

# Chest injuries

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## Rationale

Chest injuries are potentially life threatening. Injury to the chest may be blunt or penetrating.

## Causal Conditions

(list not exhaustive)

- Blunt trauma (e.g., blast injuries, deceleration injuries)
- Penetrating trauma (e.g., stabbing, shooting)

## Key Objectives

Given a patient with a chest injury, the candidate will diagnose the cause, severity and complications, and initiate an appropriate management plan. Since such patients frequently present in shock and/or respiratory distress, particular attention should be paid to prompt resuscitation and stabilization of the patient.

## Enabling Objectives

Given a patient with chest injury, the candidate will

- list and interpret critical clinical findings, including
  - a. the mechanism of injury;
  - b. the signs of injury;
  - c. the identification of signs and symptoms of common life-threatening chest injuries (e.g., aortic rupture, pericardial tamponade, tension pneumothorax, massive hemothorax);
- construct an effective initial management plan, including

- a. initiate resuscitation of the injured patient and assess the patient's response to resuscitation;
- b. recognize the indications for urgent intervention;
- list and interpret critical investigations (e.g., imaging, electrocardiography), while keeping in mind that such tests should be deferred until the patient is stabilized.