CHEST INJURY PROTOCOL

Purpose: **To provide the process for the assessment and management of the patient who may have a chest injury.**

M B S P **I. Assessment Information**

A. History:
  1. Past Medical History: medications, previous injury, previous respiratory condition
  2. Current History: Suspect head, spinal or chest trauma based on Mechanism of Injury, (ie; motor vehicle accident, falls)

B. Specific Objective Findings:
  1. Vital Signs
     a. Especially change in respiratory effort
     b. Cautious monitoring of abnormal breath sounds
  2. Pain, tenderness of bony thorax
  3. Crepitus, grating, deformity
  4. Use of accessory muscles to breathe
  5. Presence of JVD, presence of shock

MB S P **II. Management**

A. Utilize universal precautions.

B. Establish and maintain airway with spine stabilization , provide oxygenation and ventilation as needed.

C. Control hemorrhage.

D. Continued spinal immobilization.

E. For patient with diminished or absent breath sounds:
  1. Closely monitor airway and provide for early maintenance
  2. Provide high concentration of oxygen, and early assistance of ventilation, if indicated.
  3. Stabilize fractured ribs if present.
  4. Monitor closely for the development of tension pneumothorax
     a. Absent breath sounds, unilateral or bilateral
     b. Jugular venous distention
     c. Signs of poor perfusion and the development of shock
     d. Increasing respiratory distress

F. Transport as soon as possible.

S P G. Obtain vascular access.

P H. Monitor EKG.

CONTACT MEDICAL CONTROL

I. Possible orders post radio contact:

a. Pleural Decompression
b. Additional IV fluids

M B S P **III. Special Considerations**

A. Hypoventilation is likely to occur with chest injury. Quality of ventilation should be monitored closely with support offered early.