



A. Introduction

Any injury to the thorax, neck, back, or upper abdomen that has a break to the integrity of the skin should be considered penetrating until proven otherwise.

B. Procedure

General Care

EMR/BLS

1. Cover the injury with an occlusive dressing large enough to overlap the wound edges.
2. If open wound to the chest, tape the occlusive dressing on three sides to provide a flutter valve effect on the front entrance wound. If other open wounds, tape the occlusive dressing on four sides.
3. Place a gauze dressing over the occlusive dressing and bandage in place.
4. Constantly reassess the patient for development of a tension pneumothorax. If a tension pneumothorax develops, raise the un-taped edge of dressing in an attempt to relieve the tension. If this does not relieve the tension then go to the Chest Decompression [Procedure 5](#)
5. If open wound to the neck, use sterile occlusive dressing covered by bulky dressing. Secure with roller bandage wrapped around the injured side of the neck and the uninjured (opposite) armpit.
6. If open wound to the abdomen or visible evisceration, use a moist sterile dressing. Cover the moist sterile dressing with an occlusive material (plastic package from multi-trauma dressing, aluminum foil, etc.). Secure the dressing in place using bandages or tape.
7. Impaled object should never be removed from the body unless they interfere with the performance of cardiopulmonary resuscitation (CPR). If an object must be removed to perform adequate CPR, pack the wound with gauze to tamponade the bleeding. Apply sterile dressings over the wound and around the impaled object. Stabilize the object with bulky dressings on all four sides. Bandage in place using sufficient pressure and bulk to control bleeding and stabilize the object without impeding circulation.