



# EMSA-Intermediate Treatment Protocol 5104

## Chest Trauma

Page 1 of 1

Twenty-five percent of all motor vehicle deaths are due to thoracic trauma. Rapid recognition and immediate treatment of chest injuries can prove to be life-saving.

- A. Perform **TAMP Protocol 5101**.
- B. Perform the following, if indicated:
  - 1. Stabilize flail segment.
  - 2. Seal open chest wounds by taping three sides of an occlusive dressing.
  - 3. Stabilize impaled objects.

4. If signs of a tension pneumothorax are present, including absent breath sounds **and** tracheal deviation **and** BP <80 **and** patient is not awake and talking, **contact MCP** to perform needle decompression on affected side.



- C. Transport.
- D. Notify Medical Command.
- E. Treat cardiac dysrhythmias per appropriate cardiac protocol.

### Special Notes:

- 1. Chest pain after trauma could be a sign of significant injury and not cardiac chest pain. Nitroglycerin **should not be used** without MCP order.
- 2. If tension pneumothorax develops in a patient with a sealed sucking chest wound, attempt to resolve by releasing air from the seal prior to decompressing chest.
- 3. Needle decompression is **only** indicated for a true **tension** pneumothorax with all the signs listed above. It is not appropriate to needle a simple pneumothorax. If patient is awake and talking, **do not** needle decompress the chest unless **by direct MCP order**.