



POTENTIAL CRUSH INJURY / CRUSH SYNDROME	
ADULT	PEDIATRIC – (14 years and under)
BLS Procedures	
<ul style="list-style-type: none"><li>Administer oxygen as indicated<ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-02: Airway Management</a></li></ul></li><li>Perform spinal precautions as indicated</li><li>Maintain body heat</li><li>Obtain Crush/Compression Timeframe (if available)</li></ul>	<ul style="list-style-type: none"><li>Administer oxygen as indicated<ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-02: Airway Management</a></li></ul></li><li>Perform spinal precautions as indicated</li><li>Maintain body heat</li><li>Obtain Crush/Compression Timeframe (if available)</li></ul>
Expanded Scope	
Same as BLS	Same as BLS
ALS Prior to Base Hospital Contact	
<p><i>Potential Crush Syndrome*</i></p> <ul style="list-style-type: none"><li>Vascular access</li><li>Release compression</li><li>Monitor for cardiac dysrhythmias</li></ul> <p><i>Crush Syndrome*</i></p> <ul style="list-style-type: none"><li>Establish 2<sup>nd</sup> vascular access</li></ul> <p><b>Normal Saline</b></p> <ul style="list-style-type: none"><li>IV/IO bolus – 1L</li><li>Cautions with cardiac and/or renal history</li></ul> <p><b>Sodium Bicarbonate</b></p> <ul style="list-style-type: none"><li>IV/IO mix – 1mEq/kg<ul style="list-style-type: none"><li>Added to 1st Liter of <b>Normal Saline</b></li></ul></li></ul> <p><b>Albuterol</b></p> <ul style="list-style-type: none"><li>Nebulizer – 5mg (6mL)</li><li>Repeat as needed</li></ul> <p><i>Additional Treatments</i></p> <ul style="list-style-type: none"><li>Pain control<ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-03: Pain Control</a></li></ul></li><li>Release compression</li><li>Monitor for dysrhythmias</li><li>If cardiac dysrhythmias present:<p><b>Calcium Chloride</b></p><ul style="list-style-type: none"><li>IV/IO bolus – 1g over 1 min</li><li>Repeat x1 in 10 minutes</li></ul></li><li>For continued shock:<ul style="list-style-type: none"><li>Repeat <b>Normal Saline</b><ul style="list-style-type: none"><li>IV/IO bolus – 1L</li></ul></li><li>Refer to <a href="#">Policy 533-20: Shock – Hypotension</a></li></ul></li></ul> <p><i>Hypotension Refractory to Normal Saline and Ongoing Extended Entrapment</i></p> <p><b>Push-Dose Epinephrine</b></p> <ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-10: Push Dose Epinephrine</a></li></ul>	<p><i>Potential Crush Syndrome*</i></p> <ul style="list-style-type: none"><li>Vascular access</li><li>Release compression</li><li>Monitor for cardiac dysrhythmias</li></ul> <p><i>Crush Syndrome*</i></p> <ul style="list-style-type: none"><li>Establish 2<sup>nd</sup> vascular access</li></ul> <p><b>Normal Saline</b></p> <ul style="list-style-type: none"><li>IV/IO bolus – 20mL/kg</li><li>Cautions with cardiac and/or renal history</li></ul> <p><b>Sodium Bicarbonate</b></p> <ul style="list-style-type: none"><li>IV/IO mix – 1mEq/kg<ul style="list-style-type: none"><li>Added to 1st Liter of <b>Normal Saline</b></li></ul></li></ul> <p><b>Albuterol</b></p> <ul style="list-style-type: none"><li>Age &lt; 2 years- 2.5mg (3mL) Nebulizer</li><li>Age ≥ 2 years- 5mg (6mL) Nebulizer</li><li>Repeat as needed</li></ul> <p><i>Additional Treatments</i></p> <ul style="list-style-type: none"><li>Pain control<ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-03: Pain Control</a></li></ul></li><li>Release compression</li><li>Monitor for dysrhythmias</li><li>If cardiac dysrhythmias present:<p><b>Calcium Chloride</b></p><ul style="list-style-type: none"><li>IV/IO bolus – 20mg/kg</li><li>Repeat x1 in 10 minutes</li></ul></li><li>For continued shock:<ul style="list-style-type: none"><li>Repeat <b>Normal Saline</b><ul style="list-style-type: none"><li>IV/IO bolus – 20mL/kg</li></ul></li><li>Refer to <a href="#">Policy 533-20: Shock – Hypotension</a><ul style="list-style-type: none"><li>Titrate to weight-appropriate SBP</li><li>Refer to <a href="#">Appendix A</a></li></ul></li></ul></li></ul> <p><i>Hypotension Refractory to Normal Saline and Ongoing Extended Entrapment</i></p> <p><b>Push-Dose Epinephrine</b></p> <ul style="list-style-type: none"><li>Refer to <a href="#">Policy 533-10: Push Dose Epinephrine</a></li><li>Refer to <a href="#">Appendix A</a></li></ul>
Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures



### Additional Information

#### *Potential Crush Syndrome\**

- Continuous crush injury to torso or extremity (above the wrist or ankle) for  $\leq 2$  hrs.

#### *Crush Syndrome\**

- Continuous crush injury to torso or extremity (above the wrist or ankle) for  $> 2$  hrs.

#### *Miscellaneous*

- Dysrhythmias are usually secondary to hyperkalemia. ECG monitor may show: peaked T-waves, absent P-waves, widened QRS complexes, bradycardia.
- **Calcium Chloride** and **Sodium Bicarbonate** precipitate when mixed. Strongly consider starting/utilizing a secondary access site for administration of  $\text{CaCl}_2$ .
  - If using the same access, flush with a minimum of 10mL **Normal Saline** between medications.
- If elderly or cardiac history is present, use caution with fluid administration. Reassess and treat accordingly.

#### *Potential Crush Syndrome\**

- Continuous crush injury to torso or extremity (above the wrist or ankle) for  $\leq 2$  hrs.

#### *Crush Syndrome\**

- Continuous crush injury to torso or extremity (above the wrist or ankle) for  $> 2$  hrs.

#### *Miscellaneous*

- Dysrhythmias are usually secondary to hyperkalemia. ECG monitor may show: peaked T-waves, absent P-waves, widened QRS complexes, bradycardia.
- **Calcium Chloride** and **Sodium Bicarbonate** precipitate when mixed. Strongly consider starting/utilizing a secondary access site for administration of  $\text{CaCl}_2$ .
  - If using the same access, flush with a minimum of 10mL **Normal Saline** between medications.
- If cardiac history is present, use caution with fluid administration. Reassess and treat accordingly.