



Hemothorax

A

Cardiopulmonary Status

Hemodynamically/Physiologically Abnormal attributed to the hemothorax

Hemodynamically/Physiologically Normal

B

D
Finger thoracostomy; Standard chest drainage is with 28Fr chest tube and consider pleural lavage

Significant Size (>300-500cc estimated size)

Small Size: <300-500cc

Yes

C

Chest tube (no difference between small bore or large bore tubes) consider 14Fr to 28Fr chest tubes; pleural lavage

Observe and repeat imaging in 24 hours

E
Assess Drainage (Amount and Effectiveness) Repeat CXR

F
Drainage > 1500cc, continuous drainage, or continued instability = Operative Thoracotomy

Hemothorax is NOT adequately drained on CXR

Evaluate Effectiveness of Drainage with repeat CXR

Adequate Drainage

G
Assess extent of retained HTX and tube position with CT-scan

Hemothorax is not adequately drained >300-500cc

H
VATS to be done within 72hrs, if inadequate drainage develops after 72 hours consider VATS vs trial of Thrombolytics

I
Chest Tube Management