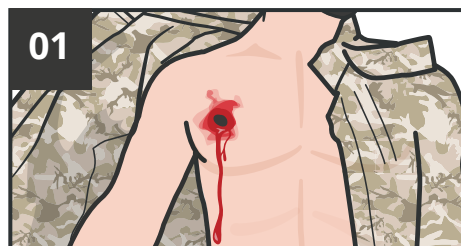


CHEST SEAL



01
EXPOSE and uncover any chest wounds.



02
PLACE hand or back of hand over open chest wound to create a temporary seal.



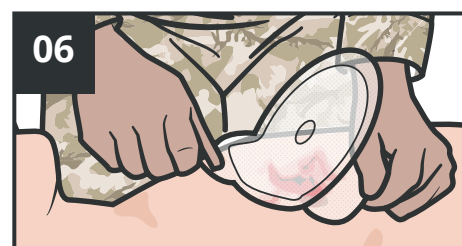
03
Fully **OPEN** the outer wrapper of the commercial chest seal or other airtight material.



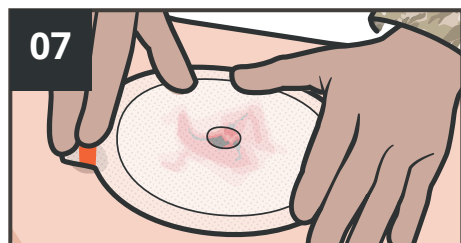
04
REMOVE gauze from chest seal package to wipe away any dirt, blood, or other fluid.



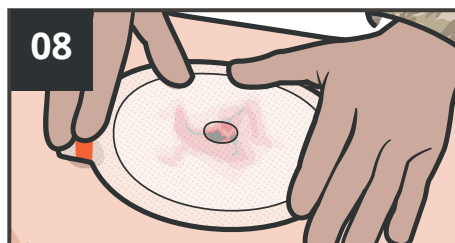
05
PEEL OFF the protective liner, exposing the adhesive portion of the seal.



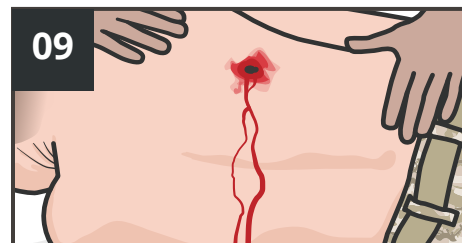
06
PLACE adhesive side directly over hole as casualty exhales, pressing firmly to seal.



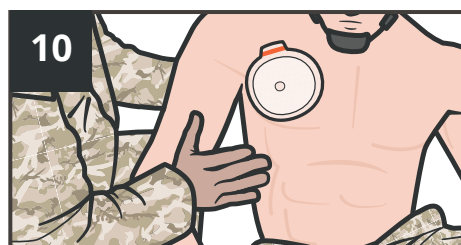
07
ENSURE the adhesive (sticky) surface of the chest seal is adhering to the skin.



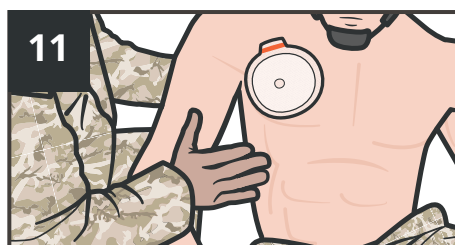
08
ASSESS the effectiveness of the vented chest seal when the casualty breathes.



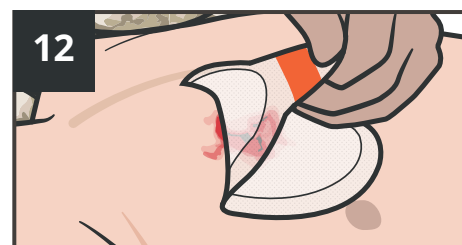
09
ROLL the casualty looking for additional open wounds (chest, under the arms, and back).



10
PLACE conscious casualty into a sitting position or an unconscious casualty in the recovery position (with their injured side down).



11
MONITOR for signs of a tension pneumothorax.



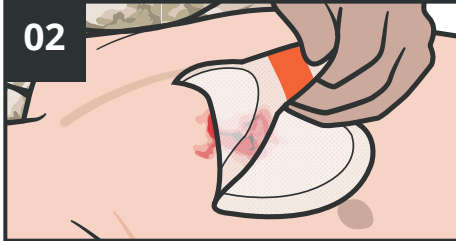
If signs of a tension pneumothorax develop, **LIFT** one edge of the seal and allow the tension to decompress ("burping" the seal), then **PRESS** chest seal down firmly to recreate the seal.

13 If signs of a tension pneumothorax persist despite burping the seal, **PERFORM** a needle decompression of the chest (see Needle Decompression of the Chest Instruction).

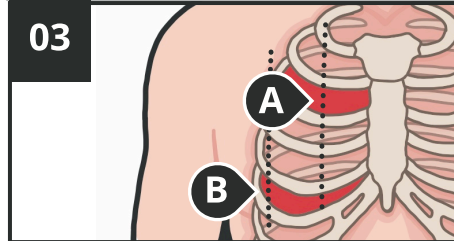
14 **DOCUMENT** all findings and treatments on the DD Form 1380 TCCC Casualty Card and attach it to the casualty.

NEEDLE DECOMPRESSION OF THE CHEST (NDC)

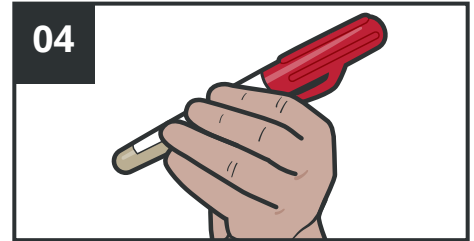
01 **ASSESS** the casualty for signs of suspected tension pneumothorax.



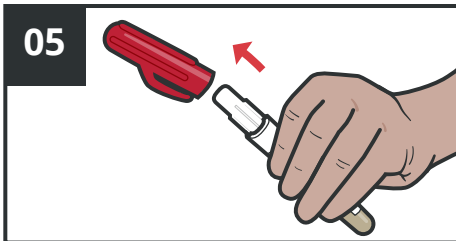
If a chest seal was previously applied, **BURP** or **REPLACE** the chest seal (if improperly applied).



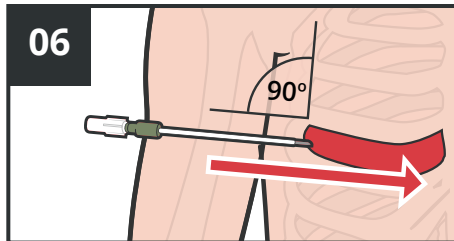
03 **IDENTIFY** the site for needle insertion.



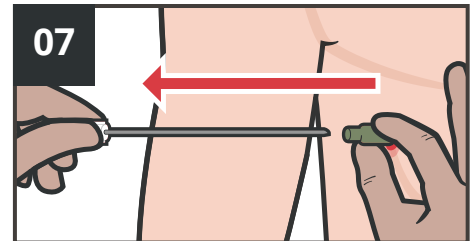
04 **USE** appropriate needle catheter (either 10 or 14 gauge, 3¼ inches).
NOTE: If available, use antiseptic solution or a pad to clean the site.



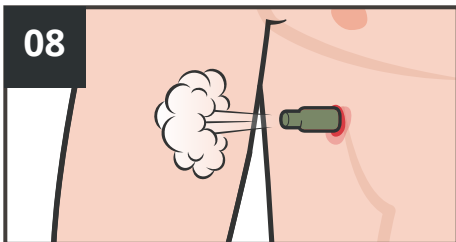
05 **REMOVE** the Luer lock cap from the needle catheter (if applicable).



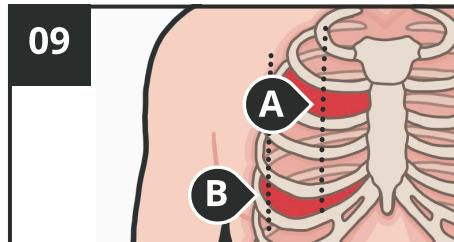
06 **INSERT** needle just over top of lower rib at insertion site, at a 90-degree angle to the curvature of the chest, and not the ground.



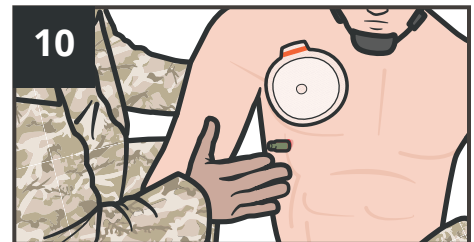
07 **LEAVE** in place for 5–10 sec before removing the needle, leaving the catheter in place.



08 **ASSESS** for successful needle decompression.
NOTE: You should hear air escaping the chest. Respiratory distress improves.



09 If the NDC is not helpful, **PERFORM** another NDC using a new needle on the second site, same side.



10 **PLACE** the casualty in the sitting position or recovery position with injured side down.

11 Continue to **REASSESS** the casualty for reoccurrence of progressive respiratory distress.

12 If the initial NDC was successful, but symptoms later recur, then **PERFORM** another NDC at the same site that was used previously. Use a new needle/catheter unit for the repeat NDC.

13 If the second NDC is also not successful, then continue onto the Circulation section of the MARCH (Massive bleeding, Airway, Respiration, Circulation, Hypothermia/Head) sequence.

14 **DOCUMENT** all findings and treatments on the DD Form 1380 TCCC Casualty Card.