

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 500 mL per hour. <p>Immediately Prior to Extrication</p> <ul style="list-style-type: none">• Administered Sodium Bicarbonate 50mEq <p>Post Extrication</p> <ul style="list-style-type: none">• If hyperkalemia is suspected (bradycardia, peaked T waves, prolonged QRS > 0.12 seconds) or if hypotension develops, go to Protocol 2.17 – Hyperkalemia.• For pain, go to Protocol 2.09 – Pain Control• May administer Ondansetron for nausea/vomiting.
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.