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Executive Director

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Medical Director

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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 the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

STANDING ORDERS

ABCs

SECURE AIRWAY

Use simplest effective method while maintaining c-spine. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation while enroute. Confirm tube placement, if intubated, with end-tidal CO₂ detector and esophageal detector device. **Continuous waveform capnography should be used in all intubated patients, if available.**

SPINE IMMOBILIZATION

If indicated Refer to ALS Introduction Policy 554.00

OXYGEN

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

Normal Saline TKO

DRESS WOUNDS

CONSIDERATIONS

Impaled Object - Immobilize and leave in place. Remove object if it interferes with CPR, ventilation or extrication.
Flail Chest - Stabilize chest. Observe for tension pneumothorax. Consider assisted ventilation.
Open Chest Wound - Cover wound. Dress wound loosely (do not seal). Continuously re-evaluate patient for the development of a tension pneumothorax.
Tension Pneumothorax - Perform needle thoracostomy or remove any occlusive dressing covering an open chest wound. Refer to the Tension Pneumothorax Policy 554.23.
Cardiac Tamponade - If systolic BP less than 90, administer 250 cc fluid boluses until systolic BP 90-100. Reassess the patient after each bolus. Refer to the Traumatic Shock Policy 554.82
Cardiac Contusion - Monitor for dysrhythmias. Refer to Cardiac Protocols.

BASE PHYSICIAN ORDERS

MORPHINE

Up to 5 mg slow IV push, then 2.5 mg increments slow IV (if systolic BP greater than 100), to relieve pain. May repeat as needed.