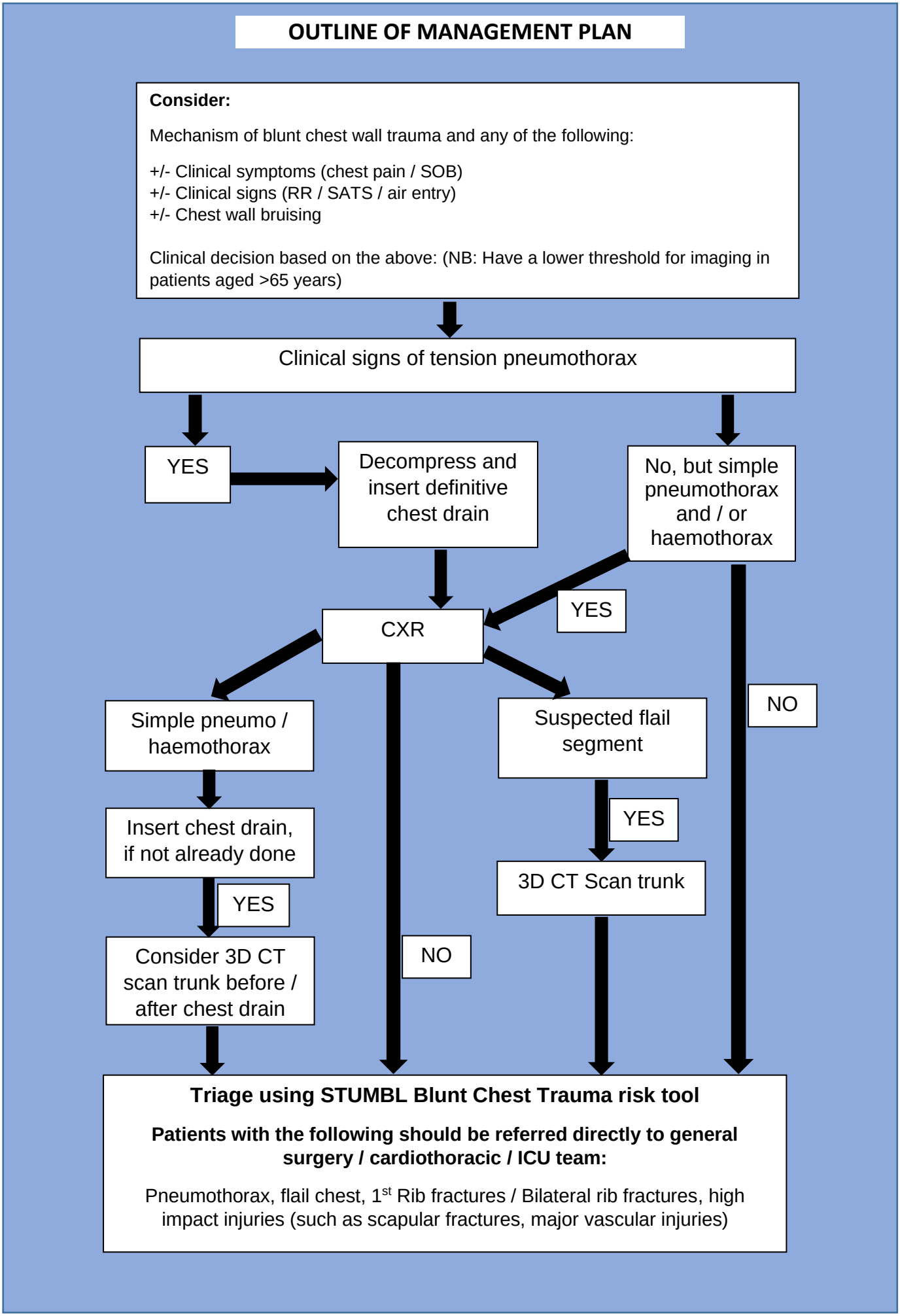
SBUHB Chest trauma pathway



STUMBL Adult Blunt Chest Trauma Risk Tool[1]

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Age	Suspected Rib Fractures	Chronic Lung Disease	Anticoagulated Pre-injury	O2 Sats on Room Air	Total Score
Score 1 point for every complete decade e.g. 63 = 6 points	Score 3 points for every suspected rib fracture. Score 6 for each segmental rib fracture in the flail segment	5 points for COPD or productive chest disease (not smokers)	If yes score 4	<94% = 2 <89% = 4 <85% = 6	Add each separate score to give a total risk score

