Sucking Chest Wound

SUCKING CHEST WOUND

30 Second Review	**Sucking Chest Wound**
RN, LPN	
DEF:	A chest wall defect that allows air to enter the pleural space.
S/S:	Acute respiratory distress, diminished or absent breath sounds.
RX:	Arrange transport. While waiting apply petrolatum dressing on 3 sides, start high flow Oxygen 15L mask, and may start 1-2 large bore IV's TKO, and obtain EKG.

SKILL LEVEL: RN, LPN

DEFINITION: A chest wall defect that allows air to enter the pleural space causing respiratory distress.

DATA BASE:

Subjective: Describe mechanism of injury, i.e., penetrating chest trauma. Elicit time, place, source, and description of pain.

Objective:

- Note a sucking noise as air enters and leaves the chest through the wound.
- Acute respiratory distress.
- Diminished or absent breath sounds on the afflicted side.
- Possible subcutaneous emphysema.

Assessment: Sucking chest wound.

Plan:

These patients all require transport to an emergency facility. Have somebody arrange transportation while the following are being done.

1. Apply petrolatum dressing or plastic wrap dressing then cover with bulky dressing. ***The dressing should be taped on three sides. A completely occlusive dressing could make the situation worse. Or Apply dressing with one way valve, which allows air to escape***
2. Maintain patient's airway, breathing, and circulation.

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3. Administer Oxygen; high flow 15L by mask.
4. Do not remove any object protruding from the chest as this will destroy pressure gradient even faster and increase bleeding.
5. Establish IV therapy with large bore catheter, two sites if possible.
6. May notify physician while awaiting transport.

APPROVED:

Medical Services Manager	Date
Chief Medical Officer	Date
Steve Sherron MD.	2/24/2015
Medical Director	Date

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