

# MWLC EMSS Skills Sheet

## Needle Thoracostomy

|       |                          |                |                        |
|-------|--------------------------|----------------|------------------------|
| Name: | 1 <sup>st</sup> attempt: | Meets Standard | Does not meet standard |
| Date: | 2 <sup>nd</sup> attempt: | Meets Standard | Does not meet standard |

**Instructions:** The purpose of this skills sheet is to outline the requirements for performing a Needle Thoracostomy.  
**Required items to meet standards are indicated with an asterisk.**

| Performance standard                                                                                                                                                                            |                               |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| NP=Step not performed.<br>0=Does not meet standard. Unsuccessful; critical or excess prompting; improper technique.<br>1=Meets Standard. Successful; minimal to no prompting; proper technique. | <b>1<sup>st</sup> attempt</b> | <b>2<sup>nd</sup> attempt</b> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| * BSI: Gloves & Eye Protection. (minimum required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| <b>*Indications for procedure/Signs &amp; Symptoms of a tension pneumothorax</b><br><input type="checkbox"/> *Unilateral absence of breath sounds <input type="checkbox"/> *SBP < 90<br><input type="checkbox"/> Severe dyspnea <input type="checkbox"/> JVD<br><input type="checkbox"/> Asymmetric chest expansion <input type="checkbox"/> Pleuritic chest pain<br><input type="checkbox"/> Hyperresonance to percussion on affected side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>*Contraindications for procedure</b><br><input type="checkbox"/> <input type="checkbox"/> SBP > 90 <input type="checkbox"/> Simple pneumothorax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| <b>*Prepare and assemble equipment</b><br><input type="checkbox"/> 10 gauge; 3" needle <input type="checkbox"/> 10 mL syringe <input type="checkbox"/> CHG/IPA prep<br><input type="checkbox"/> Attach 10 mL syringe to end of IV catheter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| <b>*Procedure:</b><br><input type="checkbox"/> <b>Locate and</b> identify landmarks: 2 <sup>nd</sup> -3 <sup>rd</sup> intercostal space in midclavicular line on affected side<br><input type="checkbox"/> Cleanse skin with CHG/IPA prep<br><input type="checkbox"/> Insert needle at a 90° angle to chest wall over superior border of 3 <sup>rd</sup> or 4 <sup>th</sup> rib<br><input type="checkbox"/> Listen for "pop" as needle penetrates pleural space; observe plunger move in syringe<br><input type="checkbox"/> Assess radial pulses and ventilatory status for improvement<br><input type="checkbox"/> Advance catheter over needle into chest up to hub; remove needle – prevent catheter kinking<br><input type="checkbox"/> Immediately place needle in a sharps container<br><input type="checkbox"/> Reassess patient to determine need for a second needle placement<br><input type="checkbox"/> Transport patient to a Level I trauma center if ground transport time ≤ 30 min |  |  |
| Verbalizes at least 2 <b>complications</b> associated w/ this procedure<br><input type="checkbox"/> Hemothorax: Inadvertent puncture of costal vessels<br><input type="checkbox"/> Pneumothorax if not pre-existing<br><input type="checkbox"/> Sub-q emphysema<br><input type="checkbox"/> Prolonged pain from injury to intercostal nerves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |

**Evaluator name, signature, comments:**