



# Approach to Thoracic Trauma

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**Unstable Vitals, Distress**

**Rapid US to evaluate for Pericardial Fluid**

**Consider needle decompression/ chest tube prior to imaging**

**If US positive**

**Pericardiocentesis vs thoracotomy**

**Goal is to rapidly dx and treat reversible life threats:**

- Massive hemothorax
- Tension PTX
- Cardiac tamponade

**Stable vitals, no distress**

- FAST to r/o tamponade, abd free fluid
- pCXR to r/o hemothorax, (tension) PTX, widened mediastinum

**Pericardial fluid**

**Pericardiocentesis vs thoracotomy**

**Hemo/PTX**

**Chest Tube**

**Widened mediastinum**

**Trauma CT r/o aorta injury**

**Thoracotomy for :  
Initial output >1.5L or > 200mL/hr x 4hr**

**Can proceed to further imaging/CT when stable**