CMG 17 – CHEST INJURIES

(Revised: January 2015)

GENERAL TREATMENT		
ICP	Oxygen administration – high-flow, high-concentration	**AP**
ICP	Early, rapid transport to appropriate hospital. Advise hospital early of pending arrival.	**AP**
ICP	Analgesia as required	**AP**
ICP	Treatment of specific condition/s as below (if applicable)	**AP**
ICP	IV fluid resuscitation as required – as per CMG 14	**AP**

PNEUMOTHORAX:		
ICP	If suspected: avoid coughing, Valsalva manoeuvres and IPPV	**AP**
ICP	(**note**: diminished air entry may be an unreliable sign if the patient is receiving positive pressure ventilation)	**AP**
ICP	Suspect a tension pneumothorax in a patient with diminished air entry and with significant respiratory or cardiovascular compromise. Decompress tension as indicated.	
ICP	Continue to observe and reassess a patient who has been decompressed – tension may redevelop. In this situation, repeat decompression immediately lateral to the initial successful site (leave plastic cannulae from failed attempts in situ).	

UNCOMPLICATED RIB FRACTURES:		
ICP	Position patient as they are most comfortable, and provide analgesia adequate enough to allow reasonable tidal volume	**AP**
ICP	Elderly patients and children may have more significant injury for any given mechanism, and so require transport for assessment	**AP**

continues over

OPEN ("SUCKING") CHEST WOUND:		
ICP	Cover, preferably with chest seal (alternatively cover with waterproof material and tape down on three sides only)	**AP**

PENETRATING OBJECT IN CHEST		
ICP	Penetrating object should NOT be removed. It should be left in situ and protected from movement.	**AP**
ICP	Penetrating objects that appear to be intracardiac (i.e. move with each heartbeat) *should be left as they are* – **not** bandaged or padded to prevent movement. Handle patient gently.	**AP**

FLAIL CHEST:		
ICP	Stabilise the chest wall: posture patient with affected side down, or by manual pressure (by hand or by taping a bag of fluid over the area of flail)	**AP**

CARDIAC ARREST FOLLOWING CHEST TRAUMA:		
ICP	Manage as per CMG 39 (adult agonal trauma) or CMG 5 (paediatric)	**AP**
ICP	Check for and treat reversible causes specific to chest trauma as appropriate: hypoxia, hypovolaemia and tension pneumothorax	**AP**

SPECIAL NOTE – PAEDIATRIC PATIENTS:

Children compensate well, and evidence of shock is a late sign. Due to soft, flexible bones, children can have severe internal chest injuries with minimal or no external evidence of chest injury. Rib fractures in children signify a significant mechanism of injury and therefore serious injury should be suspected.

Check for multiple injuries – an isolated chest injury is rare in children.

Assume time criticality.