APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

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Medical Director

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SUPERSEDES:
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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 less than 80, altered level of 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	
ABC's	
OXYGEN	Oxygen delivery as appropriate
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.