7.06 NEEDLE THORACOSTOMY

INDICATION

TENSION PNEUMOTHORAX: Air leak into pleural space through a hole in lung, acting as a one-way valve. Assessment confirmed by some of the following:

- Decreased breath sound, uni- or bilaterally
- Tracheal shift away from affected side
- Extreme dyspnea
- Neck vein distension
- Agitation
- Possible cyanosis
- Hypotension
- Hyper resonance to percussion

EQUIPMENT

- #10-gauge angiocath or other appropriate over-the-catheter-needle

LOCATION

- PREFERRED: 4th or 5th intercostal space, anterior axillary line, on the affected side.
- ALTERNATE: 2nd intercostal space in the mid-clavicular line on the affected side.

PROCEDURE

1. Introduce either angiocath or other appropriate over-the-catheter-needle just above the rib margin during expiration.
2. Continue until lack of resistance or "pop" as needle enters pleural space.
3. Once air returns under pressure or is aspirated with ease
    a) Listen for air escaping.
4. Once air has ceased escaping
    a) Advance the catheter.
    b) Secure catheter with needle guard or tape.