

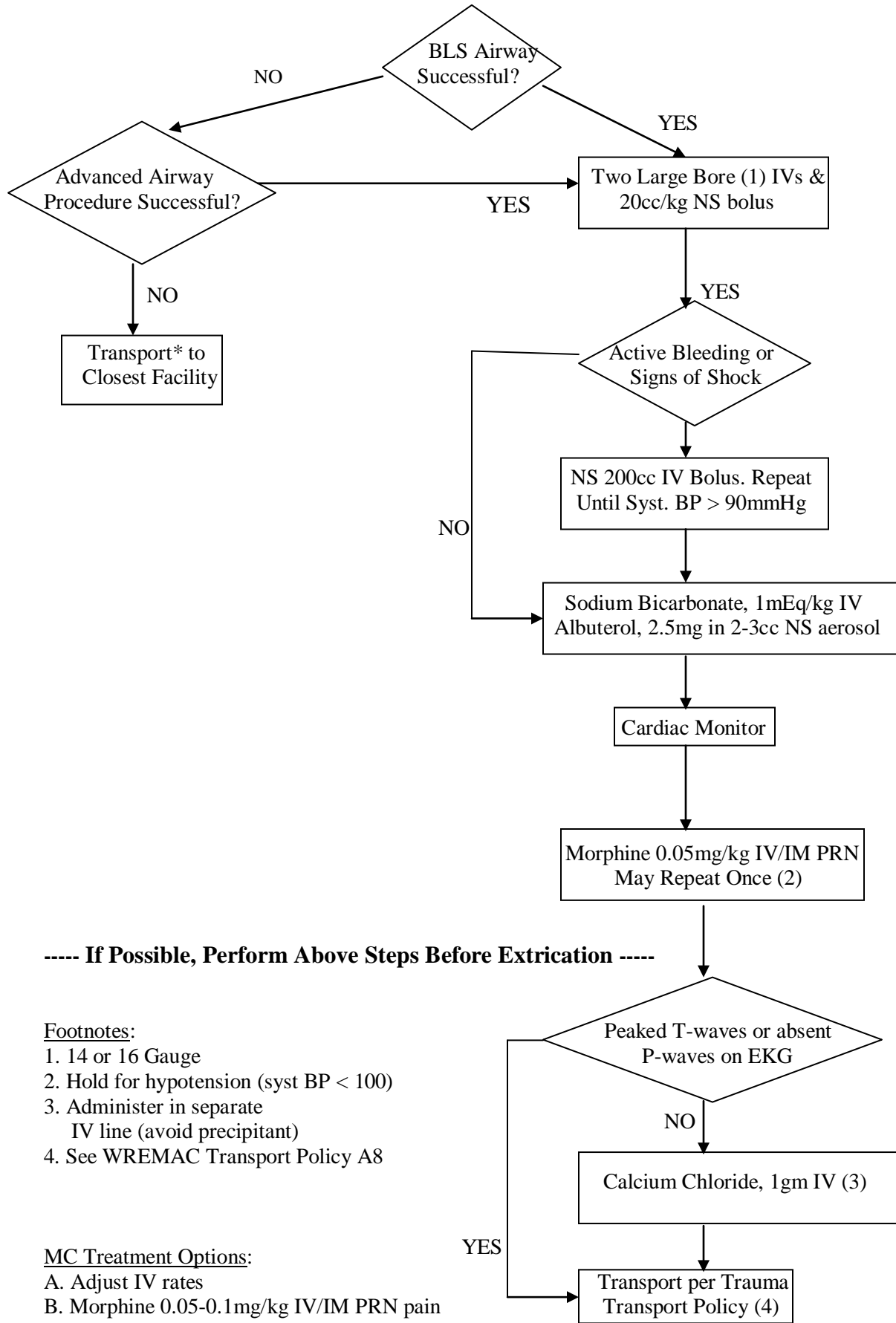


Crush Injuries

Crush injuries provide a unique challenge to first responders, and threat to patients. Intuitively, most first responders would want to remove a crushing object (example: a large boulder crushing/entrapping a patient's leg) as soon as possible. When able, first responders should attempt to wait for an ALS evaluation and at least IV access prior to removing crushing objects.

1. Background
 - a. Crush injuries with entrapment may produce a delayed decline in a patient's condition after extrication
 - b. Toxins build up in entrapped extremity or body part
 - c. Once the entrapped body part is released, toxins that have built up are allowed to enter systemic circulation
 - d. Dysrhythmias, apnea, and cardiac arrest may result from high levels of potassium and other toxins in blood
 - e. Certain medications available to counteract toxins circulating in blood
2. What to watch for and prepare for (if time permits)
 - a. If possible – anticipate potential problems
 - b. Establish two large bore IVs
3. Pre-Treatment
 - a. Sodium Bicarbonate
 - b. Albuterol
4. Monitor for signs of hyperkalemia after release
 - a. Tall, peaked T-waves
 - b. Treat with Calcium Chloride
 - c. Be ready for dysrhythmias (VT, VF)
5. Do not delay transport after extrication as dysrhythmias may occur any time after extrication!

Crush or Entrapment Injuries



Footnotes:

1. 14 or 16 Gauge
2. Hold for hypotension (syst BP < 100)
3. Administer in separate IV line (avoid precipitant)
4. See WREMAC Transport Policy A8

MC Treatment Options:

- A. Adjust IV rates
- B. Morphine 0.05-0.1mg/kg IV/IM PRN pain
- C. Albuterol 5mg Aerosolized