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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~~ [General Protocols](#) 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

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~~ [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 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.