SOUTH EASTERN SYDNEY ILLAWARRA
NSW HEALTH

Central Hospital Network

MULTIDISCIPLINARY MANAGEMENT OF BLUNT CHEST TRAUMA – CHIP

(CHest Injury Pathway)

Cross references (including NSW Health/ SESIAHS policy directives)	
1. What it is	Evidence based recommendations for the activation of a multidisciplinary team (MDT) to manage patients presenting with blunt chest wall trauma
2. Who it applies to	Medical officers working in the Emergency Department, Surgical and Medical Registrars. Allied Health professionals including Physiotherapy.
3. When to use it	When managing patients with blunt chest wall trauma
4. How to use it	As a clinical pathway with a multidisciplinary team approach for patients with blunt chest wall trauma
5. Why the rule is necessary	To minimise the significant morbidity associated with blunt chest wall trauma particularly in elderly patients
6. Who is responsible	All clinicians who manage patients with blunt chest wall trauma

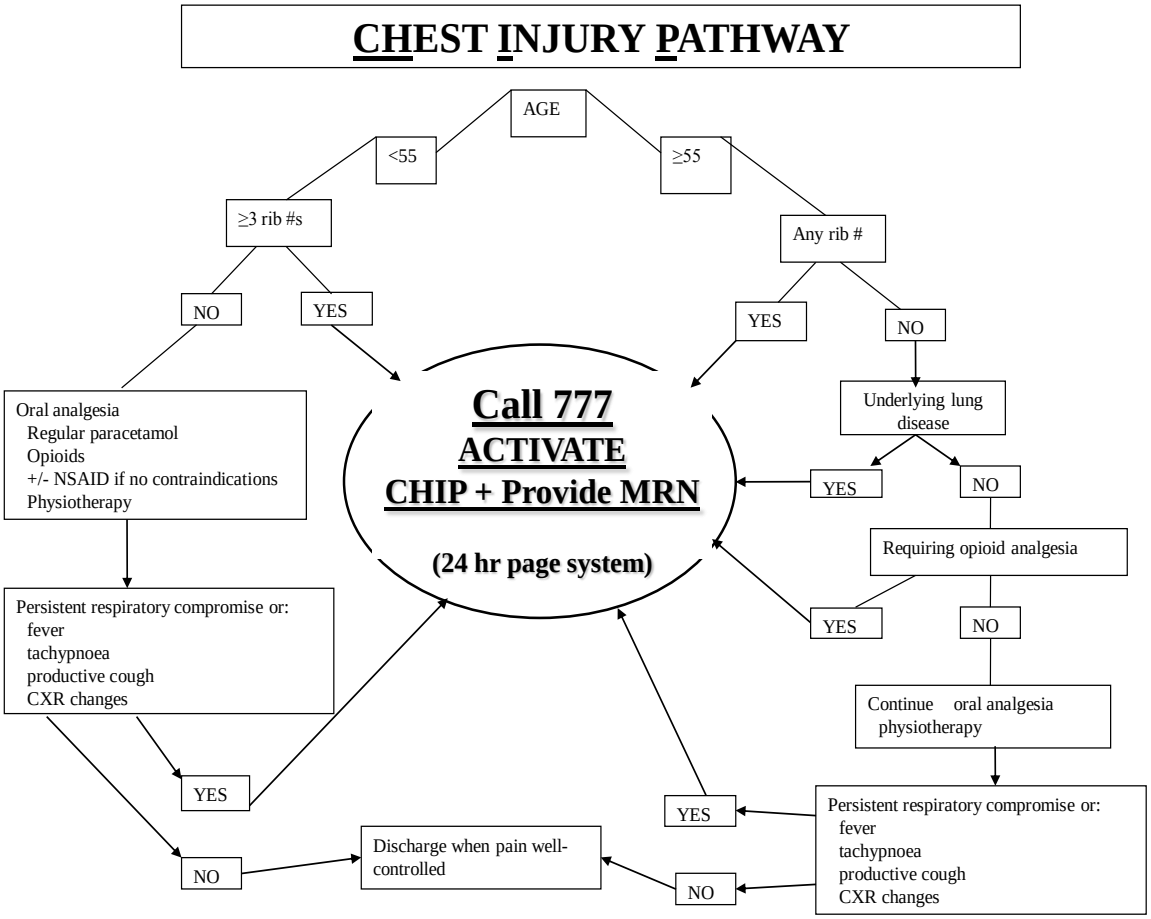
7. Process

This CBR seeks to describe the criteria for activation of the two-tiered MDT CHiP Team. Members of this team will receive a message via their page to review patients who have sustained blunt chest wall trauma and who fit the criteria.

1. All patients with blunt chest injury are to be considered for this pathway.
2. An early and aggressive approach to painful blunt chest injuries reduces morbidity and mortality, especially in the elderly (Todd s, McNally M et al, 2006 & Bergeron E, Lavoie A et al, 2003).
3. The role of the ED Doctor is to recognise patients eligible for this pathway attend to their immediate analgesia and respiratory support and initiate the 1st Tier CHiP (CHest Injury Pathway) page when appropriate.
4. The role of the Surgical Registrar carrying the Trauma page is to assess whether a 2nd Tier MDT (Multi-Disciplinary Team) approach is required and escalate if needed.
5. The **1st Tier** of the CHiP page will alert the MDT, including the Trauma Registrar, Anaesthetic Registrar out of hours or pain team registrar, Pain Team CNC, ICU Liaison Nurse and Physiotherapist to enable early contact and optimal management. This should be responded to within 60 minutes of the page activation.
6. The **2nd Tier** of the CHiP page involves consultations with specialist teams such as Aged Care, Respiratory, Cardiothoracic and ICU Teams as needed.
7. All patients 55 years and older with proven or suspected rib fractures, or a painful chest injury with respiratory disease and/or requiring opiate analgesia should be admitted under the Trauma Service. A CHiP page should be activated to facilitate management.
8. All patients under 55 years with 3 or more rib fractures or a painful chest injury with evidence of deterioration (tachypnoea, decreased SaO_2, respiratory fatigue) should also be admitted under the Trauma Service. A CHiP page should be activated to facilitate management.

9. Incentive spirometry (TriFlow) must be administered to patients with blunt chest trauma as soon as patient is admitted to the ward/HDU.

10.



8 Compliance evaluation	The trauma service has 7 day a week coverage and routinely assesses all trauma patient admissions. Compliance with this CBR will be evaluated through routine trauma patient rounds. The trauma service also collects data, including quality improvement data on all trauma patient admissions and it is expected that improved outcomes will be seen in this patient group.
9. External references	1. Sharma O, Oswanski M, Jolly S, Lauer S et al. Perils of Rib Fractures. Am Surg 2008;74(4):310 – 4 2. Bergeron E, Lavoie A et al. Elderly trauma patients with rib fractures are at greater risk of death and pneumonia. J Trauma. 2003 Mar;54(3):478-85 3. Todd s, McNally M et al. A multidisciplinary clinical pathway decreases rib fracture-associated infectious morbidity and mortality in high-risk trauma patients. Am J Surg. 2006 Dec;192(6):806-11

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I, *Mary Langcake, Director of Trauma Service* of *Central Hospital Network* attest that this business rule is not in contravention of any legislation, industrial award or policy directive.

Revision and approval history

Date	Revision number	Contact Officer (Position)	Date for revision
Jan 2011	0	Mary Langcake, Director of Trauma	Jan 2014