

Thoracic Injuries Adult & Pediatric

4.6

EMT/ADVANCED EMT STANDING ORDERS

E/A

- Routine Patient Care.
- If in shock, see [Shock Traumatic Protocol 4.4](#).
- Impaled Objects:
 - Secure in place with a bulky dressing.
- Open chest wound:
 - Cover with an occlusive dressing or use a commercial device; if the patient's condition deteriorates, remove the dressing momentarily, then reapply.
- Flail segment with paradoxical movement and in respiratory distress:
 - Consider positive-pressure ventilation.
 - Do not splint the chest.
- Consider Air Medical Transport.

PARAMEDIC STANDING ORDERS - ADULT

P

- Consider pain management, see [Pain Management Protocols 2.15](#).
- In presence of tension pneumothorax*, perform needle decompression using 14 – 16 gauge ≥ 3.00 inch angiocath. Repeat decompression may be necessary with returned signs of tension pneumothorax.

PARAMEDIC STANDING ORDERS - PEDIATRIC

- Consider pain management, see [Pain Management Protocols 2.15](#).
- In presence of tension pneumothorax*, perform needle decompression using 14 – 16 gauge ≥ 2.00 inch angiocath. Repeat decompression may be necessary with returned signs of tension pneumothorax.

*Signs and symptoms of Tension Pneumothorax:

- Asymmetric or absent unilateral breath sounds
- Increasing respiratory distress or hypoxia
- Increasing signs of shock including tachycardia and hypotension
- JVD
- Possible tracheal deviation above the sternal notch (late sign)

PEARLS:

Needle decompression sites, as trained:

- 2nd intercostal mid clavicular.
- 4th to 5th intercostal anterior axillary.