**UHS contact details:** **ribfixation@uhs.nhs.uk** **| SpR on call: 9211 or 1032**



**Patient Name:**

**DOB (DD/MM/YYYY):**

**NHS ID:**

**Referring Hospital:**

**Referring team:**

**Team contact number:**

**Date of injury:**

**Polytrauma**: [ ]  **Isolated Chest Trauma:** [ ]  **Blunt:** [ ]  **Open:** [ ]

**If polytrauma, please list concomitant injuries:**

**Major Criteria:**

**Flail segment**: Yes [ ]  No [ ]

**≥ 3 displaced fractures:** Yes [ ]  No [ ]

Minor Criteria:

Unable to cough/mobilise: Yes**[ ]** No**[ ]**

Uncontrollable pain: Yes [ ]  No [ ]

High/increasing O2 support: Yes [ ]  No [ ]

**Fractured ribs on right side (e.g. 3-7 or 2,4,7-9): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fractured ribs on left side (e.g. 3-7 or 2,4,7-9): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fractured Sternum**: Yes [ ]  No [ ]

**Ventilatory Support:** Invasive [ ]  NIV [ ]  Mask/Nasal specs [ ]  Air [ ]

**Relevant comorbidities**:

**\*For in hour referrals, please email this form to** **ribfixation@uhs.nhs.uk**

 **\*For OUT OF HOURS referrals, please email this form to** **ribfixation@uhs.nhs.uk** **and inform SpR on call**