


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 or use an optional commercial chest seal.
 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 8302** on affected side. Contact **Medical Command** 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**.