

JTTS CLINICAL PRACTICE GUIDELINES FOR EMT THORACOTOMY

1. REFERENCES.

- a. Moore EE, Feliciano DV, Mattox KL eds: TRAUMA, 5th Edition, 2004
- b. Emergency War Surgery, Third United States Revision, 2004
- c. Peitzman, et al: The Trauma Manual, 2nd edition, 2002
- d. American College of Surgeons

2. **PURPOSE.** The purpose of this clinical practice guideline is to establish guidance for indications for performance of lifesaving resuscitative thoracotomy in the EMT. These recommendations are guidelines only and are not a substitute for clinical judgment.

3. **APPLICABILITY.** This memorandum applies to personnel assigned or attached to OIF intra-theatre medical facilities who are involved in the management of patients.

4. BACKGROUND.

- a. According to the Emergency War Surgery manual, resuscitative thoracotomy on the battlefield is only indicated in penetrating chest injury in extremis or with recent loss of vital signs. These patients are generally unsalvageable, even with unlimited resources and no other significant casualties. If performed, a rapid assessment of injuries should be made, and in the case of unsalvageable injuries, the procedure should be immediately terminated.
- b. Subxiphoid pericardial window should not be attempted in an unstable patient. Unstable patients with penetrating injuries suspicious for cardiac injury should undergo immediate median sternotomy/thoracotomy.

5. RESPONSIBILITIES.

a. All Health Care Providers will:

- (1) Become familiar with the guidelines for performance of EMT thoracotomy (see Appendix A).
- (2) Provide feedback on these guidelines and suggestions for changes to the CPG to the JTTS.

b. The Chief, Surg/Med at each Level III facility will:

- (1) Coordinate with the Theatre Trauma Coordinator on the appropriateness of the guidelines being used and provide input for updates on an as needed basis.

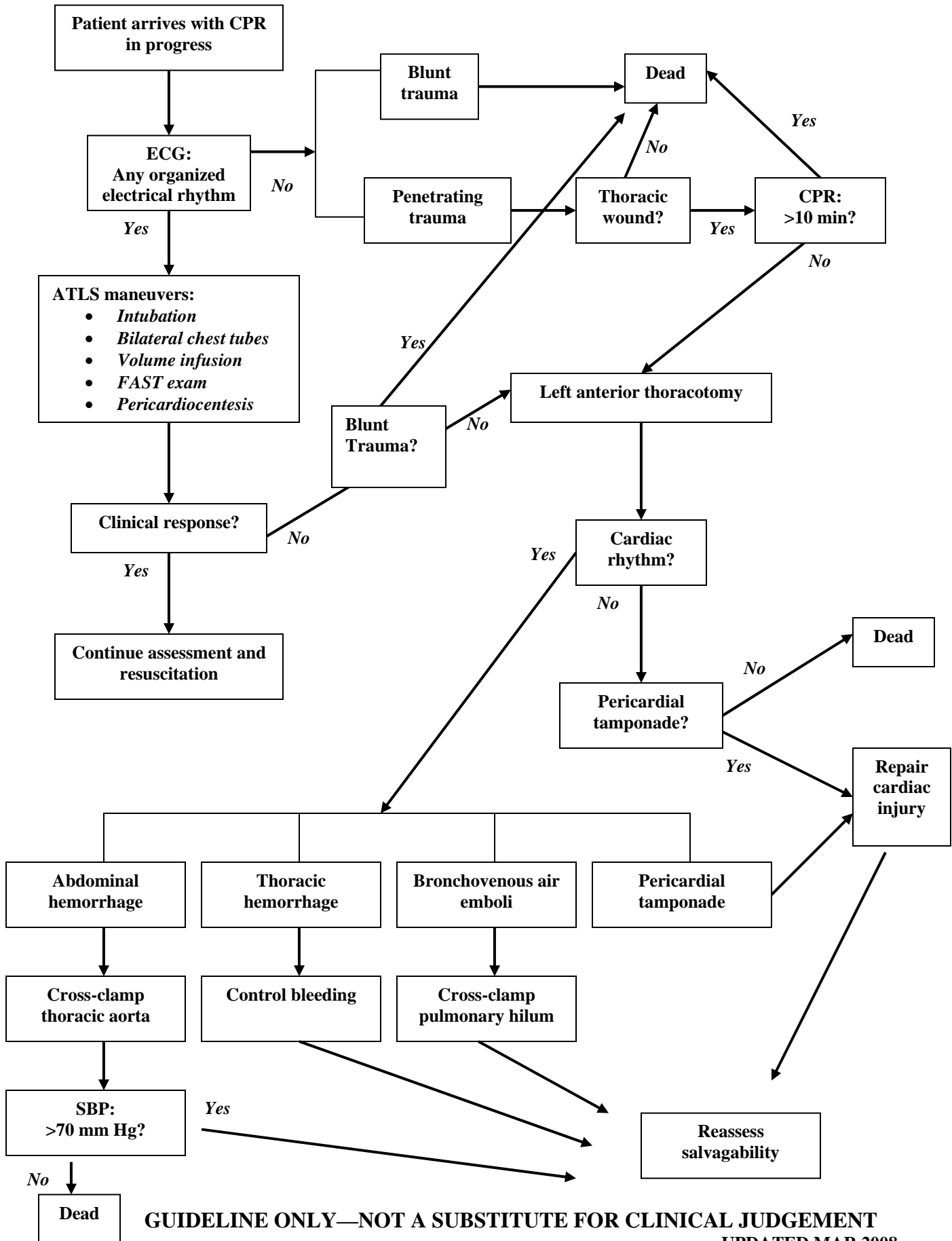
c. The Theater Trauma Coordinator will:

- (1) Be the subject matter expert on the guidelines to be used in the entire OIF theatre for performance of EMT thoracotomy
- (2) Update the guidelines on an as-needed basis.

6. **PROPONENT.** The proponent for these guidelines is the CentCom JTTS.

APPROVED:
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