



# Foundations Frameworks

## 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**

- eFAST to eval for tamponade, abd free fluid, PTX
- pCXR to eval for hemothorax, (tension) PTX, widened mediastinum

**Pericardial fluid**

**Pericardiocentesis vs thoracotomy**

**Hemo/PTX**

**Chest Tube**

**Thoracotomy for initial output > 1.5 L, 150-200 mL/hr for 2-4 hr, or hemodynamic instability**

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

**Widened mediastinum**

**Trauma CT r/o aorta injury**