Chest Trauma

REFRESHER

RECOGNIZE IT

- The 6 killers: airway obstruction, tension pneumothorax, open pneumothorax
- The 6 killers: massive hemothorax, flail chest, cardiac tamponade
- Also lethal: aortic injury, thorax injuries, oesophageal perforation
- Also lethal: muscular/diaphragmatic injury, tracheobronchial fistula, contusion
- Flail chest: adjacent ribs fractured in 2+ places, detached segment, paradoxical movement

ASSESS

- Tamponade: anxiety, agitation, obstructive shock, Beck's triad, pulsus paradoxus
- Hemothorax: hemorrhagic shock, pallor, tachycardia, hypotension, cool peripheries
- Hemothorax: decreased ipsilateral chest movement and breath sounds, dullness
- Pneumothorax: hypoxia, tachycardia, hypotension, tracheal deviation away from injury
- Pneumothorax: diminished breath sounds, hyperresonance, hyperexpansion on injured side
- Open pneumothorax: sucking chest wound about 2/3 the diameter of the trachea
- Airway obstruction: neck deformity or hematoma, crepitus, hoarse voice, gurgling, cyanosis

ACT — FIRST MOVES

1. External evidence of thoracic injury plus shock signs means act on the killer you find
2. Tamponade is more common in penetrating than blunt thoracic trauma
3. Treat the identified injury (page's treatment column is heading-only)

PEARLS

- Flail chest signs: chest pain, respiratory distress, bony crepitus
- Open pneumothorax signs: anxiety, respiratory distress, tachycardia, decreased breath sounds

Take Home Message:

Work the 6 killers first — obstruction, tension and open pneumothorax, massive hemothorax, flail chest, and tamponade.