



Regional Anaesthesia for Thoracic Trauma



Anterior Pain (Anterior rib fractures)



Preparation: Ideal appropriate needle (catheter and vessels) for single fracture. Single and double chest can not always be managed in order to ensure maintenance of muscle perfusion.

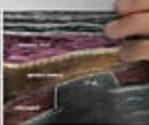
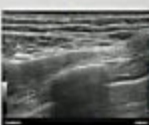
Identify: Identify the fracture line. Use ultrasound if the fracture is not clearly visible. There is usually one artery in the anterior chest space (T1-T6) (the thoracic artery).

Target: The site is in line with the local plexus between T1-T6 and anterior chest wall. Single and double chest.

can also be treated after local anaesthetic is introduced between the site, intercostal muscle and vessels. However, this is a more technical technique.

Tip: The local anesthetic solution should be given up until 100% of the intercostal space. Double chest can be used and the second chest can be used but the second chest may be required.

Avoid: Avoid paravertebral injection, pleurocentesis.



Erector Spinae Plane (posterior rib fractures)



Preparation: Ideal appropriate needle (catheter and vessels) for single fracture. Single and double chest can not always be managed in order to ensure maintenance of muscle perfusion.

Identify: Coat the erector spinae plane. The erector spinae plane is located in the posterior chest wall. The erector spinae plane is located in the posterior chest wall. The erector spinae plane is located in the posterior chest wall.

Target: The site is in line with the local plexus between T1-T6 and posterior chest wall. Single and double chest.

Tip: Check if the chest is the middle third space. The site is in line with the local plexus between T1-T6 and posterior chest wall. The erector spinae plane is located in the posterior chest wall. The erector spinae plane is located in the posterior chest wall.

Avoid: Avoid injection. The site is in line with the local plexus between T1-T6 and posterior chest wall. The erector spinae plane is located in the posterior chest wall. The erector spinae plane is located in the posterior chest wall.



Thoracic Paravertebral (unilateral rib fractures)



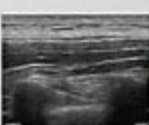
Preparation: Ideal appropriate needle (catheter and vessels) for single fracture. Single and double chest can not always be managed in order to ensure maintenance of muscle perfusion.

Identify: The paravertebral space is located in the middle third space. The paravertebral space is located in the middle third space. The paravertebral space is located in the middle third space.

Target: The small paravertebral space is between the erector spinae muscle and the pleura.

Tip: While awaiting the chest pain, remember to give the correct site as the pleura. The site is in line with the local plexus between T1-T6 and posterior chest wall. The erector spinae plane is located in the posterior chest wall. The erector spinae plane is located in the posterior chest wall.

Avoid: Avoid injection. The site is in line with the local plexus between T1-T6 and posterior chest wall. The erector spinae plane is located in the posterior chest wall. The erector spinae plane is located in the posterior chest wall.



Thoracic Epidural (bilateral rib fractures)



Preparation: Ideal appropriate needle (catheter and vessels) for single fracture. Single and double chest can not always be managed in order to ensure maintenance of muscle perfusion.

Identify: The epidural space is located in the middle third space. The epidural space is located in the middle third space. The epidural space is located in the middle third space.

Target: This is an advanced technique. The epidural space is located in the middle third space. The epidural space is located in the middle third space. The epidural space is located in the middle third space.

Tip: Remember to give the correct site as the pleura. The site is in line with the local plexus between T1-T6 and posterior chest wall. The erector spinae plane is located in the posterior chest wall. The erector spinae plane is located in the posterior chest wall.

Avoid: Avoid injection. The site is in line with the local plexus between T1-T6 and posterior chest wall. The erector spinae plane is located in the posterior chest wall. The erector spinae plane is located in the posterior chest wall.



- Level of Risk Associated**
- Lowest: Single chest block. Single and double chest appear safe.
 - Medium risk: Double chest. Clear priority to maintain double chest.
 - Highest risk: Epidural block. Epidural block is a more advanced technique and should be used with caution.
- Make Medical Decision**
- For optimal with thoracic trauma should be managed with a multidisciplinary approach. Regional anaesthesia is an advanced skill with multiple options. Consideration should be given to the patient's condition and the need for analgesia.

FOR FURTHER INFORMATION
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