Case info

Two similar cases where a Simple Thoracostomy was performed

- #1 - Adult Female - Self inflicted GSW to center of chest
- #2 - Adult Male - Multiple GSW to upper back and chest
- GCS - 15
- Vitals stable w/ complaint difficulty breathing
- Diminished breath sounds on left side

Treatment

**Initial**
- O₂
- Chest Seal
- Simple (finger) Thoracostomy on Left Side
- Successful decompression w/ immediate improvement in respiratory effort
- TXA Infusion initiated on adult female

**During Transport**
Female patient began having progressive respiratory distress
- Finger sweep in thoracostomy site resulted in successful subsequent decompression
- Patient status immediately improved

Outcome

- Patients were delivered to the trauma center in stable condition.

- Adult female - 6 days w/ chest tube. Discharged on day 7

- Adult male - still in hospital 7 days out. Splenectomy, GI repair, diaphragm repair, bullet lodged in T2 resulting in LE paralysis.
Data

- Implemented new clinical guidelines on August 22

- Since then we have performed simple thoracostomy 20 times on 13 patients
  - 3 - GSW w/ pulse and positive outcome
  - 1 - Pedestrian struck w/o pulse
    - Regained pulses blood pressure
  - 1 - MVA w/o pulse
    - Regained pulses after ST procedure, subsequently lost pulse
  - 8 - w/o pulse, no change in outcome
    - 4 blunt trauma (MVA)
    - 4 penetrating trauma (GSW)
PEARLS

- Needle thoracostomy has a high failure rate (especially in LA)
  - No definitive assurance that you reached the pleural cavity

- Simple thoracostomy is easy to learn, perform, and is effective
  - High success rate
  - There’s no question of whether or not you enter the pleural cavity

- Requires minimal equipment (scalpel, curved forceps, finger)

- Beneficial in traumatic arrests during initial field resuscitation attempts
  - May reduce mortality in survivable traumatic arrests due to blunt chest trauma
  - Performed in field vs delayed intervention at hospital after transport
Questions/Feedback?