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

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

NO

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.