CRUSH INJURY - ALS

RTC

Significant crush injury or prolonged entrapment of an extremity?

YES

Establish vascular access

Normal Saline initial bolus of 10-15 mL/kg (prior to extrication if possible)

1 amp Sodium Bicarbonate in 1 liter Normal Saline and infuse wide open

NO

Attach Cardiac Monitor
Carefully monitor for dysrhythmia or signs of hyperkalemia before and immediately after release of pressure and during transport

If peaked T waves, wide QRS, or loss of P-waves
Calcium Chloride 1 amp
Sodium Bicarbonate 1 amp
All as slow IVP

Post-extrication continue resuscitation with Normal Saline (1,000 mL/hour)

Transport and contact Medical Control as appropriate

* All efforts should be made to decontaminate the patient prior to transport, as appropriate per HazMat team.