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Executive Director

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Medical Director

EFFECTIVE DATE 01/01/2004
SUPERSEDES:
REVISED:
REVIEW DATE: 01/01/2009
PAGE: 1 of 1

TENSION PNEUMOTHORAX

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Physical signs may include: Systolic BP <80, altered consciousness, chest pain, decreased breath sounds, increased resonance on side of collapsed lung, JVD, tracheal deviation away from side of collapsed lung, asymmetrical chest motion and crepitus.

Multi-system trauma and scene conditions often make diagnosis difficult. Remember, this is a rapid obstructive shock, NOT a respiratory problem

STANDING ORDERS

NEEDLE THORACOSTOMY:	On affected side in second intercostal space in mid-clavicular line. Perform on other side if no response to treatment and tension pneumothorax physiology persists. Secure catheter to chest.
Required Equipment:	10 or 12 gauge catheter-over-needle, with minimum 2-inch length.
SECURE AIRWAY:	As appropriate. Confirm tube placement, if intubated, with end-tidal CO ₂ detector and esophageal detector device. Monitor intubated patients with continuous waveform capnography if available.
MONITOR:	Treat rhythm as appropriate
IV ACCESS:	Two 14-16 gauge. If systolic BP is less than 90, give 250 ml boluses to systolic BP 90-100. Reassess the patient after each bolus.
OBSERVE	Continue to monitor for signs of recurrence of a tension pneumothorax and for obstruction or dislodgement of thoracostomy catheter.