



28 February 2025

Our Ref: FOI 342

Dear

**Freedom of Information Act 2000
Information in relation to Rib Fractures/Chest Wall Trauma**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to above which you requested on 8 November 2024. Please accept my apologies for the delay in responding to your request. Thank you for your understanding and forbearance.

A response to each of the questions raised has been provided by the Surgery & Elective, Maternity & Paediatric Services Directorate and is attached in Appendix A.

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital (informationgovernance@setrust.hscni.net) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office –Northern Ireland, 3rd Floor, 14 Cromac Place, Belfast, BT7 2JB. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

Rebecca Manning
Information Governance Officer

Q1. In your organisation, are there guidelines for the clinical management of adults with either rib fractures, chest wall trauma or blunt chest wall trauma?

A1. There are no specific Emergency Department (ED) guidelines for the clinical management of adults with either rib fractures, chest wall trauma or blunt chest wall trauma within the Trust. This a heterogeneous group of patients ranging from those who can be discharged from ED to those who will require Critical Care Support.
There are guidelines for Emergency Nurse Practitioners (ENPs).

Q2. Which clinical team(s) are patients with isolated rib fractures, chest wall trauma or blunt chest wall trauma admitted under?

A2. This would be context dependent. If the trauma was a result of a suspected medical event precipitating the injury, a patient would be admitted under the relevant medical specialty. If there was no suspected medical event and the patient required admission for analgesia (pain relief), this would normally be under the care of the General Surgery Team.

Q3. Can you please attach a copy of your most recent guidelines for the clinical management of adults with rib fractures, chest wall trauma or blunt chest wall trauma.

A3. The Trust has two guidelines for Emergency Nurse Practitioners (ENPs) working in the Minor Injuries Unit (MIU). Please see enclosed Attachments:

Attachment 1 – Guidelines for Pain in Chest – No Trauma
Attachment 2 – Guidelines for Pain in Chest after Trauma

Please also find enclosed proforma for patients who undergo regional anaesthesia for chest wall injuries. Attachment 3 – Rib Fracture Nerve Block Proforma

Q4. Where more than one team has produced guidelines please provide copies of all the relevant guidelines.

A4. There have been no further guidelines produced.

Q5. In your organisation, is there a dedicated service/ team providing chest wall nerve blocks for rib fracture patients?

A5. There is no dedicated service/team providing chest wall nerve blocks for rib fracture patients as only a minority of the anaesthetists have the skills to do this procedure and therefore 7 day cover is not possible.
If patients require a thoracic epidural then they would have be nursed in ICU/HDU for the duration.