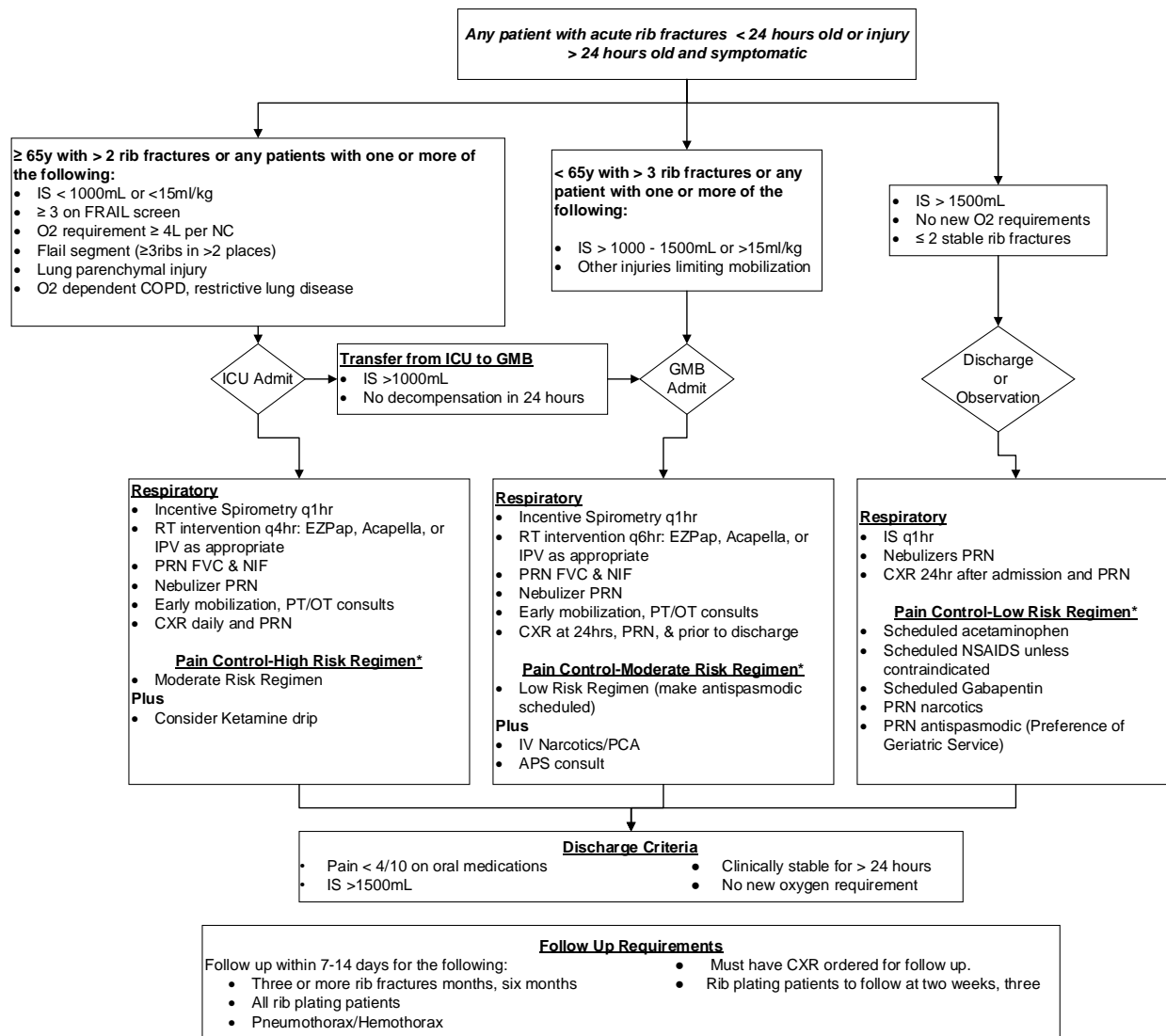


Guideline: Rib Fracture Guideline, Adult, Inpatient/Outpatient

Updated: September 30, 2021

Clinical algorithm:



*Review BEERS criteria for patients ≥ 65 years
Hold anticoagulation if supratherapeutic or anticipating potential anesthesia intervention or surgical fixation

"FRAIL" Questionnaire Screening Tool
Eatigue: Are you fatigued?
Resistance: Cannot walk up 1 flight of stairs?
Aerobic: Cannot walk 1 block?
Illnesses: Do you have more than 5 illnesses?
Loss of weight: Have you unintentionally lost >5% your weight in last 6 months?
Scoring: Frail ≥ 3 / **Pre-Frail**: 1 or 2

Plating (Need 3D CT reconstruction with and without scapula)
 -Flail chest
 -Multiple, severe (bicortical) displaced fractures
 -Early failure of no-op management (inadequate pain relief, unable to wean from vent)
 -IS <750

See [Treatment and Management](#) for further follow-up requirements.

