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NEEDLE THORACOSTOMY

INDICATIONS

Rapidly deteriorating patient with severe respiratory distress who has signs and symptoms of life-threatening tension pneumothorax, which may include:

- Progressively worsening dyspnea.
- Hypotension.
- Decreased or diminished breath sounds on the affected side.
- Distended neck veins.
- Tracheal deviation away from the affected side.

PROCEDURE:

- BH order required.
- Explain procedure to patient
- Place patient in upright position if tolerated.
- Assemble equipment:
 - 14 or 16 gauge, minimum 2½ inch long needle and cannula with syringe attached for normal sized adults; or use 20g 1 inch needle and cannula for pediatric or small adult patients < 40 kg.
 - antiseptic wipes.
 - one-way "flutter" valve.
 - sterile 4 x 4's.
 - tape.
- Prepare area with antiseptic wipes at second intercostal space, midclavicular line.
- Insert needle perpendicular to the chest wall, at the level of the upper border of the third rib below the middle part of the clavicle (collar bone). Maintain negative pressure on the syringe while inserting the needle.
- Advance the needle until the pleural space is entered as indicated by one or more of the following:
 - a "popping" sound or "giving way" sensation
 - a sudden rush of air
 - ability to aspirate free air into the syringe
- Remove needle; leave cannula in place.

CAUTION: Do not reinsert needle into cannula due to danger of shearing cannula.

- Evaluate the effectiveness of the procedure by:
 - immediate, obvious improvement in respiratory status, signs and symptoms, vital signs, and lung sounds.
- Attach one-way "flutter" valve to end of cannula
- Secure the cannula with dressing and tape allowing cannula to remain in the chest wall.
- If there is no improvement, this procedure may be repeated.

