Hemopneumothorax
Diagnosed clinically, or by CXR, ultrasound, or CT

**NEEDLE THORACOSTOMY**
Tension pneumothorax

**AUTOTRANSFUSER**
Massive hemothorax

**PLACE CHEST TUBE**

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**Hemodynamically stable**

- Chest tube output > :
  - 1500 ml initial or
  - 200 ml/hr

**Hemodynamically unstable**
SBP < 70

**Isolated chest injury**

- **Thoracotomy**
- **ER Thoracotomy**

**Occult pneumothorax**
PTX < 1.5 cm and asymptomatic:
May be observed in stable patients

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**DISCONTINUE CHEST TUBE**
Hemothorax resolved
- x 24h
- Chest tube output < 200 ml/24h
- No air leak
- PPV < 15 cm H2O

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**CT CHEST**
(<72 hours post-injury)
for persistent opacity on CXR after tube thoracostomy

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**VATS**
- Consider video-assisted thoracoscopy for diagnosis and management of pulmonary or diaphragm injuries in stable patients, or evacuation of retained hemothorax (within 3-7 days).
- Intrapleural thrombolitics can be considered for subacute (6-13d) retained collections if significant surgical risk.

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**Prophylactic antibiotics:** There is insufficient evidence to support recommendations for or against antibiotic prophylaxis for tube thoracostomy placement.

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