

# Chest Injuries

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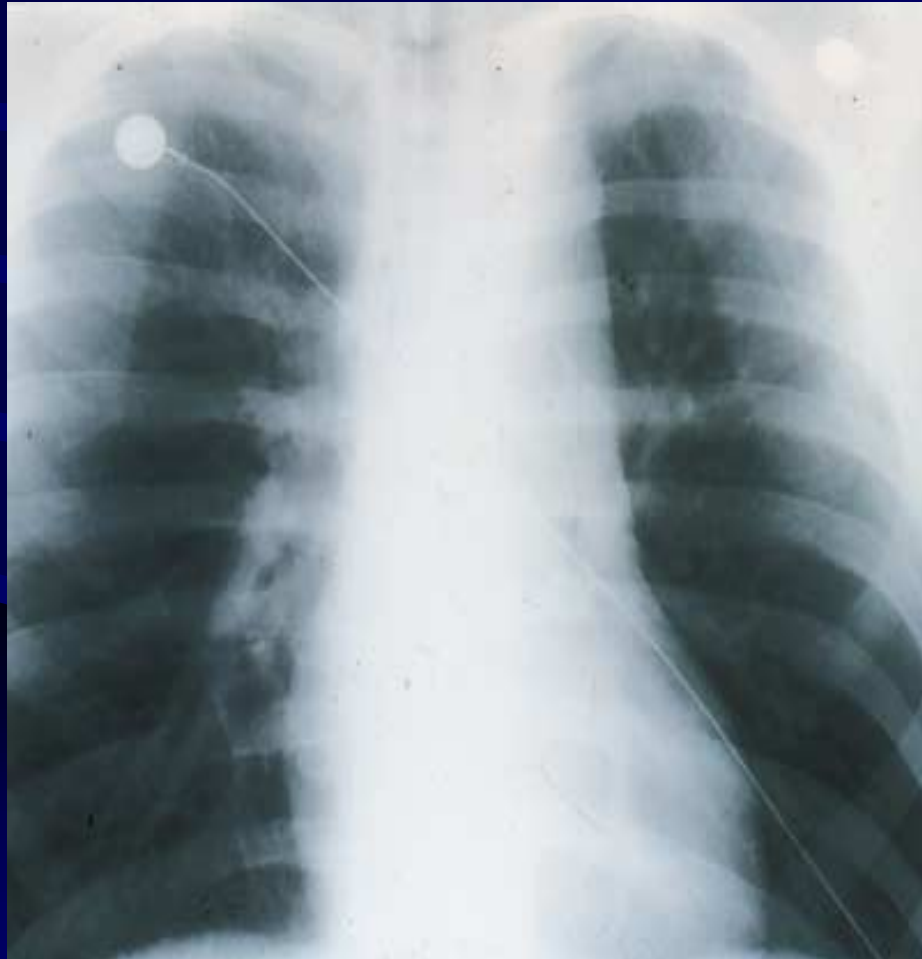
# Physiology of the Chest

