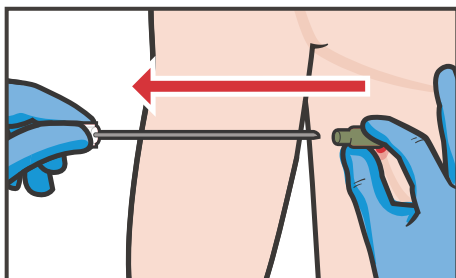


NEEDLE DECOMPRESSION OF THE CHEST (NDC)



07b REMOVE the needle, leaving the catheter in place.



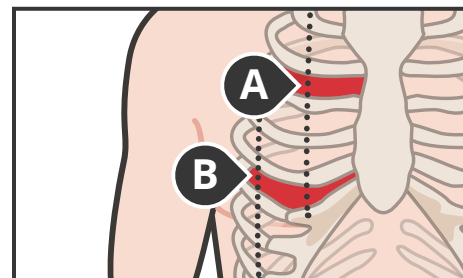
08 ASSESS for successful needle decompression:

- (a) Respiratory distress improves.
- (b) There is an obvious hissing sound as air escapes from the chest when NDC is performed.

NOTE: This may be difficult to appreciate in high-noise environments.

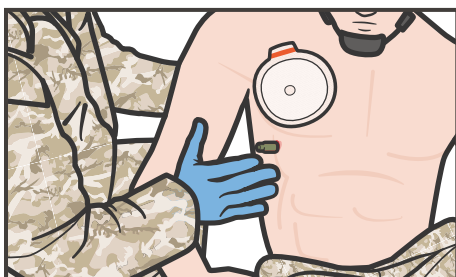
- (c) Hemoglobin oxygen saturation increases to 90% or greater (respiratory distress should improve).

NOTE: This may take several minutes and may not happen at altitude.



09 If the first NDC fails to improve the casualty's signs/symptoms, then **PERFORM** a second NDC on the same side of the chest at whichever of the two recommended sites was not previously used.

NOTE: Use a new needle/catheter unit for the second decompression attempt.

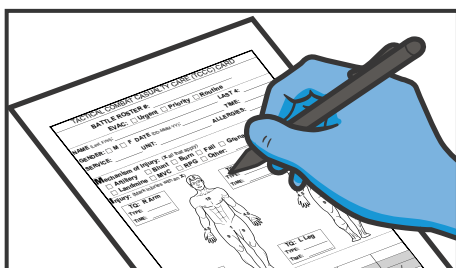


10 PLACE the casualty in the sitting position or recovery position (with their injured side down).

11 Continue reassessing the casualty for the reoccurrence of progressive respiratory distress.

12 If the initial NDC was successful, but symptoms later recur, then **PERFORM** another NDC at the same site that was used previously. Use a new needle/catheter unit for the repeat NDC.

13 If the second NDC is also not successful, then continue onto the Circulation section of the MARCH (Massive bleeding, Airway, Respiration, Circulation, Hypothermia/Head) sequence.



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