

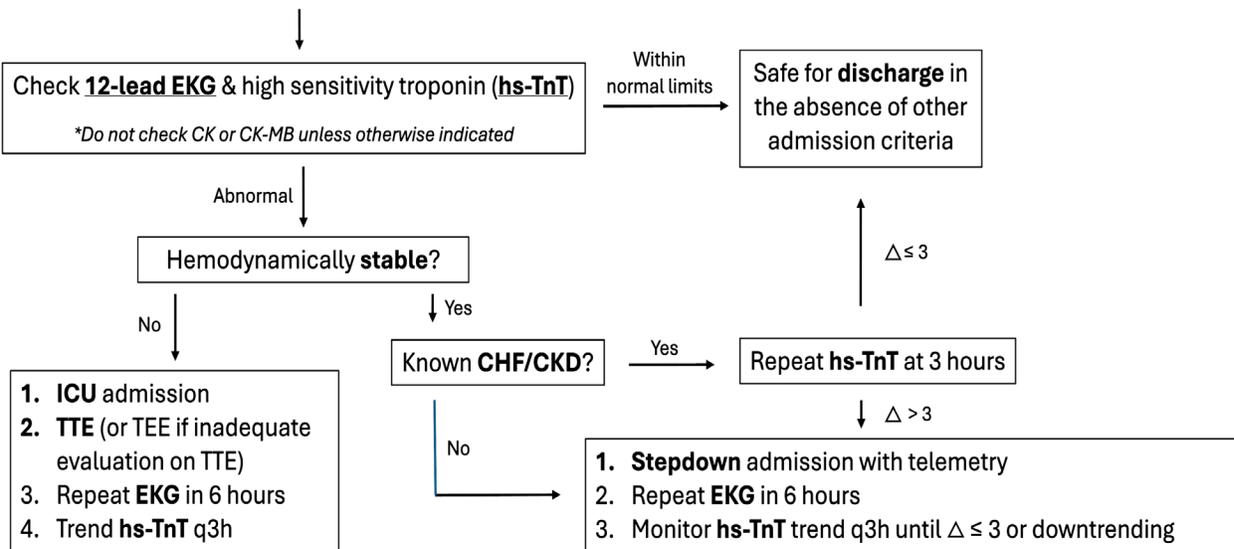
Blunt Cardiac Injury (BCI) Pathway

Patients at risk for BCI are those with **blunt chest trauma** AND **at least one of the following**:

- a. complaints of chest pain unrelated to rib/sternal fractures
- b. hemodynamically unstable without appropriate response to resuscitation
- c. arrhythmia other than sinus tachycardia

**Patients with sternal fractures without the above features do not requiring screening*

Patients who have troponin levels checked for reasons other than the above should **not be managed according to the following pathway*



Additional considerations:

1. Underlying cardiac disease
 - a. In patients with known underlying coronary artery disease and BCI, use of CT or MRI coronary angiography may be able to distinguish between structural injury and acute myocardial infarction
2. Use of Swan Ganz Catheters
 - a. In setting of unclear etiology of post-traumatic hypotension, use of pulmonary artery catheters may provide useful information and is considered safe in BCI
3. Operative Intervention
 - a. Elderly patients with BCI are safe to proceed with surgery with appropriate monitoring
 - b. Patients with new arrhythmia are safe to proceed to the operative room

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