

Crush Injury/Syndrome	
ADULT	PEDIATRIC
BLS Procedures	
Perform spinal precautions as indicated Administer oxygen as indicated Maintain body heat	
ALS Standing Orders	
Crush Syndrome <ul style="list-style-type: none"> IV/IO access Release compression Monitor for cardiac dysrhythmias 	
<ul style="list-style-type: none"> Initiate 2nd IV/IO access Normal Saline <ul style="list-style-type: none"> IV/IO bolus – 1 Liter Sodium Bicarbonate <ul style="list-style-type: none"> IV/IO mix – 1 mEq/kg <ul style="list-style-type: none"> Added to 1st Liter of Normal Saline Albuterol <ul style="list-style-type: none"> Nebulizer – 5 mg/6 mL <ul style="list-style-type: none"> Repeat as needed Pain Control– Per Policy 705.19 Release compression Monitor for cardiac dysrhythmias For cardiac dysrhythmias: <ul style="list-style-type: none"> Calcium Chloride <ul style="list-style-type: none"> IV/IO slow push – 1 g over 1 min <p>For continued shock</p> <ul style="list-style-type: none"> Repeat Normal Saline <ul style="list-style-type: none"> IV/IO bolus – 1 Liter <p>For persistent hypotension after fluid bolus:</p> <ul style="list-style-type: none"> Epinephrine 10 mcg/mL <ul style="list-style-type: none"> IV/IO slow push - 1 mL (10 mcg) every 2 minutes Titrate to SBP of greater than or equal to 90 mm/Hg 	<ul style="list-style-type: none"> Initiate 2nd IV/IO access if possible or establish IO Normal Saline <ul style="list-style-type: none"> IV/IO bolus – 20 mL/kg Sodium Bicarbonate <ul style="list-style-type: none"> IV/IO mix– 1 mEq/kg <ul style="list-style-type: none"> Added to 1st Normal Saline bolus Albuterol <ul style="list-style-type: none"> Patient ≤ 30 kg <ul style="list-style-type: none"> Nebulizer – 2.5 mg/3 mL <ul style="list-style-type: none"> Repeat as needed Patient > 30 kg <ul style="list-style-type: none"> Nebulizer – 5 mg/6 mL <ul style="list-style-type: none"> Repeat as needed Pain Control– Per Policy 705.19 Release compression Monitor for cardiac dysrhythmias For cardiac dysrhythmias: <ul style="list-style-type: none"> Calcium Chloride <ul style="list-style-type: none"> IV/IO slow push – 20 mg/kg over 1 min <p>For continued shock</p> <ul style="list-style-type: none"> Repeat Normal Saline <ul style="list-style-type: none"> IV/IO bolus – 20 mL/kg <p>For persistent hypotension after fluid bolus:</p> <ul style="list-style-type: none"> Epinephrine 10 mcg/mL <ul style="list-style-type: none"> IV/IO slow push - 0.1 mL/kg (1 mcg/kg) every 2 minutes Max single dose of 1 mL or 10 mcg Titrate to SBP of greater than or equal to 80 mm/Hg
Base Hospital Orders Only	
Consult with ED Physician when orders are needed for interventions within scope but not addressed in policy	
Additional Information: <ul style="list-style-type: none"> The risk of a crush syndrome increases with the duration of the crush injury. Anticipate clinical decompensation when patient is extricated Crush Syndrome – Continuous crush injury to torso or extremity above wrist or ankle. 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 a second IV (if feasible) for administration of Calcium Chloride 	

Effective Date: July 1, 2025
Next Review Date: April 30, 2027

Date Revised: April 10, 2025
Last Reviewed: April 10, 2025



VCEMS Medical Director