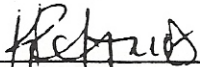


Subject: Treatment Guidelines – ALS Personnel
Spontaneous Pneumothorax

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. Determine degree of physiologic distress: respiratory rate > 20, use of accessory muscles, cyanosis, inadequate ventilation, depressed level of consciousness.
 - C. Maintain airway, provide oxygen and ventilatory support.
 - D. Determine which causes best fit patient signs and symptoms, initiate treatment.
 - E. Transport Code 3 for patients in severe respiratory distress. Code 2 for other patients.

- II. Spontaneous Pneumothorax
 - Skills and procedures denoted by double asterisks (**) paramedic level only.
 - A. Simple Pneumothorax:
 - Normotensive, absent or diminished breath sounds on a side with no tracheal deviation, distended neck veins or history of trauma.
 - 1. Ensure a patent airway.
 - 2. Oxygen – high flow. Be prepared to support ventilations with appropriate airway adjuncts.
 - 3. Cardiac monitor.
 - 4. Begin transport.
 - 5. Contact base hospital.
 - 6. IV access TKO.
 - 7. Continuously monitor for signs of tension pneumothorax.
 - B. Tension Pneumothorax:
 - Absent or diminished breath sounds on one side with some combination of falling blood pressure, cyanosis, distended neck veins, hyperresonance on side without breath sounds with tracheal deviation to the other side.
 - THESE ARE LATE FINDINGS.
 - 1. Ensure patent airway.
 - 2. Oxygen – high flow. Be prepared to support ventilations with appropriate airway adjuncts.
 - 3. Cardiac monitor.
 - 4. Begin transport.
 - 5. Contact base hospital.
 - 6. IV access TKO.
 - 7. ** Needle thoracostomy on affected side.

Approved: 

Approved as to Form: 