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 (i.e. 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