

APPROVED: Signature On File In EMS Office
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 a patient treatment standard for EMT-1s and Paramedics within their scope of practice.
- 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/perilaryngeal airway. Refer to General Procedures Protocol 554.00

SPINE IMMOBILIZATION

If indicated Refer to General Procedures Protocol 554.00

OXYGEN

Oxygen delivery as appropriate

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

TKO

DRESS WOUNDS

CONSIDERATIONS

Impaled Object - Immobilize and leave in place. Remove object if it interferes with CPR, ventilation or extrication.
Flail Chest - Stabilize flail segment. 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 Protocol 554.23.
Cardiac Tamponade - If systolic BP less than 90mmHg, administer 250 cc fluid boluses until systolic BP 90-100. Reassess the patient after each bolus. Refer to the Traumatic Shock Protocol 554.82.
Cardiac Contusion - Monitor for dysrhythmias. Refer to Cardiac Protocols.

BASE PHYSICIAN ORDERS

PAIN MANAGEMENT

Refer to Pain Management Protocol 544.44