Daily opiate use in blunt chest trauma: impact of rib fracture displacement, shoulder injury and adjunct analgesic therapies

Dr Fran Williamson Staff Specialist Emergency and Trauma Physician, RBWH
Ms Jacelle Warren Biostatistician, Jamieson Trauma Institute
A/Prof Cate Cameron Principal Research Fellow, Jamieson Trauma Institute

**Methods**

- Retrospective convenience study design
- Moderate/severe chest wall injury (AIS >2)
- Daily PCA opiate use - calculated every 24 hours
- Exclusion:
  - GCS <13/Intubated
  - Significant other injury

**Results**

- **Background**
  - Study Aims
  - Methods

**Treatment Aim**

- **Complications**
  - Short and long-term complications may arise from opiate use

**Study Aims**

- **Identify**
  - Daily PCA opiate use in patients with blunt chest injury following trauma

- **Examine**
  - Describe pattern of use over admission

- **Explore**
  - Impact of displaced rib fractures and shoulder injury on daily maximum opiate use

**Conclusion**

- **Future Direction**
  - Prospective study
  - Development of Blunt Chest Injury Analgesia pathway
  - Supported by APMS/Green Room

**Notes:**

- **MME** = Morphine milliequivalents
- **Block** = Paravertebral or Erector spinae or Epidural (with opiate)