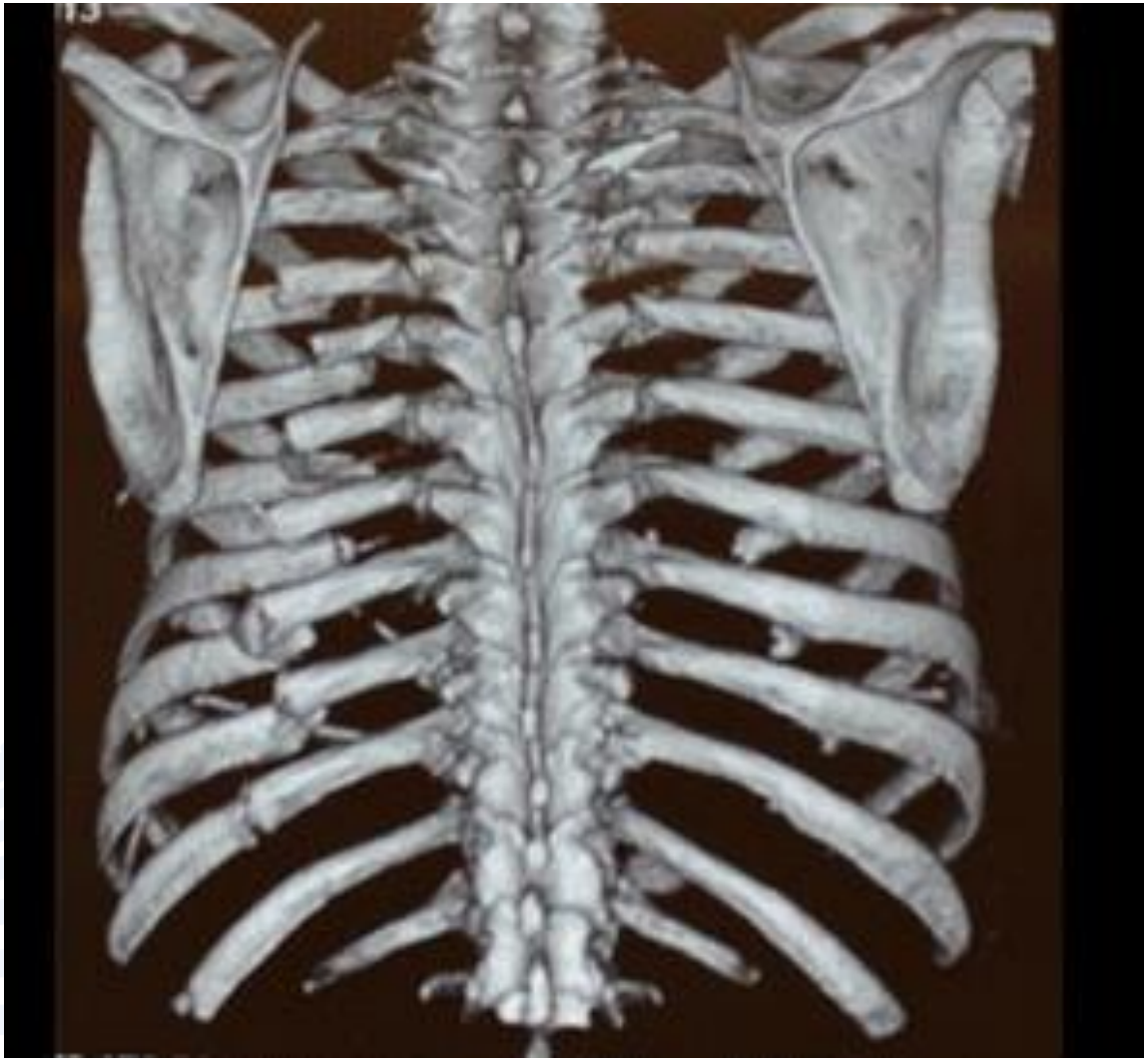

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Trauma Committee


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- Vast Majority of Patients have Honeymoon period
  - Limited analgesia overnight
  - Poor Positioning
  - Wake up in strife
    - Often early signs of respiratory distress missed
- Suggested Early PCA & HDU Review

That should be easy to achieve

Change is easy?

