CODE READY

Tension Pneumothorax

A clinical diagnosis that kills in minutes. Do not wait for X-ray. Needle decompression buys time; a chest drain (or referral for one) is the definitive treatment.

1. RECOGNISE (CLINICAL DIAGNOSIS)

- [ ] **Severe respiratory distress with falling SpO2 despite oxygen**
- [ ] **Absent breath sounds and hyper-resonance on the affected side**
- [ ] **Distended neck veins; tracheal deviation AWAY from the affected side (late sign)**
- [ ] **Hypotension and tachycardia from obstructed venous return**
- [ ] **Do NOT send for X-ray — treat on clinical suspicion**

2. NEEDLE DECOMPRESSION

- [ ] **Large-bore cannula, 14-16G, the longest available**
- [ ] **Site: 2nd intercostal space, midclavicular line, affected side**
  Alternative: 5th intercostal space, midaxillary line
- [ ] **Insert just ABOVE the 3rd rib to avoid the vessels under each rib**
  A hiss of air confirms the diagnosis
- [ ] **Remove the needle, leave the cannula open to air, secure it**
- [ ] **Reassess breathing and circulation immediately**

3. AFTER DECOMPRESSION

- [ ] **High-flow oxygen 15 L/min**
- [ ] **Chest drain (5th intercostal space, midaxillary line) if trained and equipped, or urgent referral**
- [ ] **If tension recurs, repeat decompression with a fresh cannula — the first often blocks or kinks**
- [ ] **IV access, analgesia, treat other injuries**
- [ ] **Refer with clear documentation of site, time and response**