

RULE OUT MYOCARDIAL CONTUSION

Transfer Criteria

- Normal vital signs
- Normal initial ECG (no new changes)
- Monitor without significant arrhythmias
- No other significant comorbidities
- Non-displaced sternal fracture
- Trauma surgeon, or senior surgical resident, agrees with plan to observe

Exclusion Criteria

- Significantly abnormal vital signs
- Significantly abnormal admission ECG (ie new ST or T wave changes, AV blocks)
- Significant cardiac arrhythmias (i.e. frequent ventricular ectopy, tachy or brady arrhythmias)
- Evidence of an aortic tear (i.e. wide mediastinum on CXR)
- Significant other injuries (i.e. Pelvic or c-spine fx, Hemothorax, significant pneumothorax, displaced sternal fracture, etc.)
- ECP or trauma surgeon prefer admission

EC Observation Unit Interventions

- Cardiac arrhythmia / ST monitoring
- Vital signs (BP, P, R) at least every 2 hours
- Spot pulse ox as indicated
- 2D Echocardiogram only as indicated
- Repeat Chest Xray only as indicated
- Comparison repeat ECG at the end of observation period
(Note - cardiac enzymes generally not indicated)

Disposition parameters

Home

- No significant arrhythmias or ECG changes over time in unit
- Stable condition, normal vital signs at time of discharge
- If appropriate - pain controlled with oral analgesics

Hospital

- Significant ECG changes, or arrhythmias
- Unstable clinical condition
- Uncontrollable pain
- Surgeon or private attending choose admission