

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. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL

STANDING ORDERS	
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 WOUNDS	Use hemostatic dressing if applicable
CONSIDERATIONS	<p>Impaled Object - Immobilize and leave in place. Remove object if it interferes with CPR, ventilation or extrication.</p> <p>Flail Chest - . Observe for tension pneumothorax. Consider assisted ventilation.</p> <p>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.</p> <p>Tension Pneumothorax - Perform needle thoracostomy or remove any occlusive dressing covering an open chest wound. Refer to the Tension Pneumothorax Protocol 554.23.</p> <p>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.</p> <p>Cardiac Contusion - Monitor for dysrhythmias. Refer to Cardiac Protocols.</p>
BASE PHYSICIAN ORDERS	
PAIN MANAGEMENT	Refer to Pain Management Protocol 544.44