CHEST AND ABDOMINAL INJURIES

Closed Chest Wounds
1) Rib Fracture (pneumothorax)
   - Result of Blunt trauma
   - Ribs 1-3 can be fatal because of underlying organs
2) Flail Chest
   - 2 or more ribs fractures or separated from sternal or spinal attachment
   - Could be a sternal fracture (dislocated sternum)
3) Stove Chest
   - Similar to stove chest but with all ribs

S&S
   - History
   - Point tenderness
   - Local Pain
   - Deformity
   - Shallow breathing, avoid coughing
   - Pain upon movement
   - Crackling sensation in skin if lung is punctures
   - Leaning towards injured side
   - Cyanosis, restlessness
   - May cough blood

Treatment
   ✓ Treat for shock
   ✓ Move injured side arm across chest to opposite shoulder
   ✓ Tie triangulars across chest to stabilize

Open Chest Wounds (Sucking Chest Wound)
- Chest wall has been penetrated (as by a knife, bullet or falling onto a sharp object)
- To avoid making injury worse, DO NOT remove object

S&S
   - Sucking sound as air passes through opening in chest wall
   - An open chest wound (Escaping Air)
   - Blood or blood stained bubbles may expel on exhalation
   - Coughing blood
   - Possible exit wound

Treatment
   ✓ ABC’s
   ✓ 3-sided seal over opening
   ✓ P.O.C. if conscious
   ✓ ¾ prone if unconce (injured side down and open patch side down)
   ✓ Oxygen
Abdominal Injuries (may be open or closed)

- Hollow organs may be ruptured or lacerated and spill their contents into abdominal cavity
- Can cause inflammation and infection
- Shock is evident

S&S

- Pain (use PQRST)
- Discoloration, redness, bruising
- Abrasions or external wound may show sight of injury
- Rigidity/Distension/Hardness
- Guarding or abdominal muscles
- Nausea and vomiting (usually)

Treatment

✓ ABC’s
✓ Deadly bleeding controlled
✓ P.O.C.
✓ Cover open wounds with moist, sterile dressing and bandages
✓ Treat for Shock
✓ Do not move organs if exposed
✓ Monitor vitals