



## Emergency Medical Technician Psychomotor Examination

### Penetrating Chest Injury

Attempt:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

	PASS / FAIL
Demonstrates covering chest wound with gloved hand	
Candidate chooses occlusive dressing or commercial chest seal	
<b>OCCCLUSIVE DRESSING</b>	
Prepares appropriate petroleum gel-impregnated gauze occlusive dressing	
Ensures occlusive dressing covers entirety of wound	
Places dressing on sucking chest wound	
Demonstrate securing dressing on three sides	
<b>HYFIN VENTED CHEST SEAL</b>	
Demonstrate placing seal centered with vent over wound	
Firmly press onto the skin to ensure a smooth seal	
Ensures all venting channels are patent	

*You must factually document your rationale for checking any of the above critical items on this form.*


**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION**

## Performance Objectives

Demonstrate competency in applying a dressing to an open chest wall injury.

Demonstrate competency in managing an impaled object.

## Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items
- Adult or pediatric manikin; full-sized or torso
- Moulage – open wound and impaled object
- Occlusive dressings and vented chest seals
- Bandaging materials
- Bulky dressing
- 2-inch tape
- Trauma shears

## Key Concepts

- **Personal protective equipment**
  - Gloves, goggles, gown
- **Occlusive dressing**
  - Tape on 3 sides
- **Vented chest seal**
  - Wipe dirt/ fluids from the skin with gauze
  - Place dressing on the patient, adhesive side down, and centered over the wound
- **Pneumothorax**
  - A hole larger than the size of the patient's pinky fingernail is large enough to allow air to flow through the chest wall and into the pleural space.
  - As air accumulates, the lung begins to collapse decreasing ventilation and gas exchange
- **Tension Pneumothorax - Critical**
  - A tension pneumothorax with additional air entering through the chest wall that exerts pressure on the heart and vena cava decreasing cardiac output
  - Signs and symptoms:
    - Clinical suspicion of pneumothorax (trauma, dyspnea, chest pain)
    - Signs of hypoperfusion and/or systolic blood pressure of less than 90mmHg (adults) be below the minimum systolic blood pressure for respective age in Handtevy (pediatrics)
    - Absent or significantly decreased breath sounds on the affected side
    - Jugular vein distension is a late sign (may not be present if blood volume is low)
    - Tracheal deviation is a very late sign