

CRUSH SYNDROME

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Extended extremity or torso entrapment (usually > 2hours)

CRITICAL INFORMATION

- Rapid transport to the appropriate trauma receiving facility is important and must be taken into account in the field management of trauma patients

TREATMENT

- ALS RMC
- Pre-extrication:
 - **Albuterol** 5.0 mg in 6 ml NS HHN. Consider use of patient actuated nebulizer with prolonged scene times and/or transport times > 10 min.
 - **Sodium Bicarbonate** 1 mEq/kg up to 100 mEq IVP/IO (flush line with **NS** before and after administration)
 - **NS** 20 ml/kg IV/IO bolus, prior to release of compression, in addition to standard trauma fluid resuscitation
 - Pain management as appropriate
- Post-extrication:
 - **Albuterol** 5.0 mg in 6 ml NS HHN if wheezing or evidence of hyperkalemia. Consider use of patient actuated nebulizer with prolonged scene times and/or transport times > 10 min.
 - If suspected hyperkalemia (absent P waves, peaked T waves, prolonged QRS and/ or evidenced by hypotension), **Calcium Chloride** 1 gm IV/IO slowly over 5 min. (flush line with **NS** before and after administration)

SPECIAL CONSIDERATION

- Do not run Sodium Bicarbonate and Calcium Chloride concurrently; either flush line well or use two lines.

DOCUMENTATION- ESSENTIAL ELEMENTS

- Length of entrapment time
- Additional contributing factors

RELATED POLICIES/ PROCEDURES

- Destination Guidelines GPC 4
- Trauma Triage Tool 4613a
- Spinal Immobilization GPC 13
- Adult Pain Management ATG 2