


CHEST TRAUMA

Twenty-five percent of all motor vehicle deaths are due to thoracic trauma. Rapid recognition and immediate treatment of chest injuries can prove to be life-saving.

- A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- B. Perform the following, if indicated:
 1. Stabilize flail segment of chest.
 2. Seal any open chest wounds by taping three (3) sides with an occlusive dressing.
 3. Stabilize any impaled objects.
 4. If signs of a tension pneumothorax are present, (absent breath sounds and SBP < 90 mm Hg in adults or SBP < 80 mm Hg in children) and patient has altered mental status, then perform **Chest Decompression Protocol 5804** on affected side. Contact **MCP** immediately. Remember that tracheal deviation is a late sign. 
- C. Transport immediately.
- D. Notify **Medical Command**.
- E. Treat cardiac dysrhythmias per appropriate cardiac protocol.

Note:

1. Chest pain after trauma could be a sign of significant injury and not cardiac chest pain. Nitroglycerin **should not be used** without **MCP order**.
2. If tension pneumothorax develops in a patient with a sealed sucking chest wound, attempt to resolve by releasing air from the seal prior to decompressing chest.
3. Chest decompression is only indicated for a true tension pneumothorax with the signs listed above. It is not appropriate to needle decompress a simple pneumothorax. If the patient is awake and talking; do not perform a chest decompression unless by direct **MCP order**.