

11.02 SPECIAL CIRCUMSTANCES: CRUSH SYNDROME

BLS Treatment
<ul style="list-style-type: none">• Position of comfort.• NPO• Oxygen as indicated.• Provide Spinal Motion Restriction as indicated or position of comfort as indicated.• Appropriately splint suspected fractures/instability as indicated.• Bandage wounds/control bleeding as indicated; apply tourniquet proximal to injury as indicated.• Assess extremity for decreased sensation, motor function, skin color changes and diminished pulses every 5 min (while entrapped and after extrication).
ALS Treatment
<ul style="list-style-type: none">• EKG rhythm strip before and after extrication of crushed extremity. <p>Pre-Extrication</p> <ul style="list-style-type: none">• Establish IV/IO and administer bolus of 2L of Normal Saline followed by 500ml /hr. <p>Immediately Prior to Extrication</p> <ul style="list-style-type: none">• Administer Sodium Bicarbonate 1mEq/kg up to 100 mEq IVP. <p>Post Extrication</p> <ul style="list-style-type: none">• If hyperkalemia is suspected [T waves is peaked; QRS is prolonged (>0.12 seconds) or hypotension develops], administer Calcium Chloride.• If suspected hyperkalemia persists (peaked T wave; prolong QRS), administer Albuterol (helps drive K⁺ into cells).<ul style="list-style-type: none">○ For pain: may administer Morphine.• For nausea / vomiting: may administer Ondansetron.
Comments
<ul style="list-style-type: none">• Complete trauma assessment and evaluate patient for other distracting injuries and treat as indicated.
Base Hospital Contact Criteria
<ul style="list-style-type: none">• Fluid bolus for pediatric patient.• Patients with history of cardiac or renal dysfunction.