



## Simple Thoracostomy Checklist

Refer to [Simple Thoracostomy Clinical Procedure](#) and [Trauma Care](#) and [Traumatic Arrest](#) COGs as needed.

### Simple Thoracostomy Checklist

- Ensure all equipment is readily available: Scalpel, Curved Kelly Forceps, Chlorhexidine Sponge, Permanent Marker, Chest Seals
- Position the patient.
  - Place the patient supine with their arm on the affected side abducted and rotated.
  - Place the patient's palm behind their head if possible.
- Identify site directly over 5<sup>th</sup> or 6<sup>th</sup> rib between anterior axillary and midaxillary lines.
  - See Figure 1. Simple Thoracostomy Placement below.
- Thoroughly cleanse the site.
- Incise the skin directly over the 5<sup>th</sup> or 6<sup>th</sup> rib to prevent over penetration.
  - The scalpel is only used for the incising the skin.
  - Make a 1-2 inch incision to the identified site and large enough to pass your gloved finger.
- Penetrate the pleural space with Kelly clamp.
  - Using a large, curved clamp in a cephalad direction, bluntly dissect the tissue beneath the skin, over the top of the rib.
  - Pass the curved clamp, in a controlled fashion, through the intercostal muscles to penetrate the pleural space.
- Allow expulsion of air and blood.
  - Open the clamp widely to allow the expulsion of air and blood.
  - Pull Kelly clamp out while spreading clamps.
- Confirm entry into the thoracic cavity.
  - Palpate the parietal pleura and the lung with one gloved finger to confirm placement in the thoracic cavity.
- Mark your incision and label "EMS"
- Place a vented chest seal over the incision, if there is ROSC or patient is transported
- If the patient experiences a cardiac arrest after ROSC:
  - Remove chest seal and re-insert gloved finger into the thoracic cavity to relieve tension.
  - Replace chest seal.

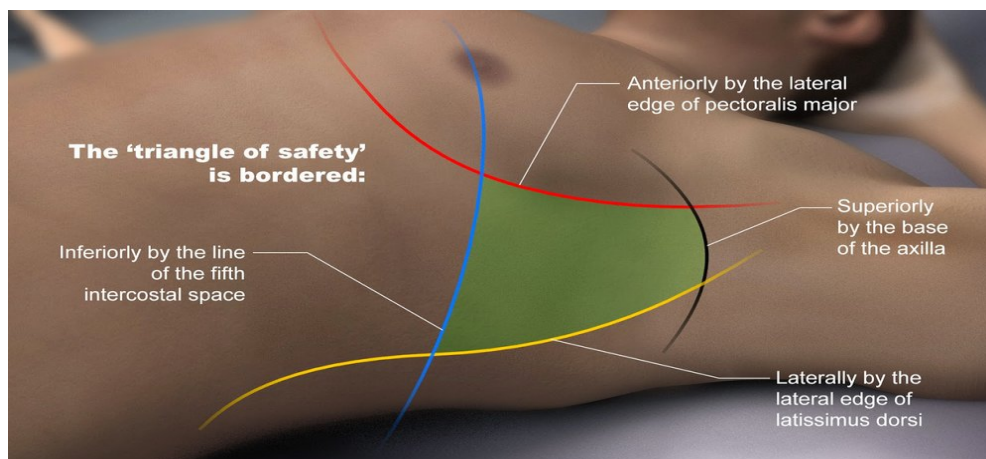


Figure 1. Simple Thoracostomy Placement