

ED thoracotomy checklist

1. Draw incision line on chest from left axilla to right along 4th or 5th IC space
2. Perform bilateral incisions approx 4cm long and dissect down through pleura in order to release/exclude tension pneumothorax (same as chest drain incisions)
3. Rapid final pulse check if significant pneumothorax identified
4. Join incisions with scalpel.
5. Rapidly divide intercostal muscles (either with finger or scissors)
6. Pass long clamp under the sternum, pick up one end of Gigli saw and pull back under sternum.
7. Attach Gigli saw and cut through sternum. Keep wire almost horizontal if it becomes stuck.
8. Open chest – consider extending incision higher into axillae if unable to open far enough.
9. Pick up pericardial sac with forceps and make large vertical incision down the centre.
10. Push pericardial sac behind heart (careful not to pull the heart forwards)
11. Identify bleeding point if possible. Control bleeding using gentle direct digital pressure/ horizontal mattress suture (e.g. size 1 silk)/ skin staple.
12. Use 2-handed cardiac massage if needed.
13. If major abdo/pelvic haemorrhage suspected, press hand over aorta (inferior and posterior to heart) to compress against spine (do not try to formally dissect out or identify aorta – often very difficult)
14. If VF, consider internal paddles, or close chest and defibrillate at usual
15. Do not try to replace pericardial sac.

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