LUNG INJURY

The 3 Critical Diagnoses...

Other Common Pulmonary Pathologies

• Rib Fractures: Pain with inspiration causes patients to take shallow breaths. Treat with pain medications. Can progress to flail chest
• Small Pneumothorax: Can be worsened my intubation and mechanical ventilation, otherwise just treat with supportive care
• Pulmonary contusion: Treat with supportive care

Approach to Lung Injury

1) ATLS Primary Survey-Airway, Breathing: Look for lung injury= respiratory distress, hypoxic, tracheal deviation, bullet wound/stab wound, unequal breath sounds, etc.
2) If patient is crashing and in obvious respiratory distress \(\rightarrow\) Consider placing a chest tube
3) Get Imaging: Usually CXR or ultrasound to start. Best test is a CT chest with contrast, but only if the patient is stable (You don't want to do compressions in the CT scanner, so make sure their stable 1st!)

4) 3 Critical Diagnoses:
   1) Tension Pneumothorax: Air and pressure builds up between chest wall and lung \(\rightarrow\) Hypoxic, decreased preload. Treatment is Needle decompression, then chest tube.
   2) Open Pneumothorax: Prevents lung from expanding during inspiration. Treatment is 3-sided occlusive dressing and then a chest tube.
   3) Hemothorax: Blood fills up the lung cavity \(\rightarrow\) Hypoxia, decreased preload, hypotension. Treatment is a chest tube.

References
