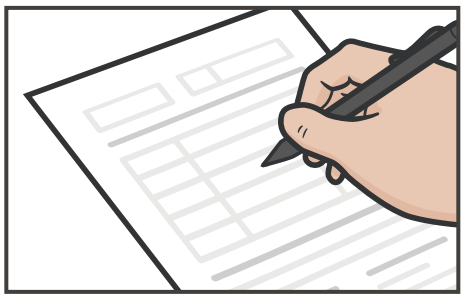
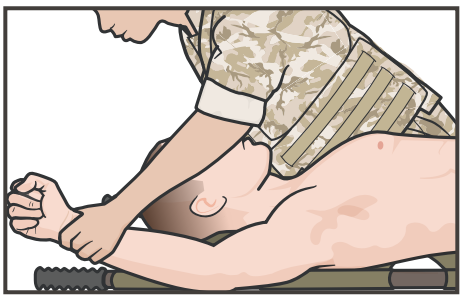
FINGER THORACOSTOMY

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

01 **EXPLAIN** the procedure to casualty (if conscious).



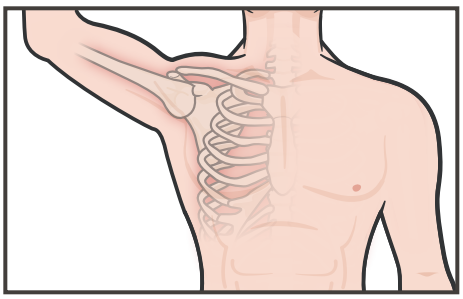
02 Take and **RECORD** baseline vital signs and respiratory assessment.



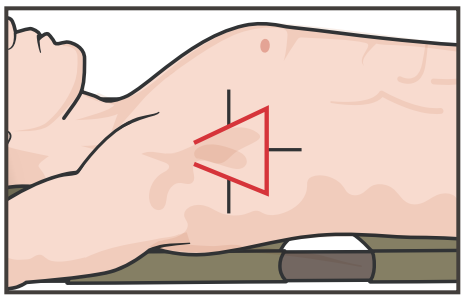
03 **PREPARE** the casualty.
(a) Position the casualty appropriately.

(b) Raise the arm on the affected side above the casualty's head. If female, breast must be moved to identify the location and through procedure until complete.

NOTE: If conscious, direct CLS or CMC to firmly hold the casualty's arm above their head.



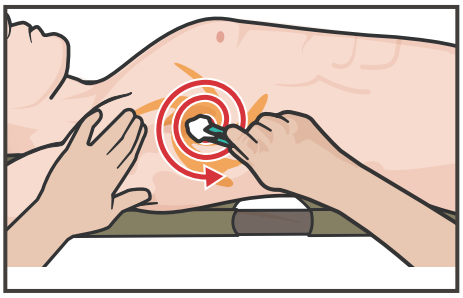
(c) Select the insertion site at the anterior axillary line over the 4th or 5th intercostal space.



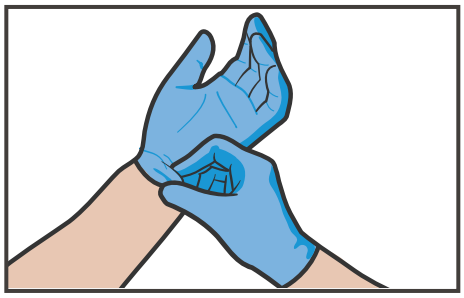
04 **IDENTIFY** safe triangle and insertion site, 5th intercostal space in the midaxillary line.

The point of insertion in the chest most commonly occurs on the side (lateral thorax).

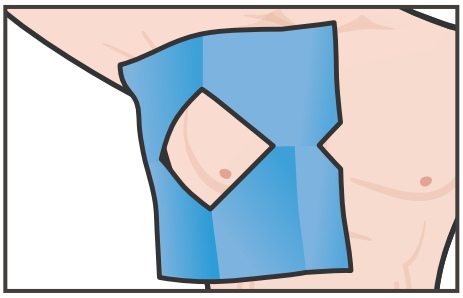
A line drawn from the armpit (anterior axillary line) to the side (lateral) of the nipple in males, or to the side (about 2 to 5 cm) above the sternoxiphoid junction (lower junction of the sternum, or chest bone) in females.