- Who are the major players
- What makes the process work
- What can go wrong

# Major Players

- The Heart
- The Lungs
- The Great vessels
- The Ribs and Sternum

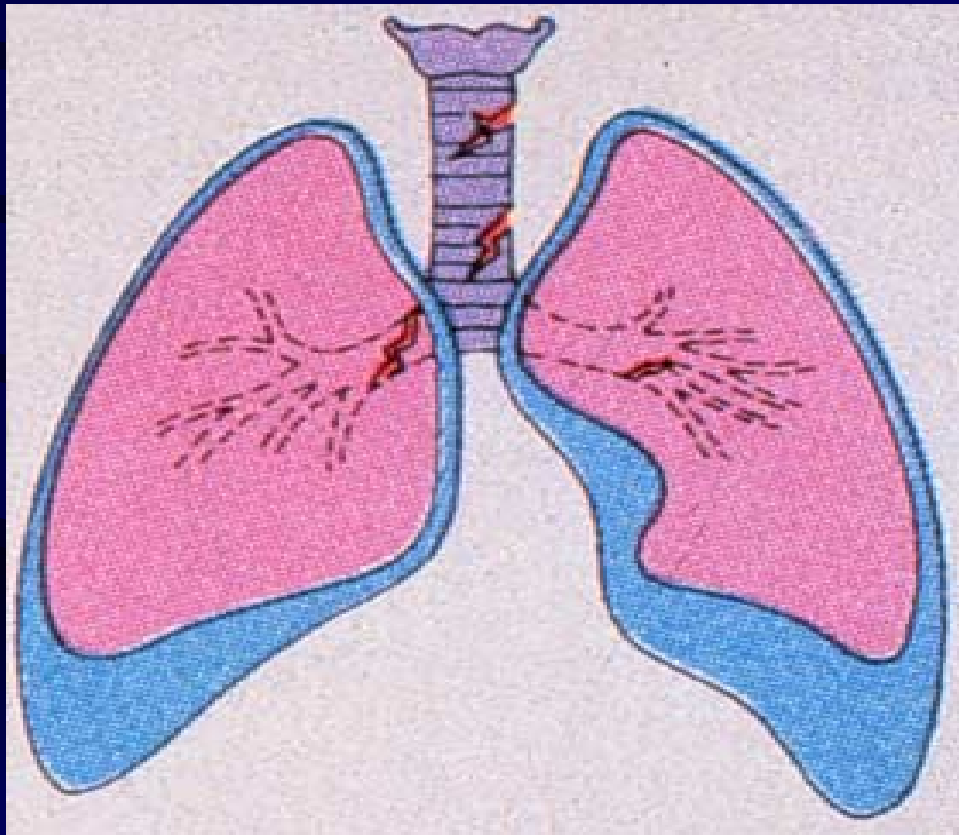
# Chest X-ray



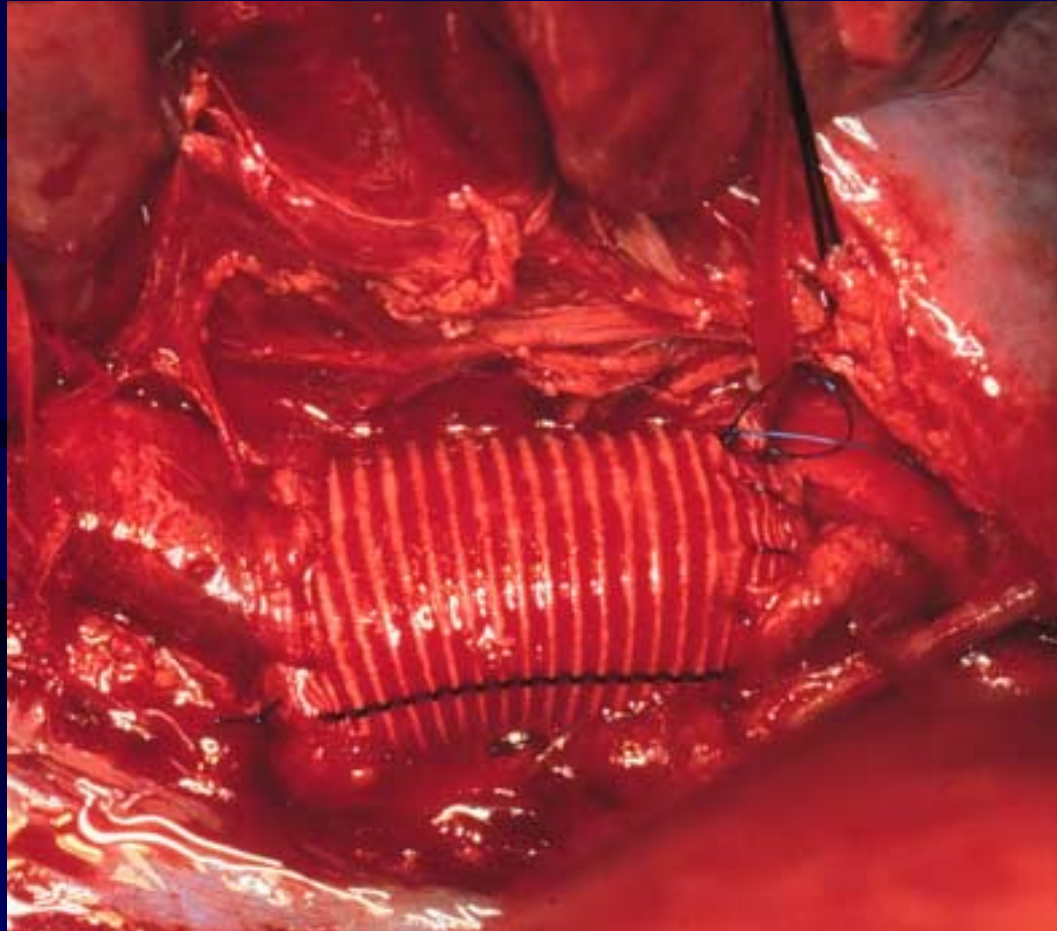
