

19 Pneumothorax

Respiratory distress, increased peak inspiratory pressures, hypoxemia, tachycardia, hypotension and asymmetric breath sounds.

START

- 1 Call for help, Inform team, Code Cart?
- 2 Do not wait for CXR if patient hemodynamically unstable!
- 3 Increase to 100 % FiO₂
- 4 Rule out mainstem intubation
- 5 Consider STAT CXR or TTE to assess
- 6 Place 14 or 16 gauge needle in 2nd intercostal space at midclavicular line
- 7 Follow up needle decompression with chest tube placement

More INFO

Call Chief Surgical Resident or Trauma Surgeon for chest tube placement (Amion)

Critical CHANGES

If Asystole **PEA** develops, Go to ▷ CHKLST 4
If VF/VT, Go to ▷ CHKLST 5