

Schwartzstein Clip 4 Transcript

STUDENT: In terms of management-- we sort of stopped right when we would have been draining-- what would have happened subsequently? We were just taking out with a needle, would we have needed to place a chest tube eventually?

RICHARD SCHWARTZSTEIN: Sometimes you're not 100% sure, you don't have the x-ray. I had a scenario when I was a chief resident where I was making Saturday morning rounds and I came upon a cardiac arrest that was going on, it was an emphysema patient-- the patient was intubated and had no blood pressure. And in spite of the respiratory therapist who was bagging the patient because [INAUDIBLE] on a ventilator [INAUDIBLE]. And she has sort of a frown on her face and i said, what's wrong? She said, it's really hard to pump the air. And I quickly listened on both sides and there was no breath sounds on one side. So without even an x-ray, we did a needle decompression.

Now if I had been wrong, I would have created a pneumothorax. So you're going to have to do a chest tube either way, but in fact it was a tension pneumo and suddenly the blood pressure came back. So you sometimes have to act. We talked about, am I certain, not certain. If you've got a patient in extremis, you need to start doing something based on your best understanding of the physiology and the physical exam and go from there.