



TENSION PNEUMOTHORAX	
Adult	Pediatric
BLS	
Assess vital signs O ₂ , titrate SpO ₂ > 94% Lung Sounds Assist ventilations as needed	
ALS	
Cardiac Monitor, Waveform EtCO ₂ , Vascular Access	
Indication	
<ul style="list-style-type: none"> Blunt trauma patients who are hemodynamically unstable (tachycardia, tachypnea, hypotension, AMS, cyanosis, jugular vein distention, tracheal deviation, respiratory failure) with suspected tension pneumothorax and absent breath sounds Traumatic cardiac arrest patients with signs of blunt chest trauma 	
Procedure	
<ul style="list-style-type: none"> Chose site: <ul style="list-style-type: none"> Preferred: Lateral 4th or 5th intercostal space, mid-axillary line (must be above the anatomic nipple line) Second: Anterior 2nd intercostal space, mid-clavicular line Use minimum 14 g x 3 inch (8 cm) catheter Insert the needle at a 90 degree angle just over the superior border of the rib Advance until a gush of air or blood returns freely (if not, you are not in the pleural space) Advance only the catheter to the chest wall, remove the needle from the catheter Leave the catheter in place, do not attach anything to the catheter Allow to vent freely Monitor and continue to reassess breath sounds 	
Direction	
<ul style="list-style-type: none"> Two attempts only per affected side Cover any open wounds with a chest seal or occlusive dressing Contact Receiving ED Physician for additional treatment 	