

<b>NEEDLE THORACOSTOMY</b>	
<b>ADULT</b>	<b>PEDIATRIC (≤34KG)</b>
<b>BLS</b>	
Universal Protocol #601	
<b>BLS Optional</b>	
Pulse Oximetry – O <sub>2</sub> administration per Airway Management Protocol #602	
<b>ALS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Locate mid-clavicular 2<sup>nd</sup> intercostal space on affected side</li> <li>• Prep site with povidone-iodine and alcohol</li> <li>• With syringe attached, insert large bore IV catheter (maximum 10 Ga.) at a 90° angle slightly superior to the rib</li> <li>• Once in the pleural space diminished resistance should be noted with air and/or blood return</li> <li>• Holding the needle, advance the catheter and remove the needle allowing pressure to be relieved</li> <li>• Secure the catheter and provide for a one-way valve</li> <li>• Assess and reassess lung sounds</li> </ul>	
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>• For decompression location at the mid-axillary 4<sup>th</sup> intercostal space</li> <li>• As needed</li> </ul>	
<b>Notes</b>	
<p>Indication: Tension pneumothorax with significant respiratory compromise</p> <ul style="list-style-type: none"> <li>• Signs and symptoms may include:               <ul style="list-style-type: none"> <li>○ Deteriorating respiratory status</li> <li>○ Decreased SBP, increased pulse</li> <li>○ Diminished lung sounds on affected side</li> <li>○ Jugular vein distension</li> <li>○ Hyper-resonance to percussion on affected side</li> <li>○ Tracheal shift away from affected side (difficult to assess)</li> <li>○ Increased resistance with ventilation (BVM, ET)</li> </ul> </li> <li>• Equipment               <ul style="list-style-type: none"> <li>○ Large IV catheter (10-12 Ga.) with a syringe</li> <li>○ One-way valve i.e. Asherman Seal</li> <li>○ Antiseptic products, povidone-iodine/alcohol swabs</li> </ul> </li> </ul>	