CRUSH INJURY - ADULT/ADOLESCENT

The following orders apply to crush injury of muscular regions of the legs, pelvis, arms, and shoulders and do not apply to isolated crush injuries of hands or feet. Treat hand or foot crush injuries as isolated skeletal fractures (see T-05).

ALS STANDING ORDERS:

1. Assist ventilation with BVM when indicated.
2. Obtain pulse oximetry; if oxygen saturation less than 95%, administer:

   ► *High flow oxygen by mask as tolerated.*

3. IV/IO access in unaffected limb and administer:

   ►*250 mL Normal Saline bolus, prior to release of compression force.*

4. For signs of hypovolemia or poor perfusion;

   ► *Continue Normal Saline as a wide open infusion to attain or maintain perfusion.*

5. For possible hyperkalemia:

   ► *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

6. If crush injury duration greater than one (1) hour:

   ► *Sodium bicarbonate (NaHCO3) one 50 mL prefilled syringe IV/IO.*

7. For pain when BP greater than 90 systolic:

   ► *Morphine Sulfate: 5 mg (or 4 mg carpuject) IV/IO, may repeat once to control pain.*

8. Release compression and extricate patient.
9. Non-compressive splints and dressings as needed.
10. Keep affected limb at level of the heart to decrease edema.
11. ALS escort to nearest PRC or contact Base Hospital if patient meets PTRC criteria.

GUIDELINES:

- Confined space and MCI situations may not allow time for treatment prior to release of crush weight. Ideally, treatment should be started prior to release of compression.
- Hydrate intravenously prior to release of compression to combat hypovolemia and to dilute cellular toxins.
- If both legs crushed, do not use IO for vascular access.

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