Hemorrhage

Cardiopulmonary Status

A

Hemodynamically/Physiologically Abnormal attributed to the hemotherax

D

Finger thoracotomy: Standard chest drainage is with 2Fr chest tube and consider pleural lavage

Assess Drainage (Amount and Effectiveness) Repeat CXR

E

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

Hemotherax is NOT adequately drained on CXR

G

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

Hemotherax 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 Thrombolitics

Adequate Drainage

C

Significant Size (>300-500cc estimated size)

Yes

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

Evaluate Effectiveness of drainage with repeat CXR

B

Size Estimate

Small Size: <300-500cc

Observe and repeat imaging in 24 hours