

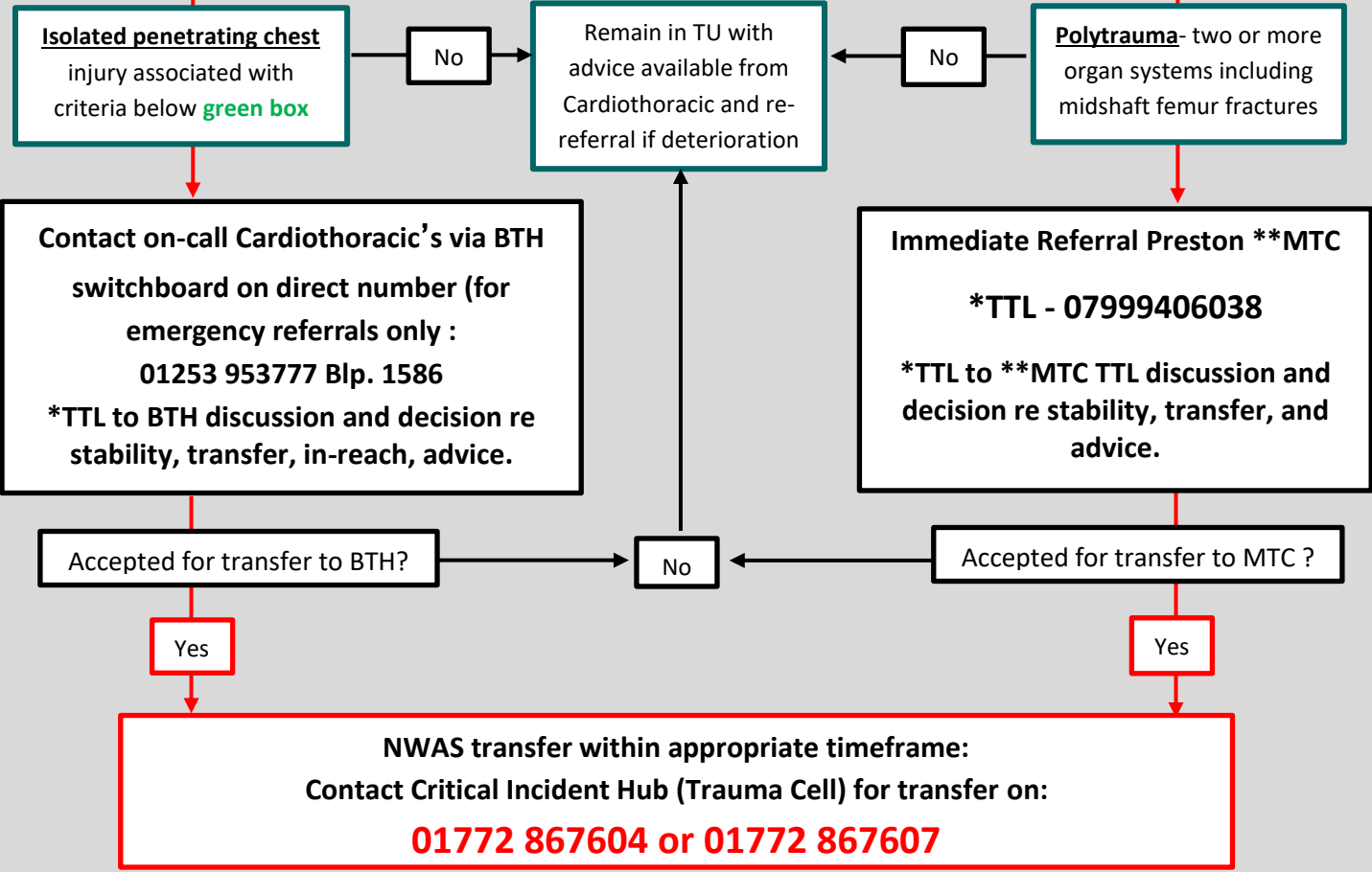
The Adult Penetrating Chest Injury Pathway

Think
TXA

Isolated penetrating chest trauma to be conveyed directly to Blackpool Teaching Hospital (BTH) Emergency Department within 45min bypass times. If not possible follow below pathway.
For catastrophic injuries (unmanageable airway, breathing or catastrophic haemorrhage): Go to L&SC 'PIT STOP' pathway

Is there a clinical and/or radiological suspicion of penetrating chest injury with/without polytrauma (two or more organ systems including midshaft femur fractures)?

Rapid local assessment by *TTL +/- trauma CT and rapid life-saving interventions performed as required e.g. resuscitative thoracotomy, chest drains, management of external haemorrhage. If the patient is stable and there is doubt whether the injury is above or below diaphragm imaging **MUST** be performed prior to referral.



- Criteria for discussion/transfer to Blackpool Cardiothoracic**
- Resuscitative Thoracotomy
 - Ongoing blood loss from chest drains (>1000ml initial drainage or >200mls/hr)
 - Pneumothoraces/haemothoraces causing significant respiratory/circulatory compromise.
 - Progressive surgical emphysema or persistent air leak despite chest drains
 - Diaphragmatic Injuries
 - Cardiac lacerations, contusions, or tamponade
 - Traumatic type A aortic dissections/ aortic transections (following discussions with Blackpool these may need discussion with Royal Liverpool Cardiothoracic team via switch on 0151 525 5980).