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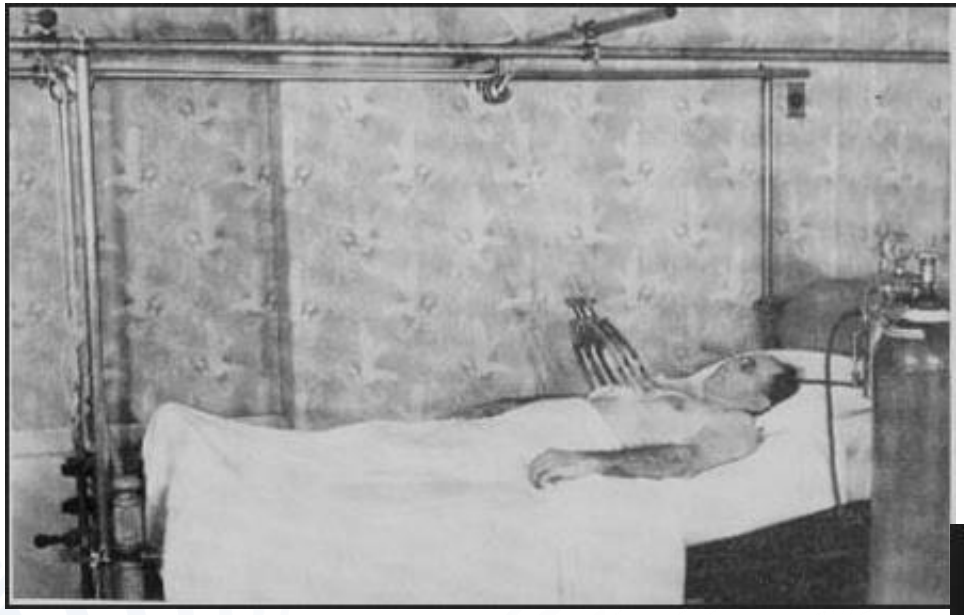
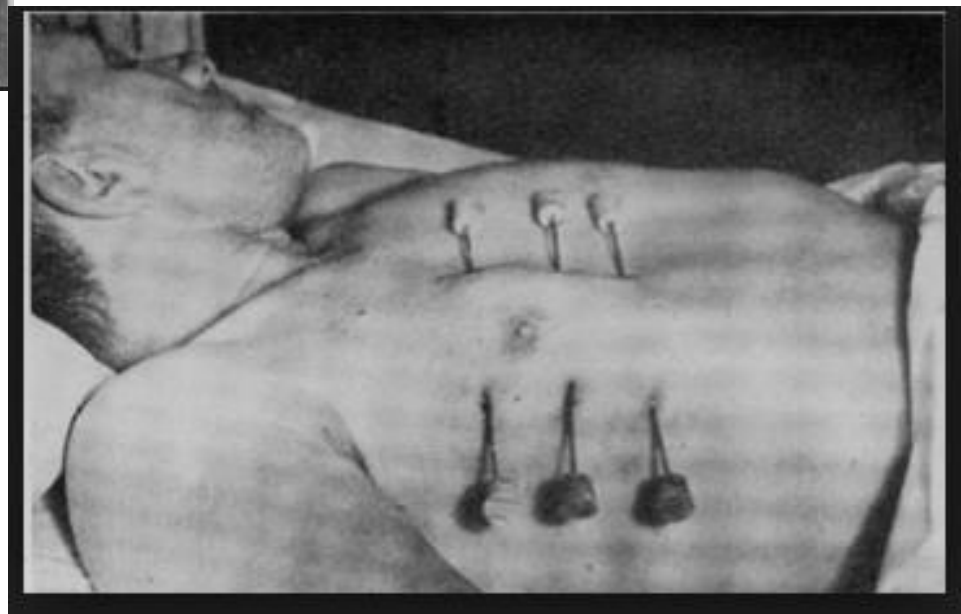
Literature Review





What we think we know is ?

