



**PROCEDURES  
PROC-17**

**SIMPLE THORACOSTOMY**

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**Indications:**

- Traumatic Cardiac Arrest with known or suspected injury to chest and/or abdomen.

**Contraindications:**

- Any patient that has spontaneous cardiac output, including hypotensive patients.

**Procedure:**

1. Ensure patient is in the supine position.
2. IV access, Intubation & ventilation should be performed by other crew members and not delay the thoracostomy.
3. Cleanse the site with Chloraprep applicator or Iodine.
4. Stop CPR to reduce risk of blood borne pathogen exposure to provider.
5. Using the scalpel, make a 1-2 inch incision along the line of the ribs in the 4th or 5<sup>th</sup> intercostal space at the midaxillary line. It is important not to extend or make incisions in or through the penetrating wounds when at all possible.
6. Use the scalpel for skin only, there after use blunt dissection to pass through the intercostal muscles.
7. Utilizing curved forceps, make a hole sufficient to push 1 finger into the pleural cavity. Be careful when you push, as there may be fractured ribs that are sharp.
8. Insert finger into pleural space.
9. Ensure the lung is palpated and, if possible, feel caudally for the diaphragm.  
With finger inserted, advance bougie into thoracic cavity using finger as a guide.
9. Remove finger and pass the 8mm ET tube over the proximal end of the bougie and into the thoracic cavity.
10. Inflate cuff with 10ml syringe. Once inflated gently move ET tube outward until cuff rests against thoracic cavity.
11. Hold ET tube securely in place and remove the bougie allowing fluid to drain.
12. Check for pulse and resume CPR if indicated.
13. In event of massive hemothorax it may be necessary to clamp the ETT utilizing forceps. Routine clamping of the tube should be avoided in most cases as it may precipitate re-accumulation of air in the pleural space and tension physiology.