# How Does It Work

- Negative Pressure
- The Heart is a muscle
- Increased pressure can hurt you

# Negative Pressure



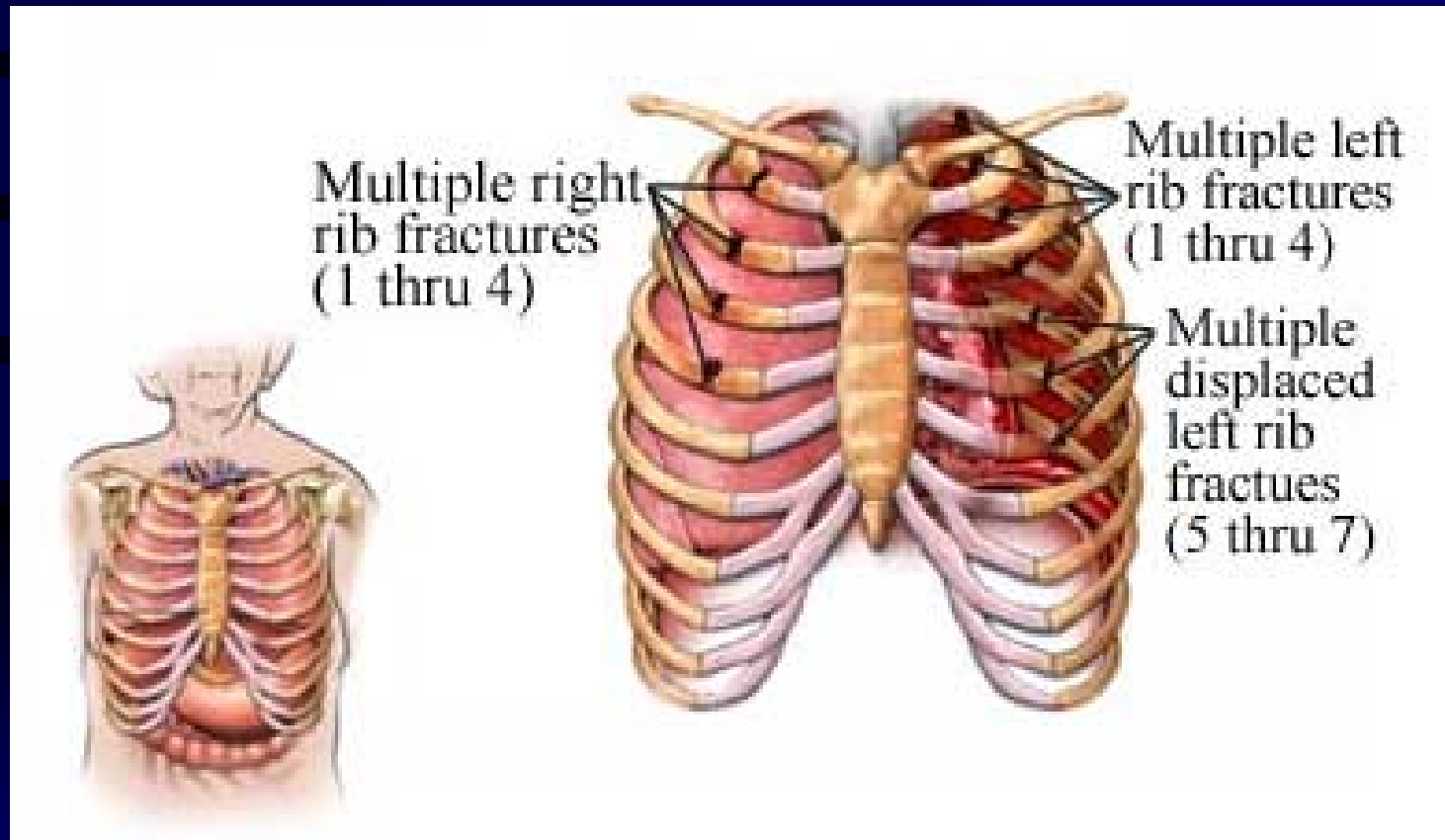
# What Can Go Wrong And How Do We Fix It



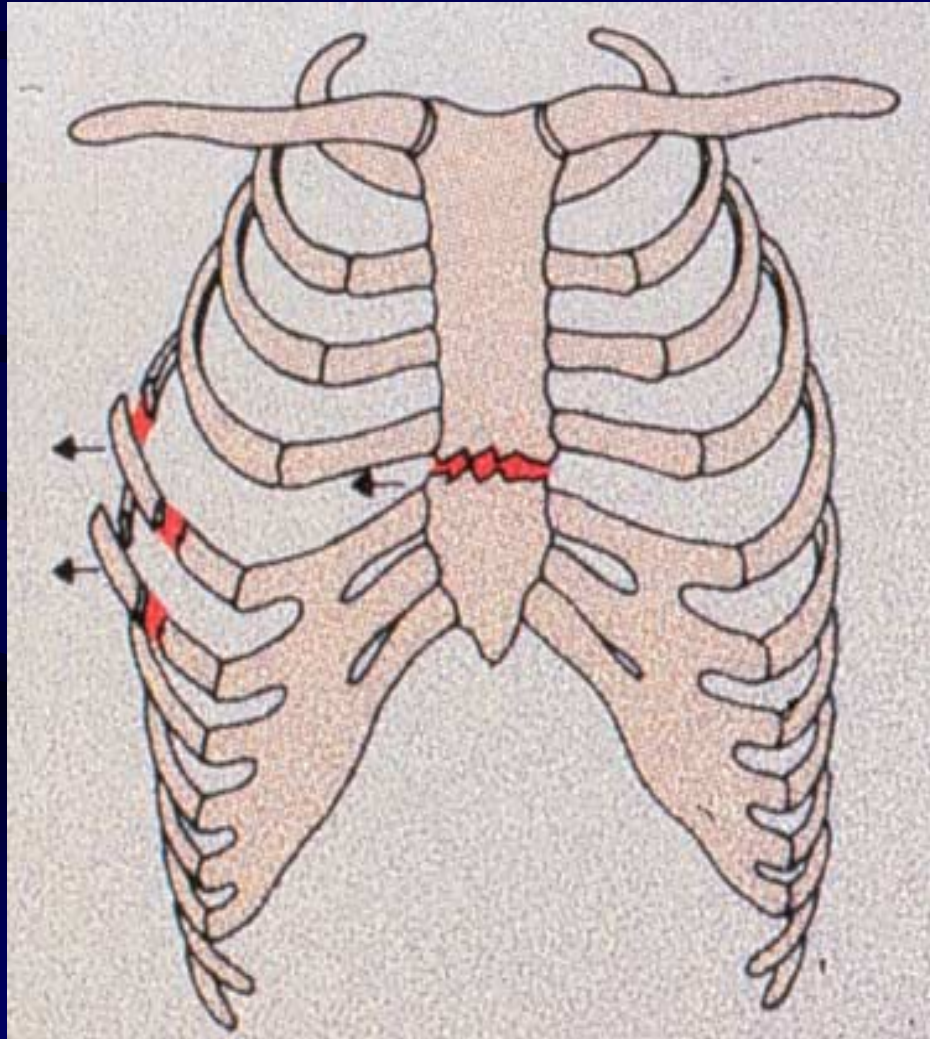
# Treatments For All Trauma Patients

- Oxygen
  - 15L by a Non-Rebreather Mask
- SpO<sub>2</sub> Monitoring
- Cardiac Monitoring
- Maintain Spinal Immobilization until the C-Spine can be cleared

