Skill Sheet 020505

Needle Decompression of Tension Pneumothorax

Objective: DEMONSTRATE the appropriate procedure for needle decompression of a tension pneumothorax.

References:

PHTLS (Military Edition) Seventh Edition Elsevier, Mosby

Evaluation: Students will be evaluated as a Pass/Fail (P/F). The instructor will verify the accuracy of the student's ability to properly manage a simulated tension pneumothorax on a mannequin's thoracic section and perform a NDC by means of observing the student's procedures and technique.

Materials:

Student Checklist

Needle decompression simulator, Betadine/alcohol prep, needle/catheter 14 gauge and 3.25", ½ inch gauze tape.

Instructor Guidelines:

- 1. Provide each instructor with a Student Checklist.
- 2. Ensure student has all student-required materials.
- 3. Read the Learning Objective and the evaluation method to the student.
- 4. Explain the grading of the exercise.
- 5. Allow time for the students to extract the information required from the instructor-provided scenario.

Performance Steps:

- 1. Prepare equipment.
- 2. Verbalize that body substance isolation (BSI) precautions were considered.
- 3. Verbalize that the progressive respiratory distress is due to chest trauma.
- 4. Identify the second intercostal space (ICS) on the anterior chest wall at the midclavicular line (MCL) on the same side as the injury; approximately two-finger widths below the clavicle.
- 5. Verbalize that the needle to be used for the procedure is a 3.25 inch, 14 gauge needle.
- 6. Verbalize the importance of ensuring that the needle entry site is not medial to the nipple line.
- 7. Clean the site with an antimicrobial solution (alcohol or Betadine).
- 8. Insert the needle into the chest.
 - Remove the plastic cap from the 3.25 inch, 14-gauge needle. Also remove the cover to the needle's flash chamber.
 - Insert the needle into the skin over the superior border of the third rib, MCL, and direct the needle into the second ICS at a 90 degree angle.
 - As the needle enters the pleural space, a "pop" was felt, followed by a possible hiss of air. Insure that the needle is advanced all the way to the hub.
 - Remove the needle, leaving the catheter in place.
 - If tension pneumothorax recurs (as noted by return of respiratory distress), repeat the

- needle decompression on the injured side.
- 9. Stabilize the catheter hub to the chest wall with ½ inch gauze tape.
- 10. Listen for increased breath sounds or observe decreased respiratory distress.
- 11. Remove gloves and disposes of them appropriately.
- 12. Document the procedure on the TCCC Casualty Card.

Decompress the Chest: Needle Decompression

Completed Task 2nd 1st 3rd Verbalized that body substance isolation (BSI) precautions P / F P / F P / F were considered. P / F Assessed the casualty to ensure the respiratory distress was due P / F P / F to chest trauma. Identified the second ICS on the anterior chest wall at the MCL P / F P / F P / F on the same side as the injury; approximately two-finger widths below the clavicle and not medial to the nipple line. Cleaned the site with an antimicrobial solution. P / F P / F P / F Inserted the needle into the chest at a 90 degree angle to the P / F P / F P / F chest wall. INSTRUCTOR: Administratively gain control of the needle and place it in a sharps container. Stabilized the catheter hub to the chest wall with adhesive tape P / F P / F P / F $P \overline{/ F}$ Listen for increased breath sounds or observe decreased P / F P / F respiratory distress. Removed their gloves and disposed of them appropriately. P / F P / F P / F Documented the procedure on the appropriate medical form. P / F P / F **P** / **F**

Critica	d Criteria:		
l	Did not know that the needle to be used was a 14 gauge, 3.25 inch needle.		
	Did not recognize progressive respiratory distress as decompression.	s an indication for n	eedle
	Did not perform the needle decompression at the proper landmarks or on the same side as the chest injury.		
l	Did not secure the catheter hub to the chest wall.		
]	Performed the procedure in a manner that was dangerous to the casualty.		
Evaluator	's Comments:		
Student Na	ame:	Date:	
Evaluator:		Pass:	Fail: