San Joaquin County
Emergency Medical Services Agency

BLS Chest – Abdominal Trauma

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 2, Sections 100062, 100063, 100064

INFORMATION NEEDED:

Mechanism of injury.
Complaint: chest pain, respiratory distress, neck discomfort, abdominal pain.
Medical history: cardiovascular or respiratory problems, medications, or pregnancy.

OBJECTIVE FINDINGS:

Check for DCAP-BTLS (Deformity, Contusion/Crepitus, Abrasion, Puncture, Bleeding, Tenderness, Laceration, Swelling).
Paradoxical chest wall movement (flail chest), rib cage/sternal and pelvic instability, abdominal rigidity and guarding.
Neck vein distention, tracheal position or deviation, air leaks, lung sounds, heart sounds, pulse pressure, oxygenation, skin signs, blood pressure in both arms.

TREATMENT:
1. Primary Survey – ensure ABC's.
2. Monitor SpO2.
3. Administer oxygen for shortness of breath or signs of hypoxia: Oxygen 10-15 L/min via non-rebreathing mask. Patients with ineffective respirations: support ventilations with BVM and appropriate airway adjunct.
4. Provide spinal motion restriction if indicated by mechanism of injury and patient assessment.
5. Control external bleeding with direct pressure, or hemostatic dressing as necessary.
6. Stabilize impaled objects with bulky dressings.
7. Transport patient in position of comfort if not in spinal precautions. Place pregnant patients in left lateral recumbent position.
8. Following specific treatment: Secondary Survey and Routine Medical Care.

Specific Treatments:
9. Chest wounds with air leak – Apply occlusive dressing taped on 3 sides, continually assess for tension pneumothorax.

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10. Abdominal evisceration – cover with moist saline dressings.

Note:
1) Continually assess for signs of shock.
2) Significant internal thoracic and abdominal trauma may occur without any external signs of injury, particularly in children.

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