



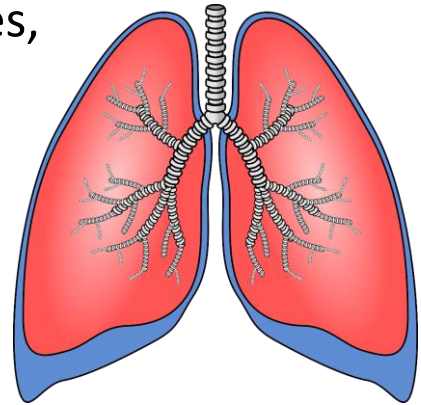
CHEST INJURIES

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OBJECTIVES

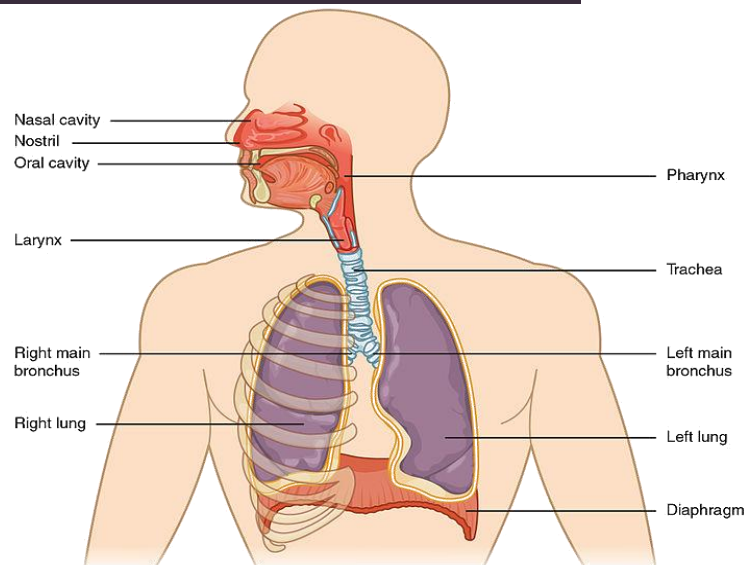
- Understand the anatomy of the chest and the structures involved in breathing
- Explain and understand rib fractures, pneumothorax and hemothorax
- Recognize the priority nursing interventions involved in treating chest injuries



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THE CHEST

- **Upper Respiratory Tract:** Nose, sinuses, pharynx, larynx and epiglottis
- **Lower Respiratory Tract:** Trachea, bronchi, bronchioles, alveoli and lungs
- **Accessory Muscles**
- **Diaphragm**
- **Ribcage**

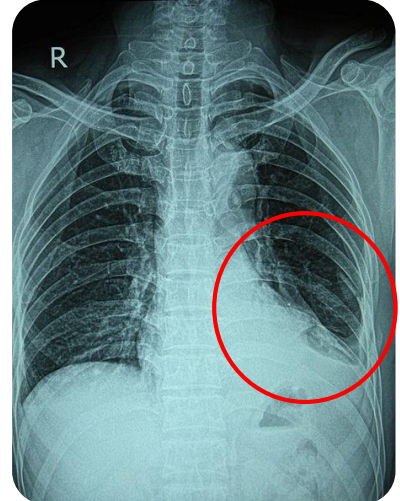


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RIB FRACTURE

- Most common injury to the chest wall
- Typically due to blunt trauma to the chest
- Manifestations of a rib fracture include pain (especially during inspiration/coughing) and bruising at the site of injury
- Often resolve spontaneously and the main focus is pain management (NSAIDs and analgesics) to allow for effective breathing
- Diagnosis confirmed via chest x-ray



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RIB FRACTURE

- Flail chest (free-floating section of chest wall) can occur if multiple consecutive ribs are fractured
- Displaced fractured ribs can penetrate the pleura and result in a pneumothorax or hemothorax

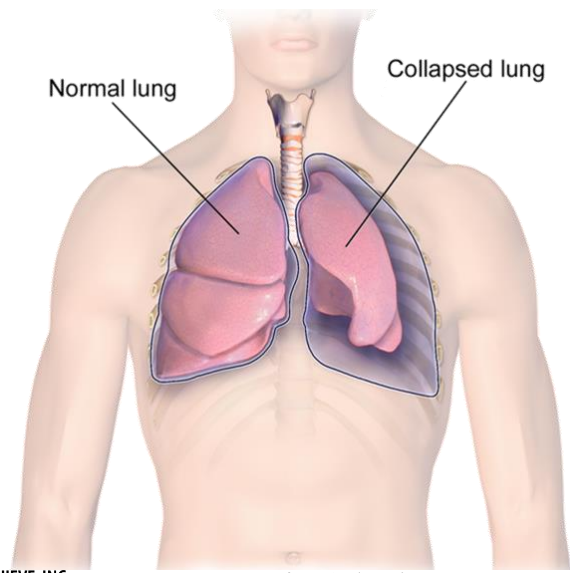


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PNEUMOTHORAX

- Occurs when air accumulates in the pleural space
- Can occur due to trauma, lung disease, or spontaneously
- Various types of pneumothorax
- Diagnosis via chest x-ray



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PNEUMOTHORAX

Pneumothorax

Open

(Sucking Chest Wound)

