

Thoracic Trauma in the PRIMARY SURVEY

- some FACTOIDS:

- 10% of blunt injuries and 15-30% penetrating chest injuries need thoracotomy

Things you pick up in the primary survey:

AIRWAY OBSTRUCTION:

- Laryngeal fracture:
 - Hoarseness
 - Subcutaneous emphysema
 - Palpable fracture
- Upper chest injury with POSTERIOR DISLOCATION OF THE CLAVICLE
 - This causes the airway to be obstructed by the head of the dislocated clavicle
 - You need to reduce this, or you wont be able to ventilate
 - You can either hyper-extend the shoulders, or grab the clavicle with something like a clamp or towel clip, and manually drag it anteriorly, out of the airway.
 - This reduction will usually be stable after you do this.
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BREATHING and VENTILATION: this is where the money is.

- NUDITY IS VITAL.
 - You need to get a good look at
 - Neck veins – distended in tamponade or pneumothorax
 - Chest wall movements
 - External chest injuries
- Cyanosis
- Tachypnoea
- YOU ARE LOOKING FOR 5 THINGS:
 - Tension pneumothorax
 - Open pneumothorax
 - Flail chest
 - Pulmonary contusion
 - Hemothorax

CIRCULATION:

- This is where you pick up
 - Massive hemothorax
 - Cardiac tamponade