

POLICIES AND PROCEDURES

POLICY: 554.85

TITLE: Chest Trauma

EFFECTIVE: 02/13/2019 REVIEW: 02/2024

SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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Chest Trauma

I. <u>AUTHORITY</u>

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II <u>PURPOSE</u>

To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.

III. PROTOCOL

STA	ND	ING	ORE	ERS

ABCs

SECURE AIRWAY

Use simplest effective method while maintaining SSMR. A BLS airway with objective

evidence of good ventilation and oxygenation is adequate and acceptable. Beyond BLS

airway management refer to General Procedures Protocol 554.00

SPINE IMMOBILIZATION If indicated refer to 554.80 Selective Spinal Movement Restriction

OXYGEN Oxygen delivery as appropriate

POSITION If patient is pregnant place patient on left side, or if in spinal immobilization, tilt spine

board 30 degrees to the left.

IV/IO ACCESS TKO

DRESS WOUNDSUse hemostatic dressing if applicable

CONSIDERATIONS Impaled Object - Immobilize and leave in place. Remove object if it interferes with CPR,

ventilation or extrication.

Flail Chest -. Observe for tension pneumothorax. Consider assisted ventilation.

Penetrating Chest Injury- Cover wound. Dress wound loosely. Use appropriate chest seal device, or tape occlusive dressing on three sides over the wound. Continuously re-

evaluate patient for the development of a tension pneumothorax.

Tension Pneumothorax - Perform needle thoracostomy or remove any occlusive dressing covering an open chest wound. Refer to the Tension Pneumothorax Protocol 554.23. **Cardiac Tamponade** - If systolic BP less than 80mmHg, administer 250 cc fluid boluses until systolic BP reaches 80 mmHg. Reassess the patient after each bolus. Refer to the

Traumatic Shock Protocol 554.82.

Cardiac Contusion - Monitor for dysrhythmias. Refer to Cardiac Protocols.

BASE PHYSICIAN ORDERS

PAIN MANAGEMENT Refer to Pain Management Protocol 544.44