Trauma & Acute Care Surgery

LIVERPOOL HOSPITAL

Blunt Chest Trauma

Traumatic Cardiac Arrest: Refer to TRAUMATIC CARDIAC ARREST algorithm

Hemodynamically unstable

Resuscitation
MTP, TXA, inotropes, bilateral thoracostomies +/- ICC*

Fluid responsive

No → Other Causes of shock

Yes → **Stabilisation e.g. splint/ tourniquet**

No → Continued resuscitation

CT chest (aortogram) including abdo/pelvic imaging

Major intrathoracic haemorrhage

Yes → **THORACOTOMY**

No → Manage other injuries

Hemodynamically stable

Consider early ICC* insertion if large haemo +/- pneumothorax on e-FAST or CXR

CT thorax (aortogram)

Other

Pneumomediastinum → Rule out oesophageal +/- bronchial injury → Consider Oral Contrast CT chest +/- endoscopy

Sternal Fracture → Serial ECG/Trop T + Echocardiogram if retrosternal haematoma

Lung Injury

Significant haemopneumothorax → ICC* insertion → **Consider VATS or thoracotomy for persistent bleeding or air leak**

Small pneumothorax + no haemothorax → Serial examination + repeat CXR

Cardiac Injury → Cardiothoracic consult

Major Vascular Injury → Vascular/Cardio-thoracic consult

* Refer to ICC insertion checklist

NB: if concomitant rib fractures refer to rib fracture pathway

NSW GOVERNMENT Health South Western Sydney Local Health District