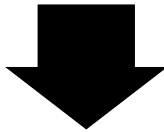


# NEEDLE ASPIRATION FOR PNEUMOTHORAX

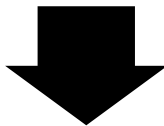
## Suspecting a pneumothorax?

- Acute  $\uparrow$ O<sub>2</sub> requirement
- Acute change in heart rate or blood pressure
  - Asymmetrical chest movement
  - Decreased air entry, tracheal shift
- (Other causes excluded)



## Cold light positive and patient unstable

(If patient stable, consider confirming on CXR)



## Treatment

23/25 gauge 'butterfly' with extension to syringe via 3-way tap  
(Alternatively, 22G or 24G cannula)

Insert needle anteriorly - 2nd IC space, mid-clavicular line  
(Over 3rd rib to avoid intercostal artery)

Apply continuous suction

Remove needle as soon as air flow ceases to reduce lung trauma

If air flow continuous - place extension tubing in sterile water bottle to bubble, while preparing for chest drain (see guideline)