

THORACIC TRAUMA

History:

- Time of injury
- Type of injury
- Other trauma
- Loss of consciousness
- SAMPLE

Signs and Symptoms:

- Penetrating wounds
- Decreased/unilateral breath sounds
- Impaled objects
- Tracheal deviation
- Respiratory distress
- Signs/symptoms of shock

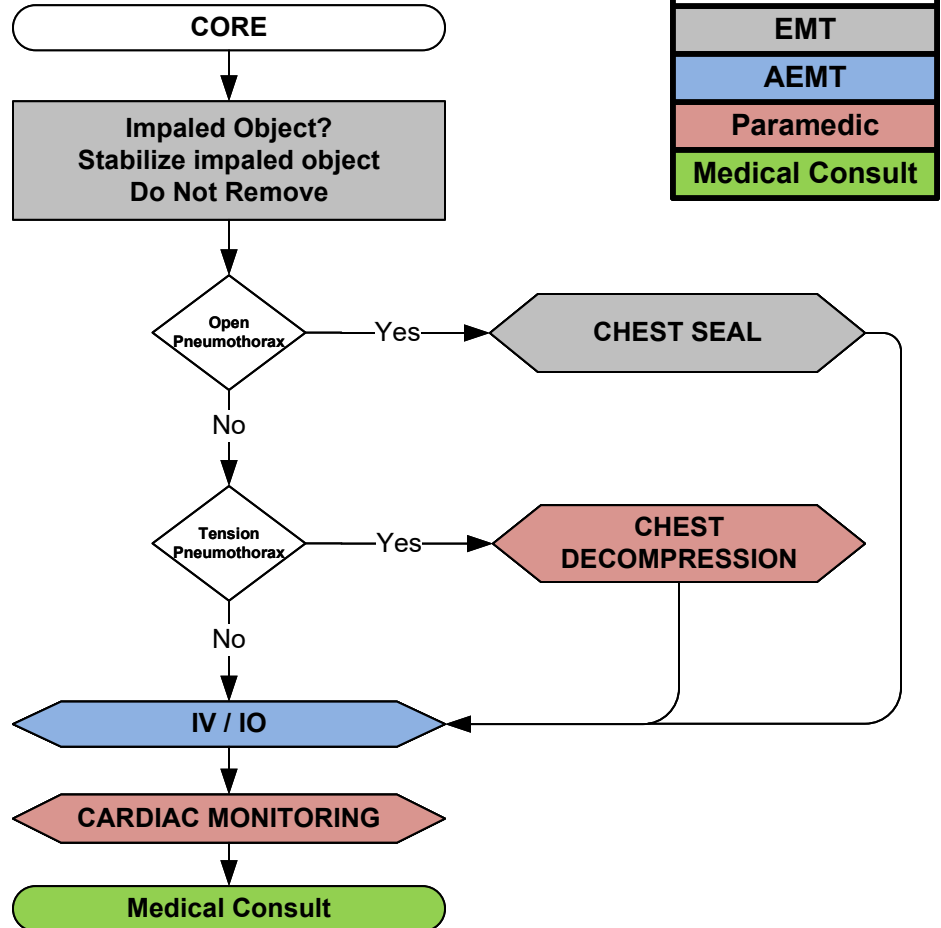
Differential:

- Flail chest
- Open chest wound
- Impaled object
- Pulmonary contusion
- Cardiac contusion

At Any Time

SHOCK-TRAUMA
CARDIAC ARREST
MULTI-SYSTEMS
TRAUMA

Go to the related protocol



Pearls:

- Reassess patient frequently for signs/symptoms of a tension pneumothorax.
- Minimize scene time when possible.
- IV fluid administration should be administered in 250 cc increments and should be limited to achieve and maintain a systolic blood pressure of 80 mmHg. Patients with a systolic blood pressure of < 80 mmHg with normal mental status do not require aggressive fluid administration. Pregnant patients are NOT candidates for permissive hypotension and the goal should be to keep these patients normotensive.
- Head injured patients may require more aggressive fluid resuscitation.
- Fluid resuscitation should occur en route except in cases of entrapment and other extenuating circumstances.
- Signs of a tension pneumothorax include hypotension (the most important), jugular venous distension, diminished breath sounds, hypoxia, tachycardia, and lastly, tracheal deviation.
- For pediatric patients younger than 13 years-old, use an 18 g catheter instead of a 14 g.
- Consider a 12 lead ECG for patients with chest trauma when time permits (en route).
- If HYFIN Chest Seal is unavailable, seal the wound with occlusive dressing.