- Honeymoon Period
- Peaking at Day 3
  - Pain
  - Pulmonary Contusions
- Pneumonia typically manifests @ day 5

Prior is a marker of badness !!!

- Delayed Pleural Effusion or Haemothorax

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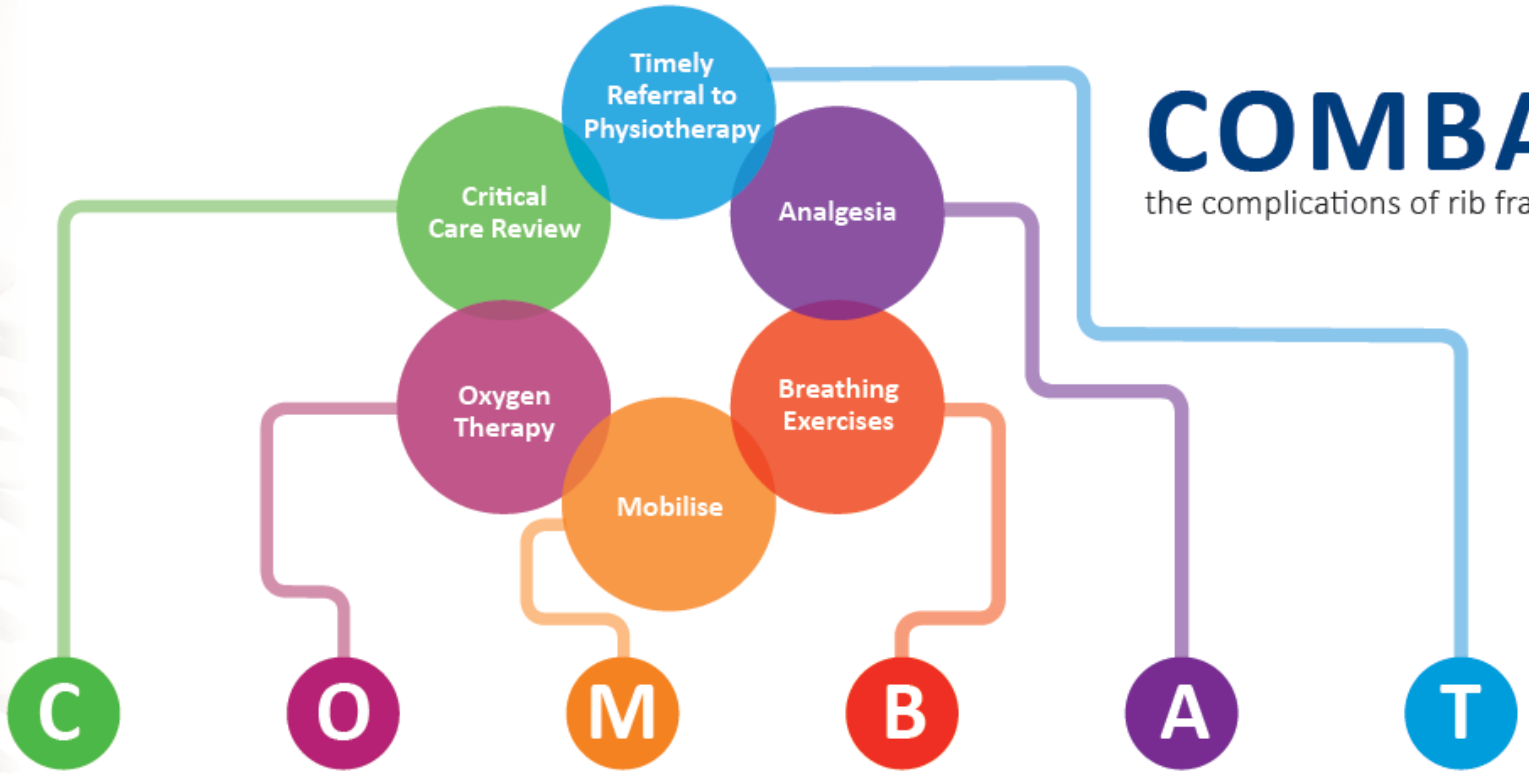
COMBAT

