



University Hospital Galway

EMERGENCY DEPARTMENT
GalwayEM.ie

Chest Trauma

(<https://galwayem.ie/guidelines/trauma-and-musculoskeletal/chest-trauma>)

Category

Trauma and Musculoskeletal (<https://galwayem.ie/guidelines/trauma-and-musculoskeletal>)

In major trauma – call the Resus team Severe chest trauma e.g. multiple rib fractures, flail chest, haemothorax

- Resus team will be called and will deal with these
- Manage along ATLS principles

Fractured rib

- Isolated rib fracture is not an indication for CXR
- Appropriate analgesia
- Advise breathing exercises and smoking cessation
- Refer to own GP
- Patients with pre-existing lung disease may need admission if they are short of breath.

Fractured sternum

Consider possibility of underlying mediastinal injuries.

Perform 12 lead ECG

- If undisplaced and 12 lead ECG is NAD treat as for fractured rib
- If displaced refer to Cardiothoracic surgeons.

Subcutaneous Emphysema chest wall

Note that marked subcutaneous emphysema will obscure lung markings. Assume a pneumothorax until proved otherwise.

- Seek senior ED doctor advice
- No specific treatment
- Treat underlying lung injuries.

Isolated traumatic pneumothorax

- Small (< 2cm rim on CXR) isolated pneumothoraces in stable patients who are not dyspnoeic may be treated by observation without a chest drain.* Seek senior ED advice.

All require admission.

- All other pneumothoraces should be treated with a (preferably small bore) chest drain

NOTE

- Pneumothorax/ Haemothorax may not be obvious on a supine chest x-ray. Try to get an erect chest

x-ray. If the patient cannot be sat up decubitus films or CT are useful.

- Consider admission for patients with any of the following:
 - inadequate pain control
 - underlying lung disease
 - multiple rib fractures
 - hypoxia
 - poor social circumstances
- Patients with chest drains should receive prophylactic antibiotics
- Cefotaxime IV or Cephadrine orally for 24 hours.
- Small (occult) pneumothoraces seen only on CT do not need a drain if going to theatre (OPTIC trial).

* Knottenbelt JD, van der Spuy JW. Traumatic Pneumothorax: a scheme for rapid patient turnover. Injury 1990;21:77-80.

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