



Thoracic Trauma

micro drip study guide

December 27, 2021

Instructor: Dr. Christopher G. Byers, DVM, DACVECC,
DACVIM (SAIM), CVJ

© 2021 Drip Learning Technologies LLC.

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the copyright owner. Printed in the United States of America

Be advised this document is here to enhance your learning experience and is a cumulative of the slides and transcript & area for your notes. You are welcome to take your notes electronically or print then use it to supplement your learning while watching the drip



General Statements

- Injuries range from mild to life-threatening
- Most common causes:
 - Motor vehicle accidents
 - Bite wounds
- Significant chest trauma often associated with concurrent injuries
- Clinical signs may be acute or severe
 - May develop progressively over hours following trauma
- Initial assessment is via primary survey
 - Observe breathing patterns
 - Careful auscultation
- Always initially provide supplemental oxygen

Given how common thoracic trauma is, we run the gamut. Some of them are very minimally life-affecting and others are truly life-threatening.

Statistically overall, bite wounds are the most common penetrating trauma, and motor vehicle accidents are the most common blunt traumas. And patients who have significant chest trauma often have concurrent injuries. So because we run the gamut of the types of injuries and how life-threatening they are, obviously, the way our patients are presented to us is also quite variable.

They can be presented with two-foot two paths toward the light or they could walk through your exam room door. And when the owner tells you what the traumatic accident was like, really the dog is walking and wagging its tail at me. So there is quite a variety in degree of how these patients are presented to us.

Remember, they're trauma patients. When they presented to you, you're probably not going to want to perform a complete physical examination at that time, rather you should assess your ABCDEs, do your primary survey. The airway patent is the patient breathing, what's the status of the cardiovascular system? And whether they show dyspnea, orthopnea, tachypnea, still at least initially provide these patients with supplemental oxygen because again they are in shock to some degree from their trauma.