

t-4 CHEST TRAUMA

PRIORITIES:

- ABCs
- Assume the most serious consequences until proven otherwise
- Chest trauma patients should be considered “**LOAD AND GO**”.
- Assure an advanced life support response..

*As with all traumatically injured patients, transport per **LOAD AND GO Procedure** with special considerations.*

Impaled Object

1. Attempt to stabilize the object with bulky dressings. Do not remove unless object interferes with CPR (Consult ALS unit staff as soon as possible).

Flail Chest

Blunt trauma to the chest with paradoxical chest wall movement during respirations.

1. Consider mechanism of injury. Encourage the patient to take deep breaths
2. Be prepared to support ventilation with appropriate airway adjuncts;
3. Observe for progression to tension pneumothorax.

Open Chest Wound

Penetrating wound to the chest wall which communicates with the pleural cavity.

1. Cover (do not stuff) the wound with occlusive dressing;
2. Cover wound with Vaseline gauze and tape on three sides;
3. Continuously evaluate for the development of tension pneumothorax. If signs of increased difficulty occur, remove dressing to allow air to escape. Before the next inspiration, reapply dressing.