

**PICO #5. A thoracic epidural catheter and structured multi-modal pain therapy per institutional protocol compared to structured multi-modal pain therapy per institutional protocol alone for adults age >65 years old s with ≥3 rib fractures and dyspnea or refractory pain**

Bibliography:

Certainty assessment							Summary of findings				
Participants (studies) Follow-up	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall certainty of evidence	Study event rates (%)		Relative effect (95% CI)	Anticipated absolute effects	
							With structured multi-modal pain therapy per institutional protocol alone	With a thoracic epidural catheter and structured multi-modal pain therapy per institutional protocol		Risk with structured multi-modal pain therapy per institutional protocol alone	Risk difference with a thoracic epidural catheter and structured multi-modal pain therapy per institutional protocol

**Pneumonia**

98 (3 RCTs)	serious <sup>a</sup>	not serious <sup>b</sup>	serious <sup>c</sup>	not serious	none	⊕⊕○ ○ Low	13/51 (25.5%)	6/47 (12.8%)	<b>OR 0.37</b> (0.12 to 1.15)	255 per 1,000	<b>143 fewer per 1,000</b> (from 215 fewer to 27 more)
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**Mortality**

66 (2 RCTs)	serious <sup>a</sup>	serious <sup>b</sup>	serious <sup>c</sup>	not serious	none	⊕○ ○○ Very low	2/34 (5.9%)	2/32 (6.3%)	<b>OR 1.11</b> (0.15 to 8.09)	59 per 1,000	<b>6 more per 1,000</b> (from 50 fewer to 277 more)
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**Hospital Length of Stay (days)**

261 (3 RCTs)	serious <sup>a</sup>	serious <sup>b</sup>	serious <sup>c</sup>	not serious	none	⊕○ ○○ Very low	171	90	-	The mean hospital Length of Stay (days) was <b>0</b>	MD <b>9.12 lower</b> (30.14 lower to 11.9 higher)
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**Ventilator Days**

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**Bibliography:**

Certainty assessment							Summary of findings				
94 (3 RCTs)	serious <sup>a</sup>	serious <sup>b</sup>	serious <sup>c</sup>	not serious	none	⊕○ ○ ○ Very low	47	47	-	The mean ventilator Days was <b>0</b>	MD <b>6.97 lower</b> (16.59 lower to 2.65 higher)

**CI:** confidence interval; **MD:** mean difference; **OR:** odds ratio

**Explanations**

- a. Poor standardization of the non-epidural pain regimen
- b. High levels of heterogeneity between studies
- c. Age is significantly younger than the population in the PICO question

ACCEPTED