CRUSH INJURY (A83)

Crush injury syndrome should be suspected in patients with an extensive area of involvement such as a lower extremity or pelvis for > one hour in severe crush, but usually takes 4 – 6 hours of compression.

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
CONTROL OBVIOUS BLEEDING	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SECURE AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA or ETI.				X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: as soon as access allows. Lead placement may be delegated. Treat as indicated.				X	
PRIOR TO RELEASE OF COMPRESSION					
VASCULAR ACCESS: IV/IO. Attempt at least 2 large bore IVs.				X	
FLUID BOLUS: administer 250 mL NS boluses as indicated to SBP ≥ 90. Reassess after each bolus.				X	
***TRANEXAMIC ACID:** 1 gm in 100 mL of NS infused over 10 minutes.				X	
APPROVED BETA-2 AGONIST: choose **ONE** of the following beta-2 agonists (consider availability or need to reduce aerosol-generating procedure to decide which). If patient intubated, administer inhaled medication through aerosol holding chamber. Repeat as indicated. • **ALBUTEROL:** 2-10 inhalations via metered dose inhaler or 2.5 mg via nebulizer. • **LEVALBUTEROL**: 1.25 mg via nebulizer. • **TERBUTALINE:** 0.25 mg SubQ.				X	
BASE CONTACT: consult if able prior to compression release for orders					X
DURING OR AFTER RELEASE OF COMPRESSION					
REASSESS: control obvious bleeding	X	X	X	X	
HYPERKALEMIA: <u>DO NOT GIVE MEDICATIONS IN SAME IV LINE</u> suspect with compression ≥ 4 hours and peaked “T” wave, absent “P” wave, or widened “QRS”). • **CALCIUM CHLORIDE:** 1 gm IV/IO over 5 minutes, followed by 20 mL NS flush • **SODIUM BICARBONATE:** mix 100 mEq in 1000 mL NS wide open				X	
SPINAL MOTION RESTRICTION: if indicated.	X	X	X	X	
POSITION: Trendelenburg if tolerated. If long spine board is indicated, tilt spine board 30°. If patient is > 6 months pregnant place patient in left lateral decubitus position.	X	X	X	X	
TRANSPORT: per trauma triage protocol.	X	X	X	X	
DRESS & SPLINT: as needed.	X	X	X	X	
PAIN MANAGEMENT: Refer to PAIN MANAGEMENT A91				X	

* TXA should be administered to trauma patients who meet the following criteria, unless otherwise indicated:

1. Systolic BP of < 90 mmHg.
2. Uncontrolled bleeding.
3. Time of injury < 3 hours.