

EXHALE ACADEMY CSE CHEAT SHEET #11

PNEUMOTHORAX VS HEMOTHORAX

PNEUMOTHORAX

Air in pleural space. Often sudden distress and unilateral findings.

- Sudden dyspnea and chest pain.
- Decreased/absent breath sounds on affected side.
- Hyperresonant percussion.
- Trachea may shift away in large/tension pneumo.
- CXR: hyperlucency and absent vascular markings.

HEMOTHORAX

Blood in pleural space, usually after trauma.

- Chest pain, dyspnea, tachypnea.
- Decreased/absent breath sounds on affected side.
- Dull or flat percussion.
- CXR: increased density/opacity.
- CBC may show decreased Hb/Hct from bleeding.

TREATMENT

- Give oxygen for hypoxemia/distress.
- Chest tube for pneumothorax or hemothorax.
- Needle decompression if tension pneumothorax with instability.
- Ventilate with PEEP if ventilatory failure.
- After chest tube, use lung expansion therapy when appropriate.

TENSION PNEUMO CLUES

- Severe distress plus hypotension/bradycardia.
- Tracheal shift away from affected side.
- Absent breath sounds and hyperresonance.
- Sudden high airway pressure on ventilator.
- Do not wait for chest x-ray if crashing.

MEMORY TABLE

- Air = hyperresonant = pneumothorax.
- Blood/fluid = dull = hemothorax.
- Both can reduce breath sounds.
- Both may need chest tube.

EXHALE MEMORY LINE

Air rings loud. Blood sounds dull. Tension pneumo is treat first, image later.