

## 11.02 SPECIAL CIRCUMSTANCES: CRUSH SYNDROME

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