the complications of rib fractures



Critical Care Review

- Critical Care review in Emergency Department (ED) prior to ward transfer is recommended
- **ED**
  - Patients requiring immediate surgery
  - ≥ 3 isolated rib fractures
  - Consider referring with >1 rib fracture + comorbidities/ respiratory dysfunction
- **Ward**
  - Worsening CXR +/- clinical state
  - FiO2 ≥ 0.3
  - Obliged orthopnoea
  - Vital Capacity ≤ 30%
- **Disclaimer – these criteria DO NOT replace:**
  - **EWS scoring**
  - **Requesting PAR Team review**
  - **777 activation**

Oxygen Therapy

- Humidification can be used for elderly/comorbid/immobile patient via HFNP
- HFNP ≥35L/min flow +/- oxygen to achieve target SpO2
- Oxygen and target SpO2 should be prescribed
- FiO2 ≥ 0.4 = PAR/team review
- FiO2 ≥ 0.6 = PAR/ICU review

Mobilise

- Mobilise ASAP if safe to do so – including bariatric patients
- Bariatric bed >160kg
- Position the patient at least 30 degrees head up
- Contact Ward Physiotherapist for mobility review

Breathing Exercises

- Deep breathing and coughing hourly in an upright position – **minimum 3 x 10 breaths/hour**
- Brace painful chest area with a pillow/rolled towel to cough
- Incentive Spirometry for immobile patients, aim ≥1500mL

Analgesia

- If the patient cannot cough – their pain is NOT controlled
- Initially IV opioid, then introduce multi-modal oral analgesia early
- Refer to APS for PCA or regional analgesia prior to ward transfer

Timely Referral to Physiotherapy

- Active referral 0730-1600hrs:
  - Any number of rib fractures, flail chest or painful chest injury
  - Priority given to those with lung disease, >65yrs, already have onset of respiratory dysfunction
- Afterhours review:
  - Must be discussed with treating Reg or SMO & strongly considered if;
  - Patient has acute sputum retention/collapse with respiratory dysfunction (↑RR, SpO2 ≤92%, secretions, respiratory fatigue)

Further detailed information is available in the Chest Trauma Guideline on Paanui.

Developed by Lisa Welsh, Cardiorespiratory Physiotherapist, on behalf of the Middlemore Trauma Committee.

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Critical Care Complex Produced Guidance

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Mandatory Review

- Emergency Department

Re-Review Guidance

- Ward patients

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Get Up Get Moving

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Pain Control

Good pain relief is essential to be able to position, cough and clear lungs and begin walking.

Use your pain button or ask your nurse for pain relief regularly.

Early Movement

Early moving and walking is vital for a quick recovery.

When your surgeon directs, you will start with:

moving in bed

moving from bed to chair

walking

GET UP
GET HOME
GET MOVING

Positioning

It's important to keep as upright as possible to keep your lungs healthy.

Spend most time:

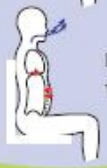
Spend least time.

Deep Breathing & Coughing

Do these exercises sitting up or lying on your side.

Take a slow deep breath in.

Hold for 3 seconds.



Breathe out.

Then cough.

