

Monterey County EMS System Policy



Protocol Number: T-2
Effective Date: 7/1/2018
Review Date: 6/30/2021

CRUSH INJURY SYNDROME

BLS CARE

Routine Medical Care.

High flow oxygen. Titrate to maintain pulse oximetry of 94% or higher. Assist with ventilations as appropriate

Bleeding control.

Stabilize fractures/dislocations.

Remove rings or other potentially constricting items, if able.

CPR as necessary.

ALS CARE

Routine Medical Care.

Vascular Access – IV or IO

If accessible, establish a second vascular access

1,000 ml Fluid bolus

If chest is accessible, obtain 12 Lead ECG (monitor for signs of hyperkalemia)

Suspected hyperkalemia (peaked T-waves, absent P waves, or widened QRS)

Albuterol 5 mg in 6 ml normal saline via nebulizer.

Base Physician order only:

Sodium Bicarbonate 1 mEq/kg IV/IO, delivered over sixty (60) seconds

Calcium Chloride 1 gm IV/ IO

Pain Control – refer to Protocol M-2 (Pain Control)

NOTE

Criteria for Crush Injury Syndrome includes extensive area of involvement such as lower extremities and pelvis and compression for greater than four (4) hours. Syndrome may develop in one (1) hour in severe cases.