# Rib Fractures



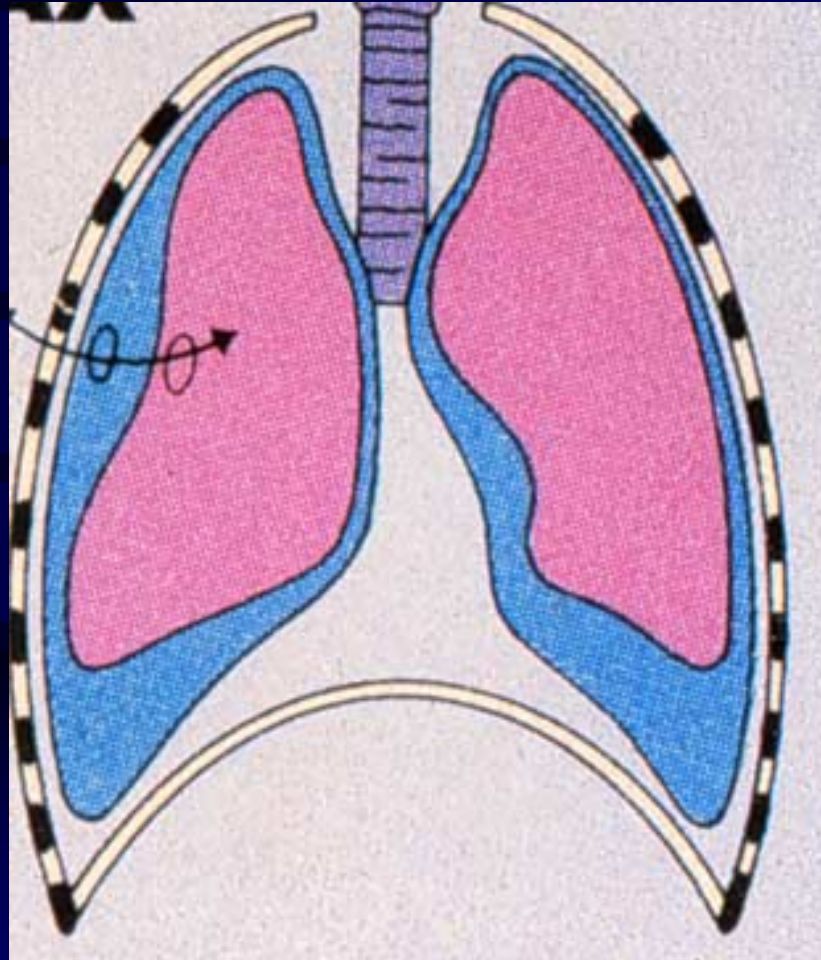
# Flail Chest



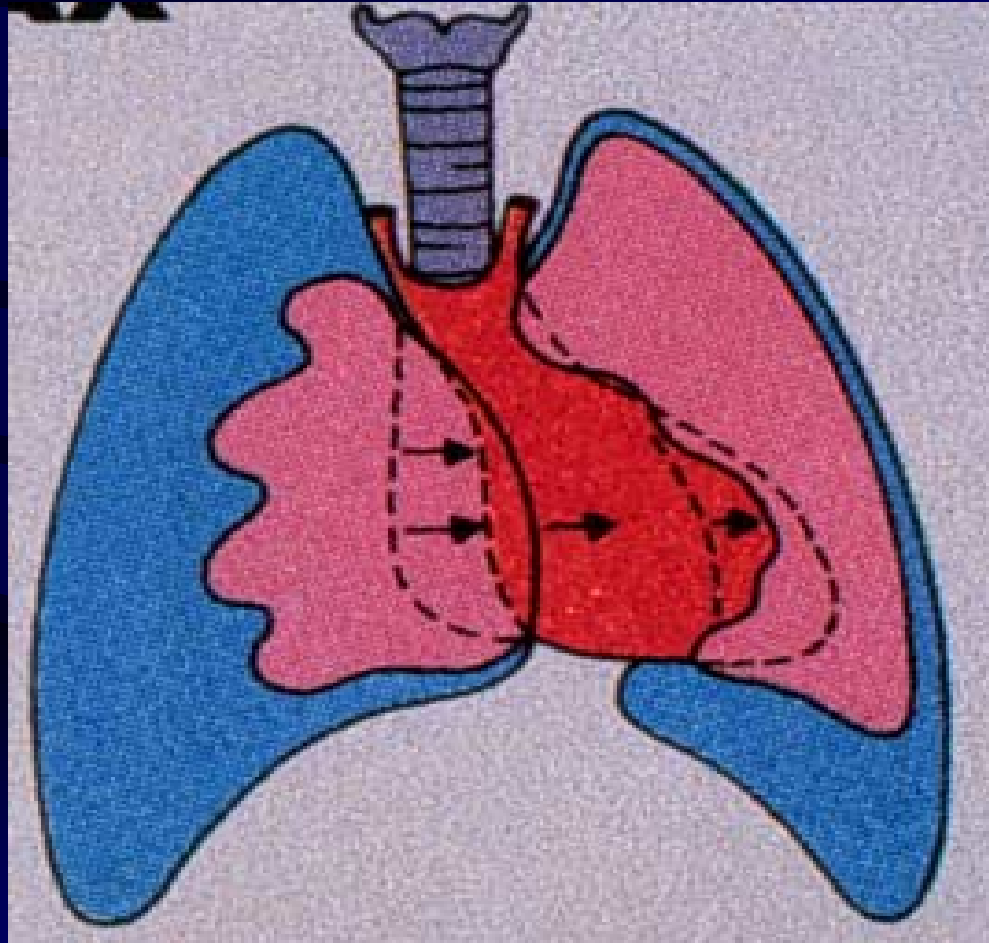
# Impaled Objects



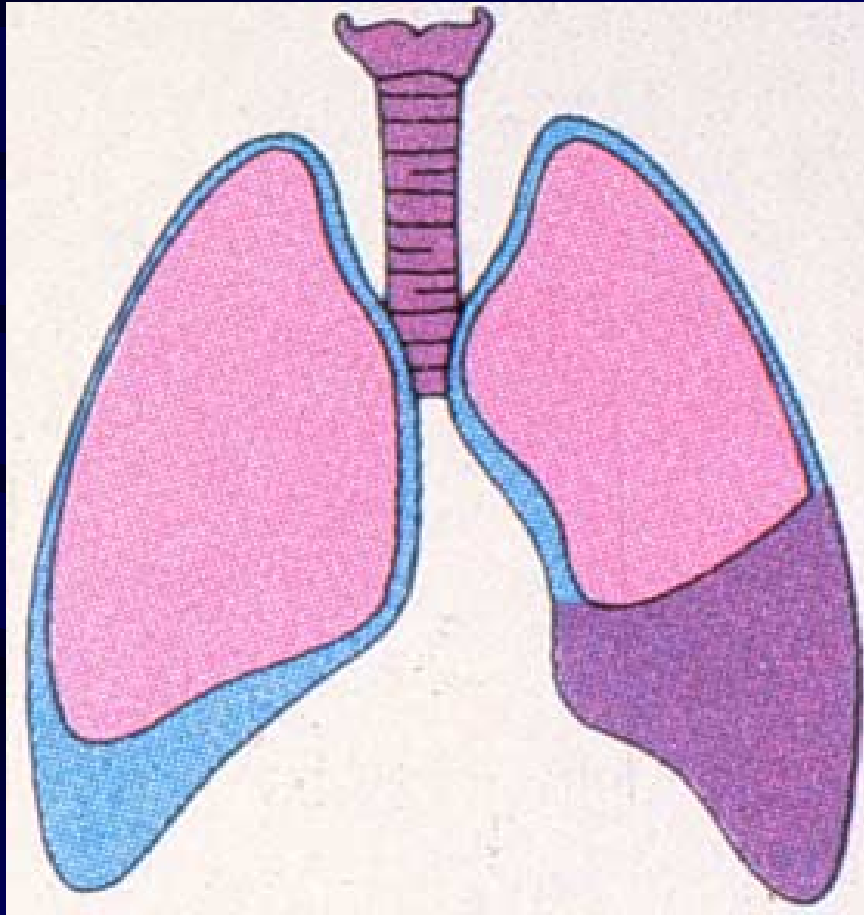