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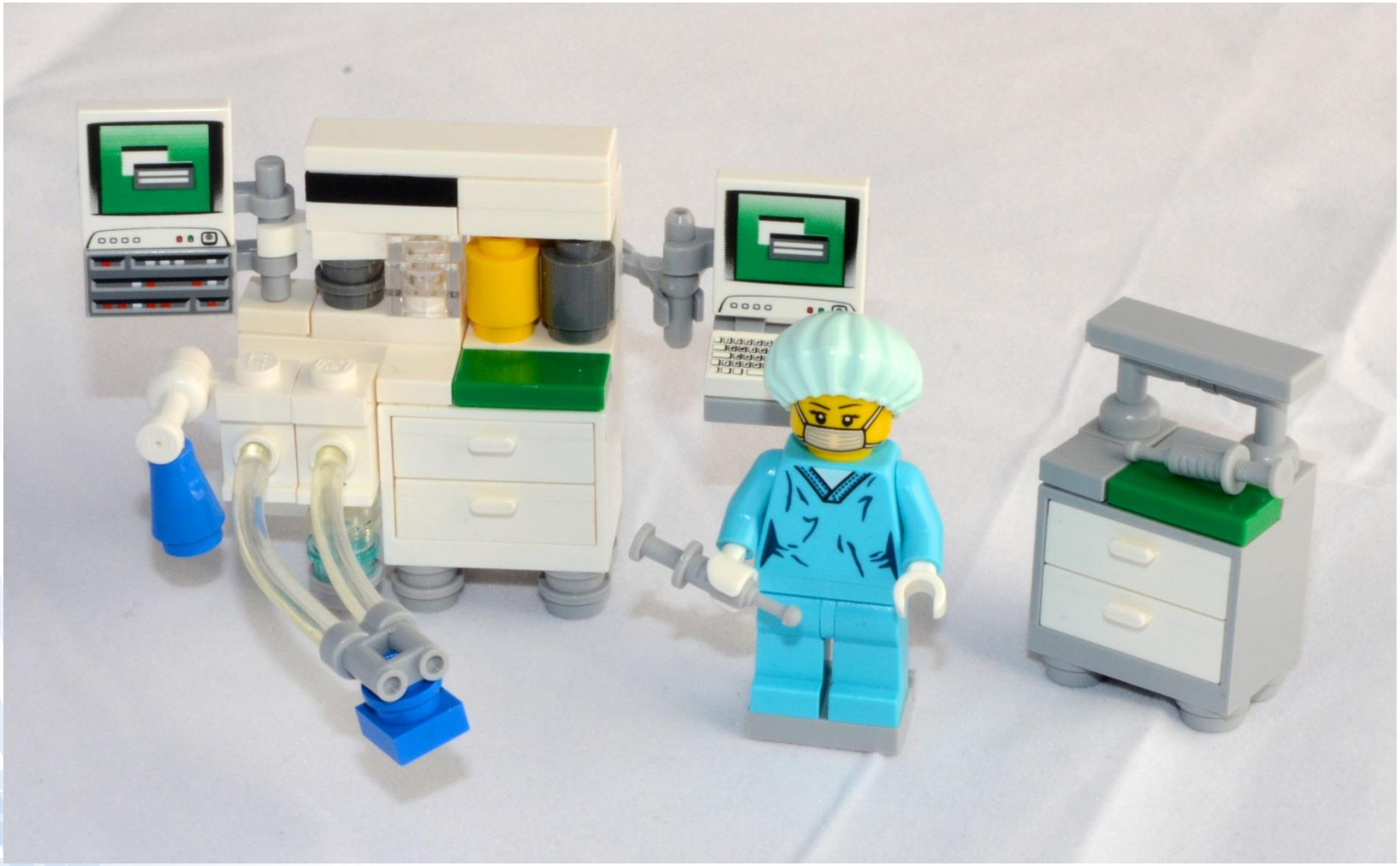

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ANZCA
AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

FPM
FACULTY OF PAIN MEDICINE
ANZCA

Position statement on the use of slow-release opioid preparations in the treatment of acute pain

Mounting evidence highlights the inappropriate use of slow-release opioids for the treatment of acute pain. The recommendations in this statement are in line with the approved indications for slow-release opioids listed by regulatory authorities including the Therapeutic Goods Administration in Australia, Medsafe in New Zealand, and the US Food and Drug Administration.

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