- Result of penetrating trauma or impalement
- Chest cavity exposed to outside air
- Significant hypoventilation as lung collapses

Closed

- Chest wall is intact, no communication between chest cavity and outside air
- Caused by an existing lung injury (e.g. cancer)

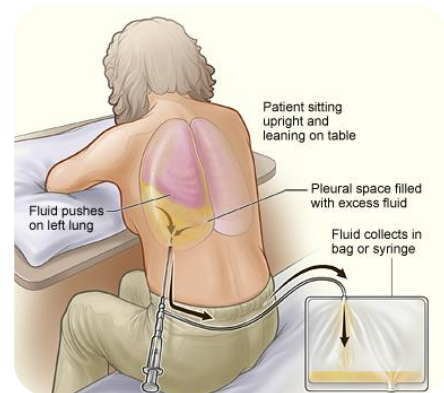
Tension

- Air enters and gets trapped in pleural space
- Increased pressure causes compression of the lung, heart, and mediastinum

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PNEUMOTHORAX

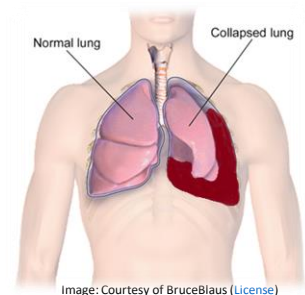
- Chest tubes with drainage typically used to allow lungs to re-expand
- Thoracentesis can be used to remove fluid in the pleural space
- Invasive interventions not needed when patient is stable with minimal air/fluid accumulation; provide supportive measures as the condition resolves spontaneously



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HEMOTHORAX

- Blood in the pleural space
- Occurs due to trauma, invasive procedures, or underlying conditions
- Causes dyspnea, dullness to percussion, decreased hemoglobin and may cause shock
- Diagnosis through lab tests (e.g. hemoglobin, arterial blood gases), chest x-ray, and signs and symptoms
- Thoracentesis or thoracotomy with chest tube drainage to remove blood and relieve pressure in pleural space
- Empyema: purulent fluid in the pleural space



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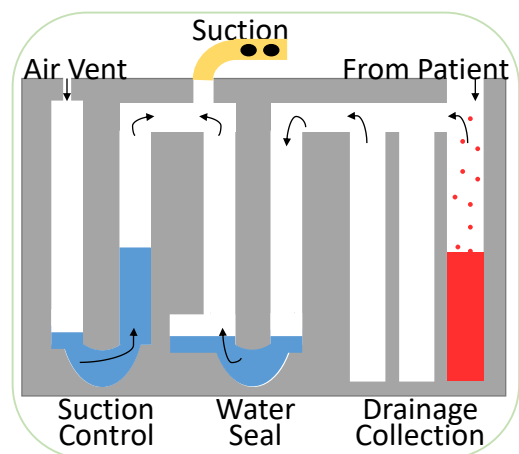
CHEST TUBE DRAINAGE

- Chest tubes are surgically placed and air-tight dressings are used to cover the puncture wounds
- Proper tube placement is confirmed by chest x-ray
- A water seal drainage system is often used to prevent air/fluid from moving back into the chest cavity
- Typically not emptied unless it is full to prevent risks of contamination or malfunction
- The system has three chambers for drainage collection, water seal and suction control

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CHEST TUBE DRAINAGE

- Fluid and air collected from the patient enters the chamber
- Air moves into the water seal and causes intermittent bubbling
- Continuous bubbling indicates an air leak (physician should be notified)
- The system is connected to external suction (e.g. on the wall)

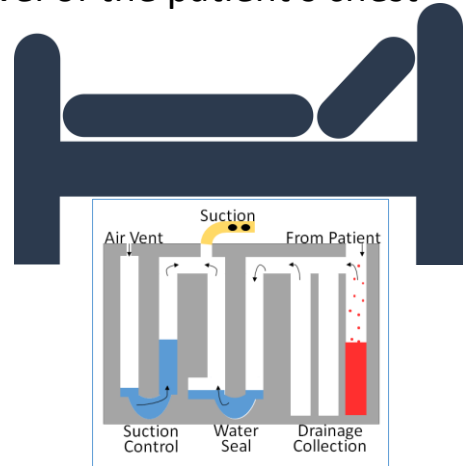


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CHEST TUBE DRAINAGE

Management of the Drainage System

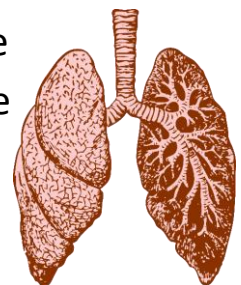
- Keep the drainage system below the level of the patient's chest
- Ensure all tubes are connected and check patency of the tubes
- Check the water level and check for bubbling (should be intermittent)
- Check and document the color, characteristics and amount of fluid
- Monitor patient status and manage pain from puncture wounds



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SUMMARY

- Rib fractures are the most common chest injury and typically resolve on their own with pain management interventions
- Pneumothorax occurs when air enters the pleural space and can be classified as an open (sucking chest wound), closed or tension pneumothorax
- Hemothorax occurs when blood enters the pleural space
- The priority nursing intervention is to maintain adequate respiratory function and cardiac output
- Interventions typically include chest tube drainage and thoracentesis or thoracotomy



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