AG32 Trauma: Crush Syndrome

Objectives:
To assess and manage patients with crush injuries

General Information:
- Consider crush syndrome if trapped extremity or torso with compression and compromise of vascular supply
- Perform interventions simultaneously – crush syndrome development before prophylactic treatment may require volume load along with medications
- Apply EKG monitor early
- Coordinate medication administration with extrication efforts. Medications must be given before compression mechanism is released
- For prolonged extrication or high level compression, consider calling a physician to the scene to bring Insulin, calcium gluconate and for more efficient medical direction
- Sodium bicarbonate
  a) Helps reverse acidosis
  b) 1-2 mEq/kg IV (may be mixed in 1000 ml NS)
- Continuous Albuterol
  a) Helps drive potassium back into the cells
- Calcium chloride
  a) Temporarily stabilizes the cell membranes
  b) 1 gm over 3 minutes
  c) Calcium gluconate is preferred
- Insulin
  a) 10 units IV
  b) Dextrose 25 g must be given simultaneously
  c) Helps drive potassium back into the cells

Warnings/Alerts:

- Do not delay transport to provide non-life-saving ALS interventions on scene

OMD Notes:
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References:

Performance Indicators:

Cause and Onset of Injury	Appropriate Transport Destination	Confirmation of Airway
Patient Packaging	Total Volume Infused	Vital Signs Every 5 Minutes

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Note: For isolated extremity trauma refer to Pain Management Protocol.