

Chest Trauma

In all but the clinically emergent scenarios, it is appropriate to wait for consultant input.

ED consultant must be called for all chest trauma with physiological abnormality
Only proceed before a consultant arrives in the following situations

1. **Tension pneumothorax** – a tension pneumothorax must be decompressed immediately with a wide bore cannula before proceeding to chest drain
2. **Massive Haemothorax** with physiological compromise
3. **Traumatic cardiac arrest** – perform bilateral thoracostomies if patient is **intubated** and consider the need for resuscitative thoracotomy

An urgent chest drain is required in patients who have signs of clinical compromise. These are:

- Hypoxia despite high flow oxygen
- Hypovolaemia due to chest injury

Urgent need for chest drain or thoracostomy

1. Pneumothorax with clinical compromise
2. Haemothorax with clinical compromise
3. Multiple rib fractures with clinical compromise
4. Open pneumothorax
5. Intubated patient with significant pneumothorax

A chest drain may be required less urgently in the following patients:

1. Haemothorax without signs of compromise
2. Pneumothorax without signs of compromise
3. Multiple rib fractures +/- pulmonary contusions
4. Patient with chest trauma who requires positive pressure ventilation for ongoing care