

Trauma: Chest Trauma

EMR

- ABC and vital signs
- Airway management with **oxygen** therapy maintaining a SaO₂ of 94-98% through titration, assist ventilations if needed

EMR STOP

EMT

- If sucking chest wound, seal with occlusive dressing (taped on three sides, or chest seal with valve); if dyspnea increases, release the dressing momentarily during exhalation
- If flail chest, stabilize flail segment if possible.
- Contact receiving hospital as soon as possible
- Cardiac Monitor and 12 lead if time allows and unit is available.

EMT STOP

EMT IV

ADVANCED EMT

- Vascular access at 2 sites with large bore, using the side opposite the injury if possible
- Normal Saline per the Traumatic Hypoperfusion Protocol

EMT IV / ADVANCED EMT STOP

Key Points/Considerations

- Begin transportation as soon as possible and perform treatment enroute to the hospital
- Signs and symptoms of a Tension Pneumothorax: absent lung sounds on one side, extreme dyspnea, jugular vein distention (JVD), cyanosis (even with 100% oxygen), tracheal deviation AND hypotension
- Hemodynamic compromise is defined as: hypotension and tachycardia