## Case Study 35: Emergency Nursing – Chest Trauma

You are the trauma nurse working in the emergency department (ED) of a busy tertiary care facility. You receive a call from the paramedics that they are en route with the victim of gunshot wounds to the chest and abdomen. Perpetrators shot the 32-year-old man during a convenience store robbery. The victim was a customer; the clerk died at the scene. They started 2 16-gauge IVlines with lactated Ringer's solution and oxygen by nonrebreather mask at 15 L/min. The patienthas a sucking chest wound on the left and a wound in the right upper quadrant of the abdomen.

Vital signs in the field are 90/46, 140, and 42. The paramedics state they are having difficulty ventilating the patient, who is diaphoretic, very pale, and lethargic. The estimated time of arrival is 4 minutes.

I. To help determine the extent of the patient's injuries, the most important question the nurseneeds to ask the paramedics is a. "How long ago was the patient shot?" b. "Do you have the weapon that was used?" c. "What was the reason this incident occurred?" d. "Where are the assumed entry and exit wounds?"

Describe a sucking chest wound. Air can enter the pleural space through the chest wall during inspiration due to a penetrating chest wound

- 3. What are the classic assessment findings associated with a sucking chest wound?
  - Respiratory: Dyspnea, respiratory distress; cough with or without hemoptysis; cyanosisof mouth, face, nail beds, mucous membranes; tracheal deviation, audible air escaping from chest wound; decreased breath sounds; frothy secretions.

# **Emergency Nursing A Case Study Approach**

Judith Ord Patrizzi, Maria K. Tackett

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