

* Signs of respiratory distress: tachypnea, tachycardia, hypoxia, cyanosis, dyspnea, use of accessory muscles

Thoracic Disorders

	Pneumothorax	Hemothorax	Tension Pneumothorax	Pleural effusion
Patho	air or gas in pleural space d/t hole in the chest wall or diaphragm. leads to lung collapse	blood in pleural space d/t traumatic injuries and surgeries.	air leaks into pleural space and cannot escape causing ↑ pressure and ↓ cardiac output. d/t trauma or high pressures from mechanical ventilation.	fluid in pleural space most commonly d/t CHF, pneumonia, malignancy, PE.
S/S	pleuritic pain, anxiety signs of respiratory distress* cough referred pain to shoulder/back reduced/absent breath sounds ↓ fremitus absent egophany on that side absent bronchophony asymmetrical chest wall <u>hyperresonance on percussion</u> subQ emphysema cyanosis (late sign)	pleuritic pain, anxiety signs of respiratory distress reduced/absent breath sounds asymmetrical chest wall <u>dull percussion</u> subQ emphysema	pleuritic pain, anxiety signs of respiratory distress reduced/absent breath sounds asymmetrical chest wall <u>mediastinal shift</u> <u>tracheal deviation</u> <u>JVD</u>	chest pain (constant or pleuritic) signs of respiratory distress nonprod. or purulent cough <u>hemoptysis</u> decreased/absent BS dullness to percussion ↓ tactile fremitus egophany, <u>pleural friction rub</u> asymmetric chest wall movement mediastinal shift if > 1000 mL w/empyema: fever, malaise, wt loss
Key tests	CXR, ABG, CBC	CXR, ABG, CBC thoracentesis	CXR, ABG, CBC	CXR, US or CT thoracentesis to assess fluid
Tx	-treat underlying condition -100% O ₂ -pleurodesis in recurrent cases -chest tube or 3-sided dsng -VAT w/pleurodesis	-treat underlying problem -O ₂ -chest tube -thoracotomy -VAT	-chest tube STAT -O ₂	-treat underlying cause (if CHF give diuretics, if pneumonia give Abx, if inflammatory give steroids) -chest tube -thoracentesis to remove fluid -pleurodesis
Nursing care	-BR while tube in place (?) -serial CXR and ABGs -monitor chest tube system -resp. assessment, VS, pain -encourage IS -ROM -monitor S/S of tens. pneumo	-monitor amount/quality drainage -serial CXR and ABGs -monitor chest tube system -resp. assessment, VS, pain -assess dressing -encourage use of IS -ROM, ambulation as ordered	-serial CXR and ABGs -monitor cardiac status -monitor chest tube system -resp. assessment, VS, pain -encourage use of IS -ROM, ambulation as ordered	-monitor amount/quality drainage -monitor chest tube system -respiratory assessment, VS, pain -assess dressing -encourage use of IS -ROM, ambulation as ordered

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