



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

Widened mediastinum

Trauma CT r/o
aorta injury

Can proceed to further imaging/CT when stable