

Chest Injuries (Assessment & Field Treatment)

- Trauma is not fixed in the field, it is fixed in the hospital.

1) Blunt Force Trauma

- Assessment
 - a. Blade Hand on Sternum to make sure it is stable.
 - b. Palpate Chest
 - c. Place hands on sides of chest and have them take a deep breath.
- What you are looking for:
 - a. Broken Ribs
 - i. Crepitus (a clicking, popping, grinding, or grating sensation that occurs when moving a joint or pressing on soft tissue)
 - ii. Anything that “shifts” when they breathe in.
 - iii. Un-equal chest movement
 - iv. Flail Chest (3 or more ribs in a row fractured in two spots each).
This section of ribs will not move in and out when the patient takes a breath.
 - b. Tension Pneumothorax (collapsed lung). Can be caused by:
 - i. Pressure on lung from the blunt force
 - ii. Broken rib puncturing the plural space
- What to do for broken ribs:
 - a. Call 911
 - b. Keep the patient in a position of comfort
 - c. Rescue Breathing if they are not able to breathe
- What to do for Tension Pneumothorax
 - a. Call 911
 - b. Advanced - Decompression Needle

2) Penetrating Trauma (Stab wound, gunshot wound)

- What to do
 - a. Call 911
 - b. Use a vented chest seal over the wound
 - c. Bleeding will be internal with no way for us to stop the bleeding
 - d. Check for an “exit” wound and apply a chest seal to that as well
 - e. Monitor the patient in case a tension pneumothorax develops
 - i. Burp the chest seal if a tension pneumothorax develops

3) Impaled Object

- What to do
 - a. Call 911
 - b. Do not remove the object (it may be occluding blood loss)
 - c. Stabilize the object with bulky dressings or cloth donut.
 - d. Reduce a large object, if possible.
 - e. Only remove the object if it interferes with life saving measures
(blocking an airway, axe in chest interfering with CPR).