# Pneumothorax



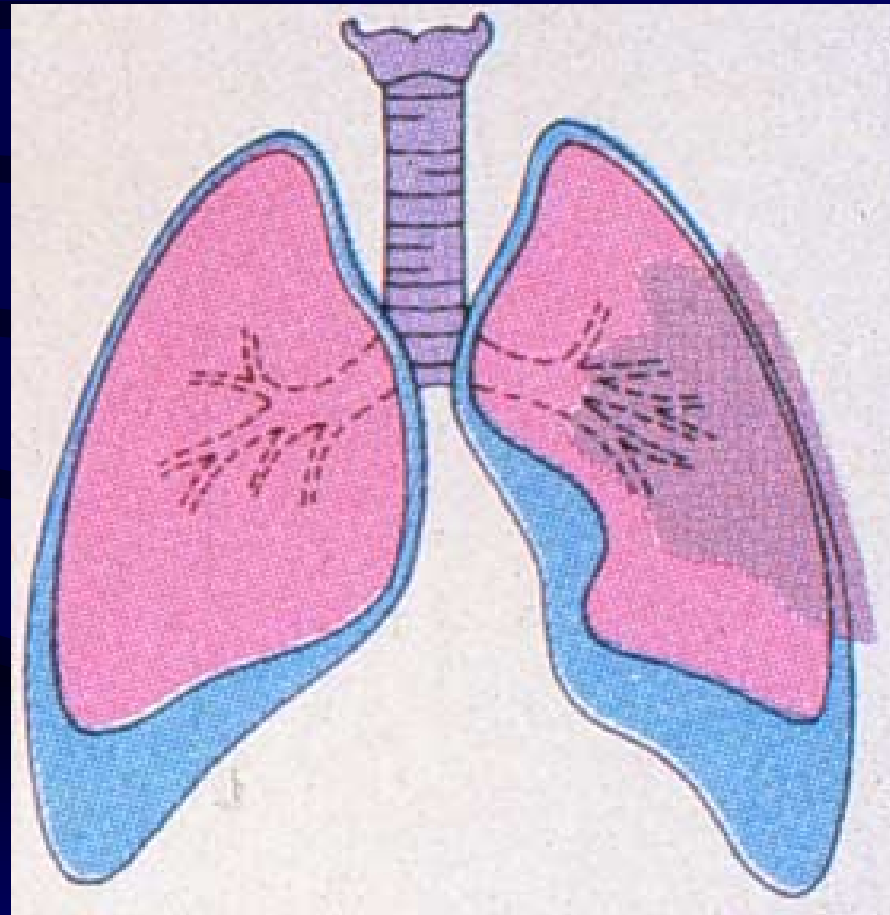
# Tension Pneumothorax



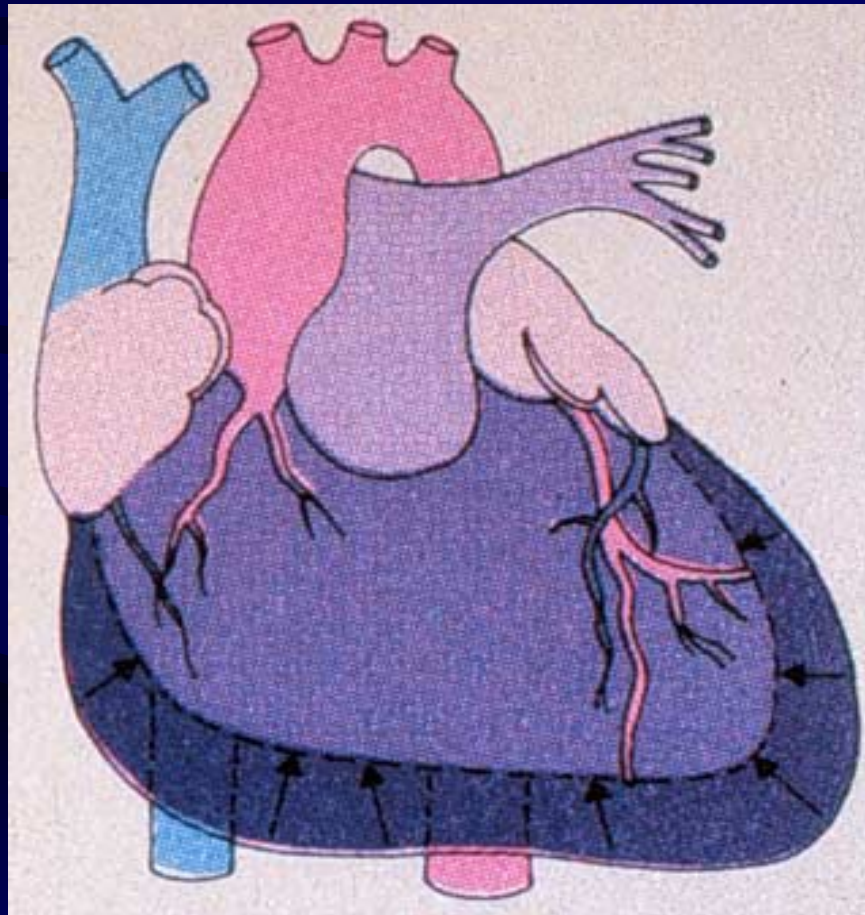
# Hemothorax



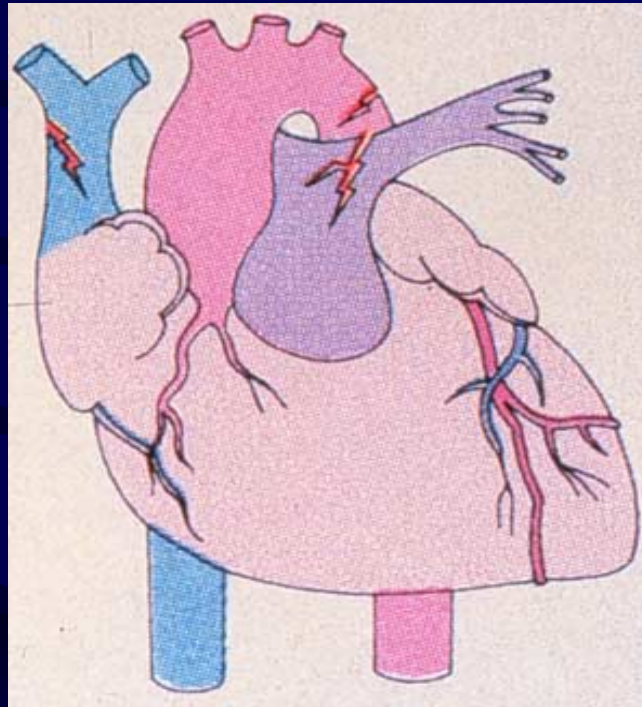
