NHS
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NHS Foundation Trust

Blunt Chest Trauma: Initial Assessment

Survey

- Complete trauma primary survey
- If airway concerns then discuss with Anaesthetics for airway management
- Use physiological parameters and gestalt to risk stratify patients into one of the following three groups

Respiratory and Haemodynamically Normal

- Imaging: Chest CT with contrast if required as per Trauma guidance
- Follow individual management of rib, sternal and blunt cardiac injury as per 'Blunt Chest Trauma: Management' card
- Consider when Intercostal Chest Drain insertion is required as per below

Respiratory Compromise, Signs of PTX Haemodynamically Normal

- Consider clinical need for PTX decompression
- Use portable CXR and US if too unstable to transfer to CT
- Consider when Intercostal Chest Drain is required as below
- Manage pain and oxygen requirements

Respiratory compromise, Signs of PTX Haemodynamic compromise

- Treat as **'Code Red Trauma'** and put out the call
- Immediate chest decompression prior to imaging
- Intercostal Chest Drain (ICD) insertion following decompression
- If ICD output >1000ml then immediately discuss with Cardiothoracic surgeons

Drains

Indications

- In the self-ventilating an Intercostal Chest Drain (ICD) is required for moderate and large pneumo/ haemopneumothoraces
- In the mechanically ventilated or those undergoing PPV, an ICD is not absolutely indicated for small pneumothoraces but there should be frequent monitoring and low threshold for drain if respiratory compromise or signs of tension
- A drain can be inserted through a thoracostomy if performed within one hour of the thoracostomy procedure

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