

RIB FRACTURE

Musculoskeletal chest wall injuries are very common and rib fracture is relatively less common. We do not routinely perform a chest x-ray to diagnose a rib fracture. Rib fractures may well not show up on x-ray and there is no particular active treatment required. The only reason to perform a CXR is to exclude associated pathology found on clinical examination e.g. pneumo/haemothorax, pneumonia.

Document presence/absence of bruising or surgical emphysema.
Ensure oxygen saturation, temperature, respiratory rate, pulse rate and blood pressure are documented.

Treatment depends upon the medical fitness of the patient.
For example, an elderly patient with chest problems should have their blood gases checked and may well need admitted for adequate analgesia to prevent them getting pneumonia. Most other patients simply need to be told to stop smoking, avoid heavy lifting and to take NSAID medication (as long as there are no contraindications).

Be wary of prescribing NSAIDs in the elderly or to those taking ACE inhibitors/diuretics.

Advise patients to return if they become breathless/unwell.

Note

Any patient with a depressed sternal fracture or flail segment should be admitted for observation

All patients with a sternal fracture should have an ECG