CRUSH INJURY – PEDIATRIC

ALS STANDING ORDERS:

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.

1. Obtain pulse oximetry; if room air oxygen saturation less than 95%, administer:

   ▶ *High flow oxygen by mask or nasal cannula at 6 L/min flow rate as tolerated.*

2. Establish IV/IO access in unaffected limb:

   ▶ Administer *20 mL/kg normal saline (maximum 250 mL) IV/IO bolus and make BH contact prior to release of compressing force.*

3. For signs of hypovolemia or poor perfusion;

   ▶ *May repeat same dose twice for total of three boluses as a standing order.*

4. For possible hyperkalemia due to crush injury of muscle tissue:

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

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

   ▶ *Sodium bicarbonate (NaHCO3) 1 meq/kg IV/IO.*

6. For severe pain, with systolic BP > 80: **base contact required (CCERC base preferred) if ≤ 2 years of age**

   ▶ *Morphine sulfate: 0.1 mg / kg IV/IM (maximum single dose of 5 mg), may repeat once after 3 minutes for continued pain (do not exceed total combined administration of 10 mg).*
   OR,
   ▶ *Fentanyl 2 mcg/kg IN/IV/IM (maximum single dose of 50 mcg), may repeat once after 3 minutes for continued pain (do not exceed total combined administration of 100 mcg)*

7. Release compression and extricate patient.

8. Non-compressive splints; for bleeding control use direct pressure, hemostatic dressing, or tourniquet.

9. ALS escort, contact Base Hospital **(CCERC base preferred)** for appropriate destination.