Advanced Practice Protocol for Management of Blunt Cardiac Injury

In accordance with the Division of Trauma Practice Guidelines Manual and the Practice Guidelines for Acute Care Nurse Practitioners

I. Definition
   A. Blunt cardiac injury can result from any mechanism involving a blow to the chest.

II. Subjective Data
   A. Mechanism of injury
   B. Onset
   C. Mental Status
   D. Prior history of blunt cardiac injury
   E. Current medication history
   F. Related symptom’s (SOB, difficulty breathing, chest pain, LOC)

III. Objective Data
   A. Vital signs including hemodynamics if available
   B. Current medications
   C. Lab values including electrolytes, PCV, ABG
   D. Physical Exam

IV. Assessment
   A. Differential Diagnoses:
      1. Cardiac injury
      2. Aortic injury
      3. Tracheal injury
      4. Pulmonary contusion
      5. Pneumothorax
      6. Tension pneumothorax
      7. Hemothorax
      8. Rib fracture(s)
      9. Flail chest
      10. Sternal fracture

V. Plan
   A. Chest trauma with no symptoms
      1. No intervention
   B. Chest trauma with pump failure
      1. ICU bed
      2. Consult Fellow/Attending for PAC placement and/or ECHO (prefer TEE)
   C. Chest trauma with dysrhythmias or abnormal ECG in ED
      1. Monitored bed
      2. Observe for ectopy
a. No ectopy after 24 hours, then discontinue monitor
b. IF ectopy
   1) Notify Fellow or Attending
   2) ACLS dysrhythmia protocol
   3) ECHO (prefer TEE)

References:
1. Division of Trauma Practice Guideline Manual.