05 **CLEANSE** the site with an antiseptic solution.



06 **PUT ON** sterile gloves.



07 **DRAPE** the area.

FINGER THORACOSTOMY

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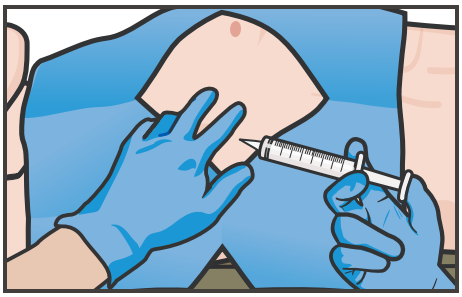
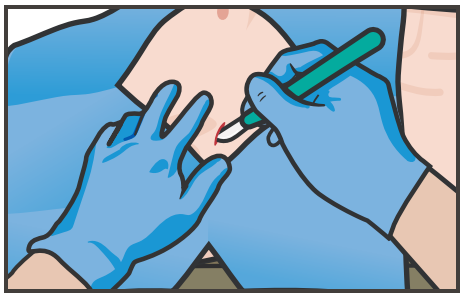


08 Using aseptic technique, **WITHDRAW** the desired amount of lidocaine using the 18g needle and **LIBERALLY INFILTRATE** the area with the 1% lidocaine solution using a 23g, 1.5-inch needle subcutaneously and in the underlying interspace.

NOTE: Keep the total amount of Lidocaine used under 0.5 mL/kg of 1% lidocaine

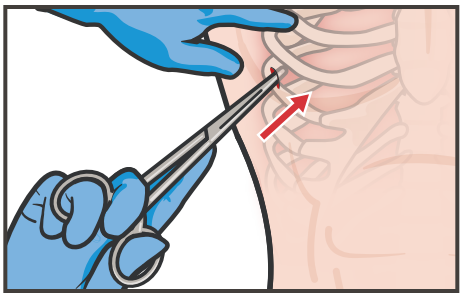
NOTE: If the casualty was given Ketamine for sedation or analgesia, lidocaine use may not be required.



09 **MAKE AN INCISION** into the skin that is parallel to the rib.

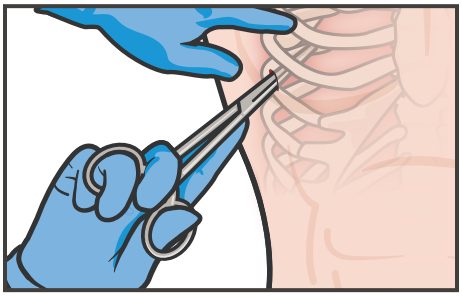
(a) Incision should be a 2 to 3 centimeters (cm) parallel to the rib over the selected site or directly over the rib (providing a backstop for the blade) and extend down to the intercostal muscles.

CAUTION: Avoid puncturing the lung. Always use the superior margin of the rib to avoid the intercostal nerves and vessels.

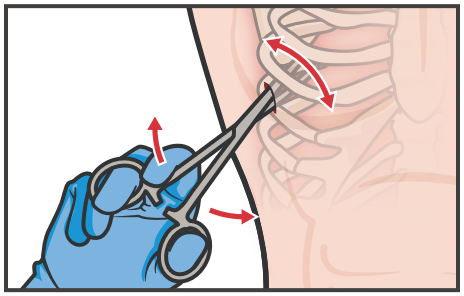


(b) With Kelly clamp, perform a blunt dissect through the soft tissue passing over the superior aspect of the rib and into the chosen intercostal space and puncture the parietal pleura.

