

POLICY: 554.23
TITLE: Tension Pneumothorax

EFFECTIVE: 9/1/2026
REVIEW: 8/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 1

TENSION PNEUMOTHORAX

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
Physical signs may include: decreased breath sounds, increased resonance on the side of collapsed lung, tracheal deviation, asymmetrical chest motion and crepitus.

**Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required**

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts. Ventilate with 100% oxygen.	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor.					X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
NEEDLE THORACOSTOMY: on affected side(s) between 2 nd & 3 rd intercostal space midclavicular line, OR between 4 th & 5 th intercostal space midaxillary line. Place catheter just above the rib to avoid the intercostal artery. Place approved chest seal over or one-way valve on the catheter. Repeat if suspected catheter occlusion.					X	
ADVANCED BLS AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	X	
ADVANCED ALS AIRWAY: if GCS is < 8 and not rapidly improving, consider ETI.					X	
VASCULAR ACCESS: P - IV/IO, AEMT - IV only, rate as indicated.				X	X	
ASSESSMENT: continue to monitor for signs of recurrence of tension pneumothorax.	X	X	X	X	X	