

CRUSH INJURY

BLS ACTION/TREATMENT:

- ABCs.
- Spinal immobilization/control hemorrhage as required.
- Protect the airway/oxygen via facemask for dust inhalation protection.
 - Wipe out mouth with damp cloth.
 - Provide a barrier protection mask, if O₂ is not safe to administer, to act as a dust filter.
- Psychological support.

ALS ACTION/TREATMENT:

- Advanced airway prn.
- IV access in unaffected limb:
 - Normal saline 20 mL/kg up to 2 liters for fluid resuscitation, prior to release of compression force.
- Administer Albuterol for possible hyperkalemia or if wheezing or bronchospasm is present:
 - 3 mL (2.5 mg) of a 0.083% solution nebulized. May repeat once.
- **Sodium bicarbonate (NaHCO₃): 1 mEq/kg IVP.**
- **Morphine sulfate for pain: 2-20 mg IVP titrated to pain, or 10 mg SQ one time.**
 - Isolated extremity trauma. Not recommended for multi-system injury or systolic BP < 100.
- Release compression and extricate patient.
- Non-compressive splints/dressings prn.
- Keep affected limb at level of the heart.

Pediatric:

- IV access in unaffected limb:
 - Normal saline 20 mL/kg for fluid resuscitation, prior to release of compression force.
- Administer Albuterol for possible hyperkalemia or if wheezing or bronchospasm is present:
 - 3 mL (2.5 mg) of a 0.083% solution nebulized. May repeat once.
- **Sodium bicarbonate (NaHCO₃): 1 mEq/kg IVP.**
- **Morphine sulfate for pain: 0.1 mg/kg slow IVP or SQ one time.**

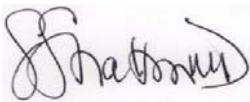
NOTES:

- Confined space and a MCI situation may compromise treatment. Ideally, treatment should be started prior to release of compression.
- Hydrate prior to release of compression to combat hypovolemia and to dilute cellular toxins.
- Contact BH for PRC determination; consider trauma receiving center.

Boxed text indicates BH order

Unboxed text indicates standing order

Approved:



TxGuide:Trauma:T-20
Implementation Date:3/16/09