Indications:
- Traumatic Cardiac Arrest with known or suspected injury to chest and/or abdomen.

Contraindications:
- Any patient that has spontaneous cardiac output, including hypotensive patients.

Procedure:
1. Ensure patient is in the supine position.
2. IV access, Intubation & ventilation should be performed by other crew members and not delay the thoracostomy.
3. Cleanse the site with Chloraprep applicator or Iodine.
4. Using the scalpel, make a 1-2 inch incision along the line of the ribs in the 4th or 5th intercostal space at the midaxillary line. It is important not to extend or make incisions in or through the penetrating wounds when at all possible.
5. Use the scalpel for skin only, there after use blunt dissection to pass through the intercostal muscles.
6. Utilizing curved forceps, make a hole sufficient to push 1 finger into the pleural cavity. Be careful when you push, as there may be fractured ribs that are sharp.
7. Insert finger into pleural space.
8. Ensure the lung is palpated and, if possible, feel caudally for the diaphragm.

---

**WITHOUT ET TUBE**
9. Leave the soft tissues to fall back over the wound and act as a flap valve.
10. Circle each wound with a permanent marker and label them as “EMS” to assist with identification of incisions made by EMS in the event of autopsy or criminal investigation.
11. Repeat the finger insertion in the previous established simple thoracostomy if necessary.

**WITH ET TUBE**
10. Remove finger and pass the 8mm ET tube over the proximal end of the bougie and into the thoracic cavity.
11. Inflate cuff with 10ml syringe. Once inflated gently move ET tube outward until cuff rests against thoracic cavity.
12. Hold ET tube securely in place and remove the bougie allowing fluid to drain.
13. Clamp ET tube near proximal end with forceps. Clamp may be removed to allow for further draining.