NOR-CAL EMS	05-0916	Skills: Needle Thoracostomy

Nor-Cal EMS Policy & Procedure Manual	BLS/ALS Protocols
Effective Date: 10/01/2020	Next Revision: 10/01/2023
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

Authority: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Provider Name: Provider's Signature:	Cert #: Provider Agency:
Validator's Name: Validator's Signature:	Date:

PERFORMANCE CRITERIA	MET (Initials)	NOT MET (Initials)	COMMENTS
1. Uses universal precautions.			
2. States indications and contraindications of procedure.			
3. Assembles equipment: Betadine swab, tape, and Benzoin tincture: A. Adult: 12 - 16 g, 2 - 2 ½" over-the-needle catheter. B. Pediatric (less than 50 kg): 18 g, 1 - 1 ¼" over-the-needle catheter.			
4. Locates insertion site at the second intercostal space, mid- clavicular line or the fourth intercostal space at the midaxillary line.			
5. Firmly inserts the needle (attached to syringe) perpendicular to the chest wall, over the top of the rib until pleura is penetrated as indicated by one or more of the following: A. A "popping sound" is heard, or giving away sensation is felt. B. A "hissing" noise follows, evidence of a tension pneumothorax. C. Ability to aspirate free air or blood into the syringe.			
6. Advances the catheter and removes needle and syringe. Adds flutter or Heimlich Valve to prevent re-accumulation of air in the pleural space.			
7. Secures needle hub in place with tape over Benzoin or with other approved device.			
8. Reassesses patient lung sounds and respiratory status immediately and every five (5) minutes thereafter.			
9. Considers the following: A. The procedure may have to be repeated if the tension is not relieved. B. Air transport: The needle Thoracostomy should be done prior to takeoff to allow for escape of air that may accumulate in the pleural space with atmospheric pressure changes.			