**Background and Aims**
A dedicated regional block room, the first in Scotland, was introduced to Queen Elizabeth University Hospital in 2020, as the West of Scotland Major Trauma Centre was established. Acute Pain Services (APS) maintained a database of all trauma patients receiving regional anaesthesia for rib fractures. We aim to describe this population, injury severity, regional techniques employed and outcomes measures.

**Methods**
This was a retrospective observational study of patients identified by APS database between 2017 and July 2021. Data was collected from electronic notes. Clinical Frailty Scale ¹ and Trauma Injury Severity Score ² were employed. Outcome measures included time to first block attempt, intravenous morphine equivalent dose (MED) 24-hours post-block compared to 24-hours pre-block, invasive ventilation, critical care length of stay (LOS) and survival to hospital discharge. Caldicott Guardian approval was obtained.

**Results**
104 patients were identified (Figures 1 to 3). Mean time to first block was 39.1 hours, median 23 hours. 22.1% required invasive ventilation and mean critical care LOS was 6.9 days. In patients with isolated chest trauma, there was a mean reduction in intravenous MED of 25.8mg. Observed survival to hospital discharge was 93.3%.

**Conclusions**
Patients with rib fractures are at significant risk of pulmonary complications without timely access to high quality analgesia. We observed a mean reduction in opioid consumption following regional technique in the isolated chest trauma cohort. Provision of regional analgesia was facilitated by a dedicated block room during a time of increasing demand. Our next goal is to develop a rib fracture pathway to further improve patient care.