# Pulmonary Contusion



# Pericardial Tamponade

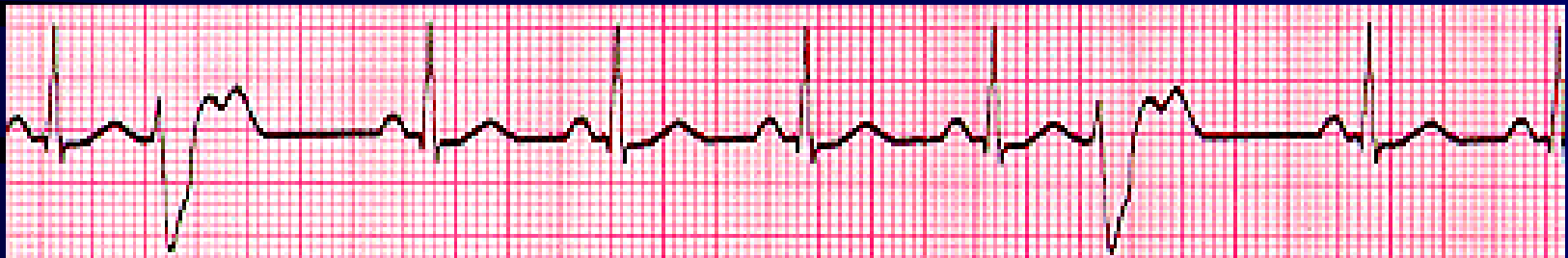


# Aortic Injuries



# Blunt Cardiac Injury

Formerly Known as Cardiac Contusion



# What is Next

- Ongoing assessment of the treatments that you have done
- Once the Chest is stabilized continue with your patient assessment
- Don't get sucked into a orthopedic distraction