Clinical guideline summary

CLINICAL GUIDELINE NAME: Rib Fracture Adult Inpatient/Outpatient

PATIENT POPULATION AND DIAGNOSIS: Patients >18 years old with acute rib fractures <24 hours old or injury >24 hours old and symptomatic

APPLICABLE TO: All Spectrum Health Sites

BRIEF DESCRIPTION: The guideline is intended to summarize the approach to treatment for adult patients with rib fractures. Based on the guideline the patient will be admitted to the optimal location, will be provided multi modal pain control, and aggressive pulmonary hygiene in order to help prevent pneumonia, decrease ICU as well as hospital days.

OVERSIGHT TEAM LEADER(S): Patricia Pentiak

OWNING EXPERT IMPROVEMENT TEAM (EIT): Trauma

MANAGING CLINICAL PRACTICE COUNCIL (CPC): Acute Health CPC

CPC APPROVAL DATE: July 2021

OTHER TEAM(S) IMPACTED: Pharmacy, Radiology, Respiratory

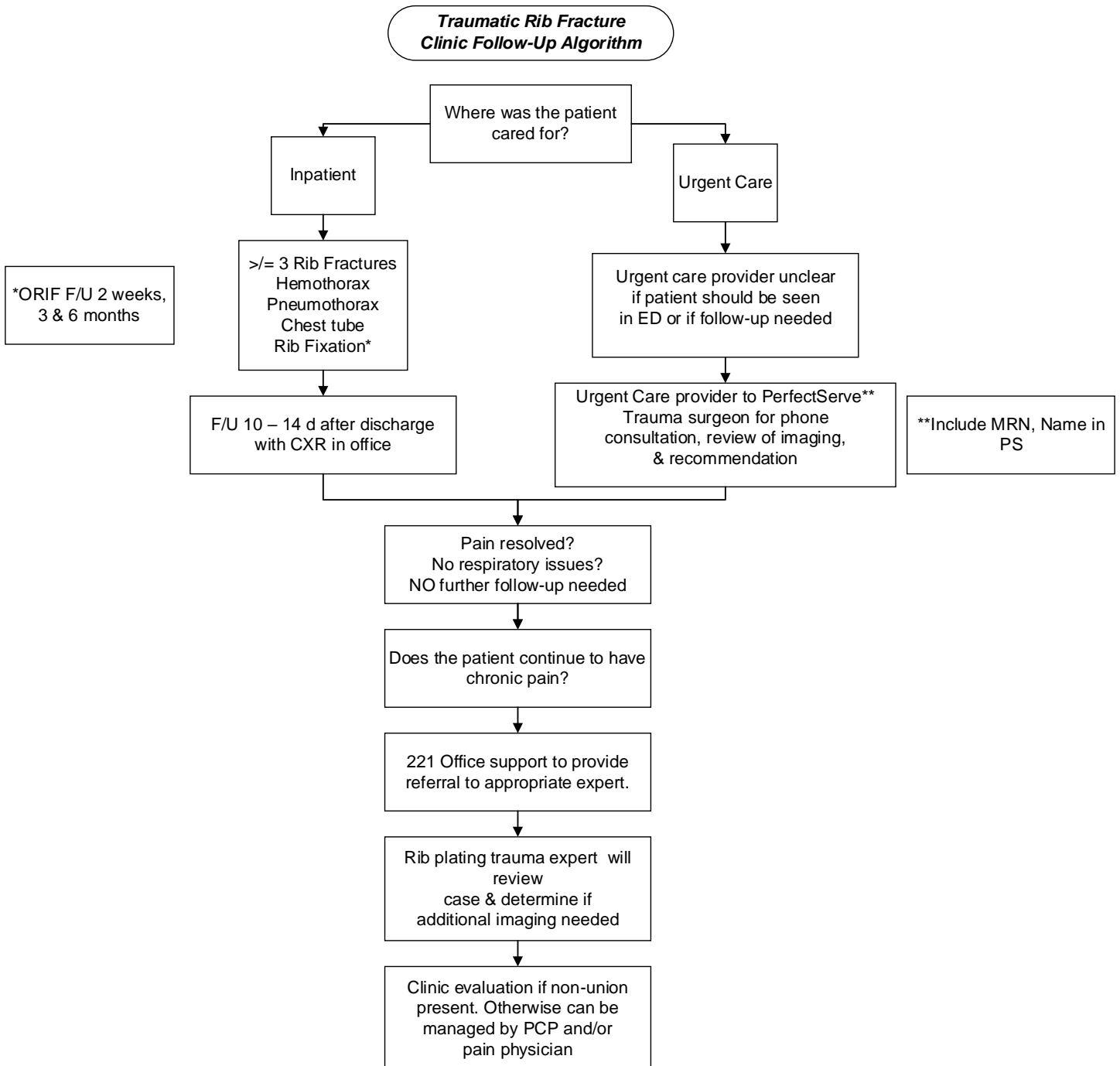
IMPLEMENTATION DATE: n/a

LAST REVISED: September 30, 2021

FOR MORE INFORMATION, CONTACT: Patricia Pentiak

Clinical pathways clinical approach

Treatment and Management



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