

LCFD

OFFLINE MEDICAL CONTROL

Protocol 915: SUCKING CHEST WOUND

INDICATIONS:

Patient with any penetrating chest wound.

EMT

1. **OXYGEN** face mask at 15L as needed to maintain pulse ox > 94%. **ASSIST VENTILATION.**
2. **SEAL WOUND** with occlusive dressing at end of exhalation. Leave one side of the dressing un-taped to function as a one-way pressure relief valve.
3. **MONITOR FOR TENSION PNEUMOTHORAX:** Decreasing blood pressure associated with worsening dyspnea, unilateral decreased breath sounds, and increasing resistance to ventilation.
4. If signs of tension pneumothorax develop, **LIFT OCCLUSIVE DRESSING** to allow air to escape.
5. **PERFORM SPINAL IMMOBILIZATION IF INDICATED**

ADVANCED EMT

1. **IV NS large bore TKO;** run wide open if hypotensive or signs of shock.
2. **Expedite transport.**

PARAMEDIC

1. **INTUBATE** as appropriate using in-line stabilization if appropriate.
2. If patient becomes agitated with increased LOC after intubation, consider sedation after intubation (benzodiazepine) considering Protocol 509: PAIN CONTROL/ NAUSEA/ VOMITING/ANXIETY
3. If signs of tension pneumothorax develop, **LIFT OCCLUSIVE DRESSING** to allow air to escape.
4. If this does not relieve the tension pneumothorax, perform **NEEDLE DECOMPRESSION** of chest per procedure Protocol (915).

OFFLINE MEDICAL CONTROL APPROVAL



DO MBA

Signature

July 1, 2019

Date

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