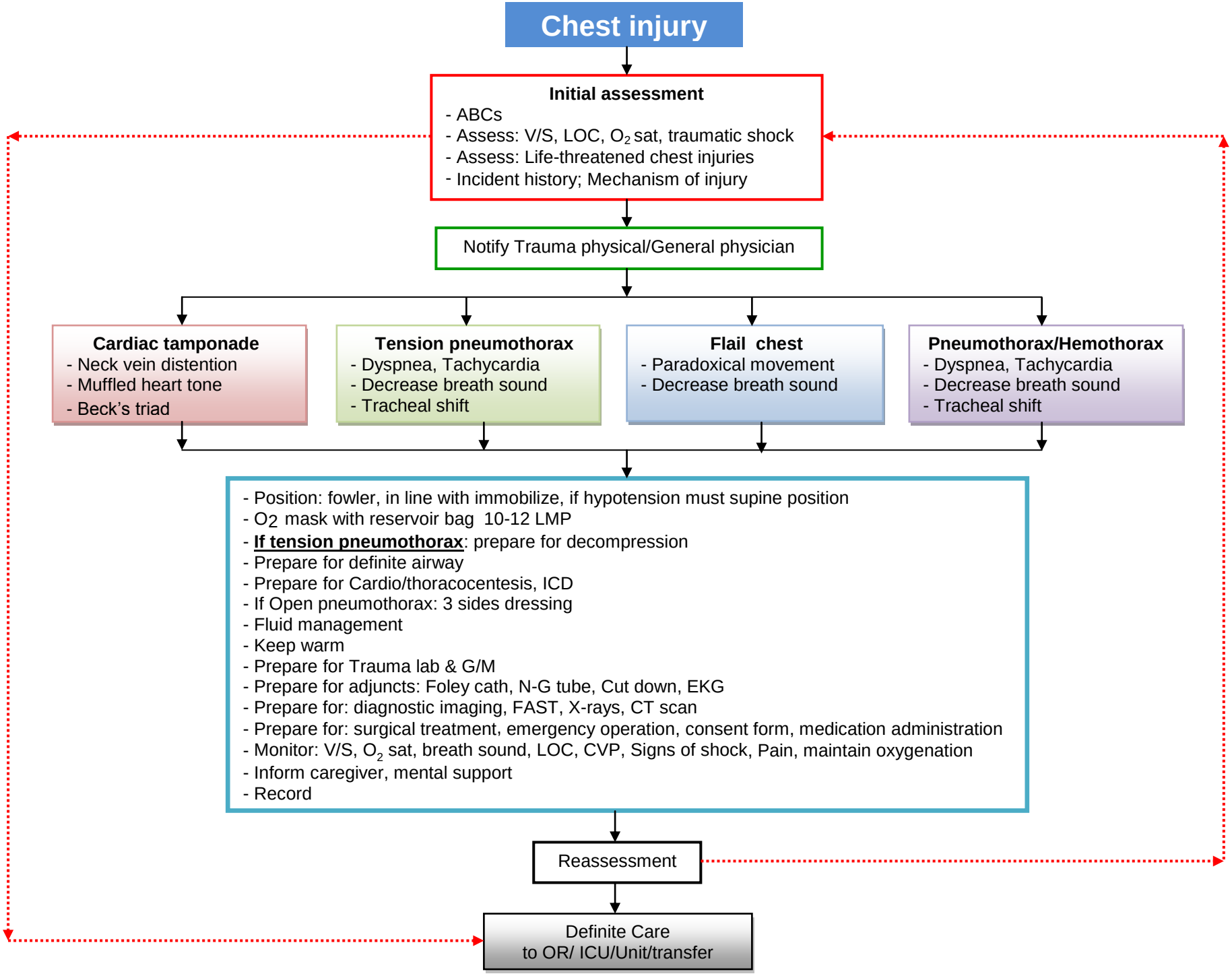
Chest injury
Initial assessment
- ABCs
- Assess: V/S, LOC, O_2 sat, traumatic shock
- Assess: Life-threatened chest injuries
- Incident history; Mechanism of injury
Notify Trauma physical/General physician
Cardiac tamponade
- Neck vein distention
- Muffled heart tone
- Beck's triad
Tension pneumothorax
- Dyspnea, Tachycardia
- Decrease breath sound
- Tracheal shift
Flail chest
- Paradoxical movement
- Decrease breath sound
Pneumothorax/Hemothorax
- Dyspnea, Tachycardia
- Decrease breath sound
- Tracheal shift
- Position: fowler, in line with immobilize, if hypotension must supine position
- O_2 mask with reservoir bag 10-12 LMP
- If tension pneumothorax: prepare for decompression
- Prepare for definite airway
- Prepare for Cardio/thoracocentesis, ICD
- If Open pneumothorax: 3 sides dressing
- Fluid management
- Keep warm
- Prepare for Trauma lab & G/M
- Prepare for adjuncts: Foley cath, N-G tube, Cut down, EKG
- Prepare for: diagnostic imaging, FAST, X-rays, CT scan
- Prepare for: surgical treatment, emergency operation, consent form, medication administration
- Monitor: V/S, O_2 sat, breath sound, LOC, CVP, Signs of shock, Pain, maintain oxygenation
- Inform caregiver, mental support
- Record
Reassessment
Definite Care
to OR/ ICU/Unit/transfer