

# Penetrating Chest Injury / Sucking Chest Wound Treatment Guidance



## Introduction

Following queries from Approved Training Centres (ATC) regarding the treatment of a penetrating chest injury / sucking chest wound, STA has produced the following guidance to support tutors and learners in how to perform the procedure.

Expert opinion recommends leaving the wound open and NOT covering it with an airtight dressing or even a dressing 'tapped on 3 sides.' This is because many dressings inadvertently become occlusive. First aiders should leave the wound open to fresh air, so not covering the wound with a dressing but apply direct pressure to stop the bleeding without blocking the hole.

## Treatment

999 / 112 should be contacted for further medical assistance.

If the casualty is unconscious, the first aider should open the airway and check for breathing, performing CPR if necessary. If the casualty is unconscious and breathing, they can be placed in the recovery position with the injured side lowest to the floor, as this may help protect the uninjured lung.

If the casualty is conscious, they can be sat upright leaning towards the injured side, to help with breathing.

The wound should be left open to fresh air if possible, to allow air to escape to prevent tension pneumothorax. Therefore, the first aider should not cover the wound with a dressing. If the wound is bleeding, direct pressure should be applied **around** the wound without blocking the hole. This can be done by the first aider using their fingers to seal the edge of the wound and applying pressure, this way they are not covering the hole.