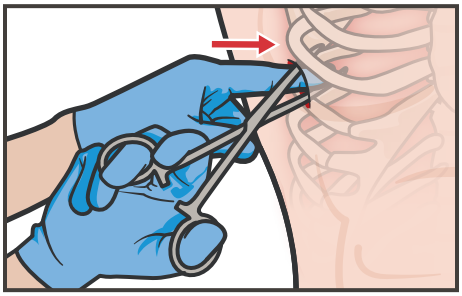
(c) Listen for and feel a “pop” as the points go into the cavity.



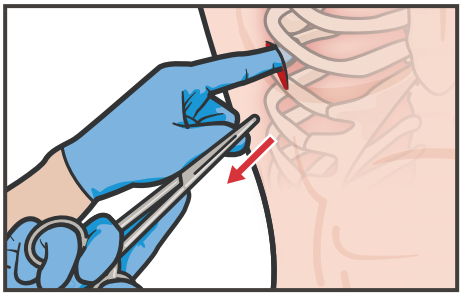
(d) Place the Kelly clamp, jaws closed on the rib and pointed toward the ICS above the rib.



(e) Spread the Kelly clamp, forcing the tissue apart.

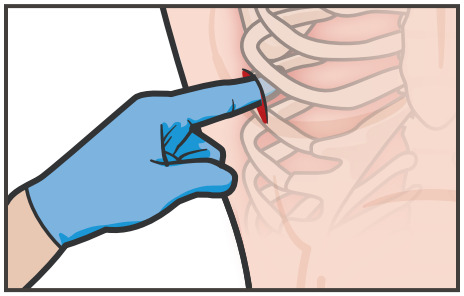


(f) With the jaws of the clamp holding the hole open, carefully insert a gloved finger through the incision and into the pleural space to verify position.



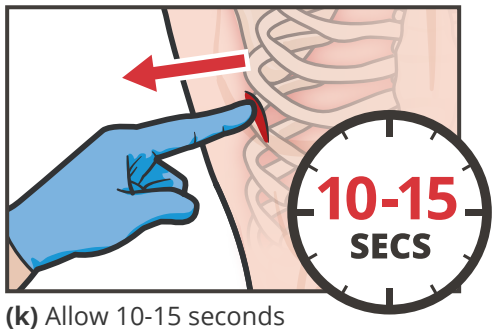
(g) Once the finger is in place, remove the clamp.

(h) Widen the pleural opening and ensure there are no adhesions.



(i) Feel for lung tissue.

(j) Be sure there is air and the pink, spongy lung is immediately inside the chest. If not, you may be in the abdominal cavity.



(k) Allow 10-15 seconds to allow decompression of air in the chest cavity.

(l) Remove finger from chest

FINGER THORACOSTOMY

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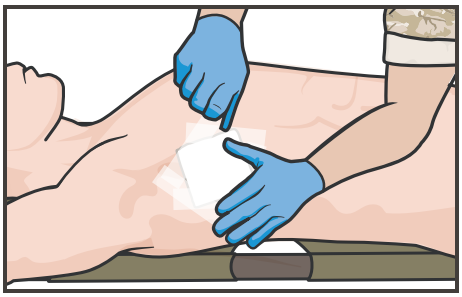


10 **APPLY** 4x4's with tape as a protective dressing but with no occlusive properties.

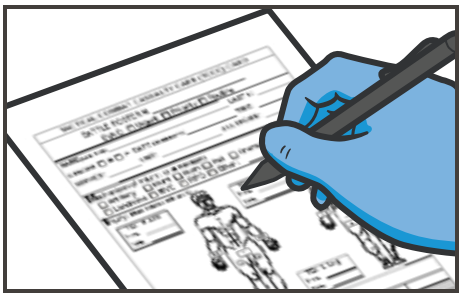
11 **REASSESS** the casualty.

(a) Check for bilateral breath sounds (or improvement on affected side)

(b) Clinical improvement e.g. respiratory distress improves and/or O2 SAT increases to 90% or greater.

(c) Monitor and record vital signs every 15 minutes.

(d) Administer analgesia for pain management (refer to Pain medication (Analgesia) skill instructions)



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