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### Chest Trauma: Not All It's CRACKED Up to Be!

Dr. Rabrich will discuss current management of common traumatic thoracic injuries including both blunt and penetrating trauma. Basic thoracic anatomy will be reviewed as it relates to specific injuries through the use of intra-operative photos and video. Current controversies regarding fluid and blood product use will be discussed as well.

Dr. Jeffrey Rabrich has been involved in EMS for over 20 years. Dr. Rabrich started his career in EMS as a volunteer EMT in Rockland County, NY and has worked as an EMT, Paramedic, and flight medic. Dr. Rabrich has worked as a field paramedic in the NYC EMS system as well as Rockland County with Rockland Paramedic Services. Dr. Rabrich is a graduate of the New York College of Osteopathic Medicine, and completed a residency in Emergency Medicine at St. Lukes Roosevelt Hospital in Manhattan.

After attending this session, the learner will be able to:

1. Gain an understanding of thoracic anatomy as relates to kinematics of trauma
2. Identify correct treatment strategies for managing thoracic trauma
3. Discuss the role of fluid administration in both blunt and penetrating trauma.

Outline:

1. Basic thoracic anatomy review
  - a. Cardiac and mediastinum
  - b. Lungs
  - c. Chest wall structures
2. Blunt injury
  - a. Rib fx and chest wall contusions
  - b. Flail chest
  - c. Closed pneumothorax
  - d. Closed hemothorax
  - e. Cardiac contusion
  - f. Traumatic aortic dissection
  - g. Traumatic asphyxia
3. Penetrating Trauma
  - a. Open pneumothorax
  - b. Open hemothorax
    - i. Cardiac laceration (stab wounds, gunshot wounds)
  - c. Laceration of great vessels
4. Management principles
  - a. BLS
  - b. ALS (fluids, airway, analgesia)
5. Transport considerations
  - a. Aeromedical
  - b. Destination decisions
6. Question and answer period