### 11.02 SPECIAL CIRCUMSTANCES: CRUSH SYNDROME

#### BLS Treatment
- Position of comfort.
- NPO
- **Oxygen** as indicated.
- Provide **Spinal Motion Restriction** as indicated or position of comfort as indicated.
- Appropriately splint suspected fractures/instability as indicated.
- Bandage wounds/control bleeding as indicated; apply tourniquet proximal to injury as indicated.
- Assess extremity for decreased sensation, motor function, skin color changes and diminished pulses every 5 min (while entrapped and after extrication).

#### ALS Treatment
- EKG rhythm strip before and after extrication of crushed extremity.

**Pre-Extrication**
- Establish IV/IO and administer bolus of 2L of **Normal Saline** followed by 500ml /hr.

**Immediately Prior to Extrication**
- Administer **Sodium Bicarbonate** 1mEq/kg up to 100 mEq IVP.

**Post Extrication**
- If hyperkalemia is suspected [T waves is peaked; QRS is prolonged (>0.12 seconds) or hypotension develops], administer **Calcium Chloride**.
- If suspected hyperkalemia persists (peaked T wave; prolong QRS), administer **Albuterol** (helps drive K⁺ into cells).
  - For pain: may administer **Morphine**.
  - For nausea / vomiting: may administer **Ondansetron**.

#### Comments
- Complete trauma assessment and evaluate patient for other distracting injuries and treat as indicated.

#### Base Hospital Contact Criteria
- Fluid bolus for pediatric patient.
- Patients with history of cardiac or renal dysfunction.