Intercostal catheters

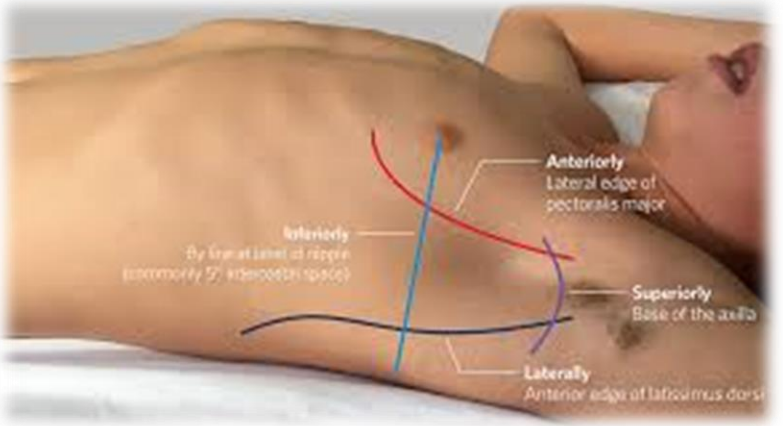
Requirements for safe insertion

- Familiarity with the equipment available in your institution
- Developing the skill through training and practice
- Selecting the right patient

Large bore ICC	Small bore ICC
Most common type used in children	Most common catheter used in neonates
Considered more effective in critical trauma – for rapid air and blood evacuation	Should be considered in stable trauma - can drain both air and blood
Open surgical approach	Seldinger technique
More invasive and painful	Less invasive and well tolerated
More scarring	Less scarring

Finger Thoracostomy

- Invasive procedure used to **decompress a possible tension pneumothorax** urgently (as an alternative to needle thoracentesis)
- Involves **rapid sharp incision down to rib, 5th or 4th IC space**, anterior to mid-axillary line, and **blunt penetration of the rib space and pleura** by a gloved finger.
- **Withdrawal of the finger then allows rapid release** of a tension pneumothorax or on occasion a tension haemothorax



Indications	**Cautions** and Considerations
High suspicion of tension haemo/pneumothorax, with **critical clinical instability**	Used inappropriately in spontaneously breathing patient causes 'open pneumothorax' and **may collapse lung**
As part of **Traumatic Cardiac Arrest** (TCA) where tension haemo/pneumothorax may be responsible	Not as management for any pneumothorax, and **should always have ICC placed after procedure**
For **urgent intervention in a deteriorating ventilated** patient where tension haemo/pneumothorax may be the cause	Likely more effective in the school age child, and significantly **more difficult and less appropriate in infants**