



# Thoracic Trauma Trauma

**Austin County**  
EMS Protocol & Guideline

Version: **1.0**

Date: **04/2019**

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**Overview:** Trauma to the chest requires a thorough and careful assessment for any immediate life threatening injuries. Rapid transport to an appropriate level facility is necessary due to limited resolution in the field. Thorough assessments should frequently be performed in order to early identify any potential life threats that may not immediately be evident.

**Definition:** Any patient who experienced an insult to the chest with the potential of causing obvious or suspected injury to the structures within the chest cavity.

## EMT

- Place patient on the **Cardiac Monitor**
- Obtain **12 Lead EKG**
- **CPR & AED** as appropriate to patient presentation
- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, OPA, NPA), EtCO<sub>2</sub> monitoring appropriate to patient presentation
- Obtain **BGL**
- Monitor **SPO<sub>2</sub>**
- **Open Chest Wound** - Apply an occlusive dressing
- Monitor the patient closely for development of a tension pneumothorax
- Large flail segment with respiratory distress - Provide positive pressure ventilation
- **Penetrating Chest Wound** - Stabilize the object in place
- NEVER remove an object unless it is impeding airway management or CPR
- Monitor the patient closely for development of a tension pneumothorax

## AEMT

- Establish IV / IO of **Normal Saline**
- **Intubation** if appropriate to the patient condition - Maintain intubated patients EtCO<sub>2</sub> at 35-40 mm/Hg
- **Tranexamic Acid (TXA)** IV Infusion - 1 Gram over 10 minutes – is suspected internal bleeding

## Paramedic

- See **Chest Decompression Procedure**
- **RSI Procedure (If needed)**

### PEARLS

- Although rarely dangerous in and of itself, subcutaneous emphysema is often one of the first signs of pneumothorax in the unresponsive patient.
- Tracheal deviation is a late finding and should NOT be used to eliminate the possibility of a tension pneumothorax. Should these findings be present, the chest must be decompressed immediately to prevent circulatory collapse.
- A simple closed pneumothorax requires no immediate treatment and is often not discovered in the prehospital setting.
- Vascular injuries can occur in penetrating chest trauma leading to a hemothorax, even with only minor vascular injuries. Each pleural space can hold about 1/3 of the total blood volume. Out-of-hospital treatment of a hemothorax is limited, therefore rapid transport and early surgical intervention is the definitive management.