Risk Score	≤10	11-15	16-20	21-25	26-30	≥31
Patient destination	Consider discharge home with analgesia / patient advice sheet (see last page for link to patient resources)	D/W senior ED doctor re admission OR discharge. **Consider referral to FDS-VW****	Recommend admission to ward	Recommend admission to ward	Recommend admission to Critical Care	Recommend admission to Critical Care
Oxygen delivery		**If admitted:** *Titrate to SATS • Nebulisers **If discharged:** Give analgesia and patient advice sheet	• Titrate to SATS • Nebulisers	*Humidified oxygen titrated to SATS *Nebulisers	• Nasal high flow oxygen • Nebulisers	• Advanced ventilation support • Nebulisers
Team involvement		• Admitting team • Chest trauma support team (see below for contacts)	• Admitting team • Chest trauma support team (see below for contacts)	• Admitting team • Chest trauma support team (see below for contacts)	*Admitting team *Chest trauma support team (see below for contacts) *ICU	• Admitting team • Chest trauma support team (see below for contacts) • ICU Consider surgical fixation

ANALGESIC LADDER:

In ED: Regular paracetamol or Cocodamol* +/- NSAIDS** prn	**If admitted:** MST 5-10mg BD +/- Gabapentin 300mgs +/- oramorph as needed	Strong opioid bolus iv titrated to pain IV morphine / Fentanyl PCA	Contact anaesthetist to discuss regional technique
	Serratus anterior / erector spinae plane block / paravertebral block / thoracic epidural		

* If giving co-codamol 30/500 x 2 tablets qds: this gives an equivalent morphine dose of 24mg over 24 hours.
**Contraindications: renal disease, hypersensitivity, anti-coagulation, gastric irritation, asthma, Refer to BNF. *Precautions: haemothorax

****Virtual Ward – Fracture Discharge Service (VW-FDS):** Consider referral if STUMBL Score 11-15 after discussion with senior ED doctor. Can be contacted via VW in-reach Team: Laura Miles 39893/Dominic Jewitt 39926

Chest trauma support team:

Theatre general anaesthetic reg.	23488
Cardiac anaesthetic reg:	23615
Ceri Battle / Hannah Toghill / ITU physio team:	23920 / switch out of hours
Acute pain team:	23997 / 34612 out of hours
Consultant anaesthetist:	23808

NB: Additional guidance on whom to contact re regional analgesia techniques can be found in the anaesthetics dept

1) Battle CE, et al Predicting outcomes after blunt chest wall trauma: development and external validation of a new prognostic model. Crit Care. 2014, 18:R98 DOI: 10.1186/cc13873

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Patient education resources (links to COIN: Therapy Services - Respiratory):

CID5384(a) Chest Injuries Infographic for Patients (Welsh) (New - April 2026)
CID5384(b) Chest Injuries Infographic for Patients (English) (New - April 2026)

CID5382(a) Chest Injuries Advice and Recovery Easy Read Guide for Patients (Welsh) (New - April 2026)
CID5382(b) Chest Injuries Advice and Recovery Easy Read Guide for Patients (English) (New - April 2026)

CID5382(c) Chest Injuries Advice and Recovery Easy Read Guide for Patients (Braille Reader Compatible) (New - April 2026).docx

Online patient education animation (English Language): https://youtu.be/vS_3zE8WMi4

Online patient education animation (Welsh Language): https://youtu.be/xnQ1GFyzmxM

Online patient education animation (English Language with BSL): https://youtu.be/Ld_OVr-o-iE

Physiotherapy Follow-up Service

This service is available for patients who are considered high risk on hospital discharge, who would benefit from a follow-up contact. Consider referring patients with one or more of the criteria:

- Bilateral rib fractures or flail segment
- Poor pre-injury functional status (defined as CFS ≥ 4)
- STUMBL Score ≥ 20 on original hospital admission

On discharge, please email Ceri Battle (Chest Trauma Specialist Physiotherapist) on ceri.battle@Wales.nhs.uk and include contact details and a brief summary of reasons for referral.

NB: Please do not refer patients who will be followed-up by the cardio-thoracic follow-up service

1) Battle CE, et al Predicting outcomes after blunt chest wall trauma: development and external validation of a new prognostic model. Crit Care. 2014, 18:R98 DOI: 10.1186/cc13873