





CHEST SEAL

B

CONSIDER body substance isolation. **NOTE:** If a Combat Lifesaver is available, direct them to assist.



EXPOSE and uncover any anterior, posterior or axillary chest wounds.

NOTE: If multiple wounds are found, treat them in the order in which you found them.



04 Fully **OPEN** the outer wrapper of the commercial vented chest seal or other airtight material from the casualty's JFAK. **NOTE:** If a vented chest seal is not available, use a non-vented chest seal.



CHECK for signs of an open and/or sucking chest wound. **NOTE:** If you are not sure if the wound has penetrated the chest wall completely, treat the wound as though it were an open chest wound.



REMOVE gauze from vented chest seal package (or other gauze) to wipe away any dirt, blood, or other fluid.



PLACE hand or back of hand over open chest wound to create a temporary seal.



PEEL OFF the protective liner, exposing the adhesive portion of the vented chest seal.



PLACE adhesive side directly over hole as casualty exhales, pressing firmly to vented chest seal. **NOTE:** Ensure edge of vented chest seal extends 2" beyond edges of the wound.



ENSURE the adhesive surface of the vented chest seal is adhering to the skin. **NOTE:** Tape may be used to secure the edges of the vented chest seal if needed.



ASSESS the effectiveness of the vented chest seal when the casualty breathes.

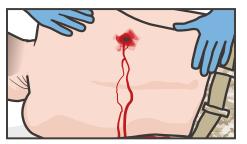
STEP 9 NOTE: When the casualty inhales, the plastic should be sucked against the wound, preventing air entry. **STEP 9 NOTE:** When the casualty exhales, trapped air should be able to escape from the wound and out the commercial chest seal valve.







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10 CHECK/FEEL for additional open wounds (anterior, posterior, and axillary). Treat any additional wounds with vented chest seals if needed.



PLACE conscious casualty into a sitting position or an unconscious casualty in the recovery position (with their injured side down).



12 MONITOR for signs of a tension pneumothorax.



 If signs of a tension pneumothorax develop,
LIFT one edge of the vented chest seal to allow decompression ("burping" the seal)

NOTE: Alternatively, remove the chest seal for a few seconds to decompress and then reapply or replace it with a new commercial vented chest seal.



14 If signs of a tension pneumothorax persist despite burping the seal, **PERFORM** a needle decompression of the chest (see Needle Decompression of the Chest Instruction).



15 DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach it to the casualty.