## ADULT AIRWAY/RESPIRATORY: TRAUMATIC BREATHING

UNIVERSAL PATIENT CARE PROTOCOL
**Evidence of Trauma – Blunt or Penetrating**
Abnormal breath sounds, inadequate respiratory rate, unequal symmetry, diminished chest excursion, cyanosis

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|---|---|---|
| E | EMT | E |
| A | AEMT | A |
| P | PARAMEDIC | P |
| M | MED CONTROL | M |

Identify Treatable Causes

- Jaw Thrust Airway Maneuver
  Give High Flow Oxygen
- **Suspect Sucking Chest Wound**
  Apply 3-sided Occlusive Dressing or Commercial Chest seal device
- **Suspect Flail Chest**
  Splint with Bulky Dressing
  Assist with Ventilation – Gentle Positive Pressure
- **Suspect Penetrating Object**
  Immobilize Object
  Apply Sterile Saline Dressing
- **Suspect Tension Pneumothorax**
  NEEDLE CHEST DECOMPRESSION
  14 gauge or larger IV catheter (**2 ¼" – 3 ¼"** inches long)
  or Commercial Needle decompression device

  ⚠ Decompress when HYPOTENSIVE
  ⚠ Be Prepared to Repeat *IF* S&S Return

**TRANSPORT** to appropriate facility **CONTACT** receiving facility **CONSULT** Medical Direction where indicated

## ADULT AIRWAY/RESPIRATORY: TRAUMATIC BREATHING-cont.

- These injuries involve the airway and are life-threatening.
- Do not become distracted by non life-threatening injuries that appear terrible.
- A sucking chest wound is when the thorax is open to the outside. The occlusive dressing may be anything such as petroleum gauze, plastic, or a defibrillator pad. Tape only 3 sides down so that excess intrathorasic pressure can escape, preventing a tension pneumothorax or use a commercial chest seal device. It may help respirations to place patient on the injured side, allowing unaffected lung to expand easier.
- A flail chest is when there are extensive rib fractures present, causing a loose segment of the chest wall resulting in paradoxical and ineffective air movement. This movement must be stopped by applying a bulky pad to inhibit the outward excursion of the segment. Positive pressure breathing via BVM will help push the segment and the normal chest wall out with inhalation and to move inward together with exhalation, getting them working together again. Do not use too much pressure, as to prevent additional damage or pneumothorax.
- A penetrating object must be immobilized by any means possible. If it is very large, cutting may be possible, with care taken to not move it while making the cut. Place an occlusive & bulky dressing over the entry wound.
- A tension pneumothorax is life threatening, look for HYPOTENSION, unequal breath sounds, JVD, increasing respiratory distress, and decreasing mental status. The pleura must be decompressed with a needle to provide relief. Use the intercostal space between the 2nd and 3rd ribs at the midclavicular line, going in on the top side of the 3rd rib. Once the catheter is placed, watch closely for reocclusion. Be prepared to repeat decompression if signs of tension pneumothorax return. Use a long 2 ¼" – 3 ¼" 14 gauge needle based on the patients size.