

SYMPTOMS: Patients sustaining crush mechanism of injury, entrapment of extremity, compartment syndrome.

Assessment, Treatment, and Interventions

ALL LEVELS

1. Consider the event / mechanism of injury.
2. Assure scene safety for both rescuers and patient(s).
3. Identify any severe hemorrhage. If present, see [Extremity Trauma/External Hemorrhage Management guideline \[T-5\]](#).
4. Assess airway, breathing and circulation.
5. Assess for possible spinal injury; immobilize as appropriate.
6. Evaluate mental status, GCS.
7. Evaluate for possible accompanying injury.
8. Document vital signs.

EMR-O; EMT-R

9. Obtain SpO₂.
10. Administer oxygen as appropriate for dyspnea or distress with a target of greater than 93% saturation for most acutely ill patients.
11. Patient may initially present with very few signs and symptoms.
12. Monitor for development of compartment syndrome – increased pressure within a compartment of the body or an extremity. Signs include:
 - a. Pain
 - b. Pale skin
 - c. Paresthesia (Numbness or tingling feeling)
 - d. Pulselessness / Loss of distal pulses
 - e. Paralysis or weakness
13. Consider interventions for pain control. (See [Pain Management guideline M-11](#).)
14. Attach ECG cardiac monitor.

AEMT-R

15. Establish IV access and administer initial bolus of normal saline 10-15 ml/kg.
16. Continue resuscitation with normal saline [Adults: 500-1000ml/hr; Pediatrics: 20cc/kg/hr].
17. Avoid use of lactated Ringer's as it contains potassium.

INT-R

18. For significant crush injuries with ECG suggestive of hyperkalemia, administer sodium bicarbonate.
19. If ECG suggestive of hyperkalemia consider albuterol 5 mg via small volume nebulizer.

PARA-R

20. Consider sodium bicarbonate for significant crush injuries or prolonged entrapment of an extremity.
21. If ECG suggestive of hyperkalemia, administer normal saline IV fluids and consider administration of calcium gluconate (preferred). Note: Avoid lactated Ringer's solution as it contains potassium.