EMERGENCY ACTION CARD

retrieve
Adult Critical Care Transfer Service

Tension Pneumothorax

v1.1

Manage all patients on 100% oxygen

START: IMMEDIATELY NOTIFY DRIVER, STOP SAFELY

1 Immediate actions
- Follow Key Basic Plan
- Deliver 100% oxygen

2 Confirm diagnosis (Box B)

3 Consider alternative diagnoses (Box C)

4 Treat tension pneumothorax
- Positively confirm affected side and state this to team
- Remove cannulation and thoracostomy pouches from Primary Bag
- Perform needle decompression:
  - 14G cannula
  - 2nd intercostal space
  - Mid-clavicular line
- Perform finger thoracostomy:
  - Optimise patient position (arm out/hand behind head)
  - Identify landmarks
  - 5th intercostal space
  - Point between mid- and anterior axillary line
  - Clean skin with Chloraprep
  - Make skin incision (2cm) along line of rib
  - Blunt dissection to pleural cavity with Spencer Wells
  - Perform finger sweep
- Re-evaluate patient
- Remember thoracostomies can become obstructed with arm in normal position / large body habitus

5 Next steps
- Consider arterial blood gas
- Key Basic Plan

Box A: CRITICAL CHANGES
- If problem worsens significantly, or a new problem arises, go back to START of Key Basic Plan
- If Transfer Practitioner or Transfer Doctor transfer, contact Remote Duty Consultant
- Consider contacting Leadership SPOC for support, if required

Box B: CONFIRM DIAGNOSIS
- High airway pressure
- Progressive desaturation
- Chest movement asymmetry
- Hypotension
- Reduced/absent breath sounds
- Absence of lung sliding/B-lines/lung pulse on ultrasound

Box C: ALTERNATIVE DIAGNOSES
- Endobronchial intubation
- Mucus plugging
- Anaphylaxis
- Obstruction / kinking of existing intercostal chest drain
- Severe bronchospasm
- Inadequate muscle relaxation
- Cardiac tamponade
- Haemothorax