ADULT CRUSH INJURY

HPI	Signs & Symptoms	Differential Diagnosis
• Traumatic crush mechanism of injury • Entrapment of extremity or trunk • Time entrapped	• Pain out of proportion to clinical exam • Tense swelling • Absent pulses • Paresthesias • Peaked T waves on ECG • Widened QRS on ECG	• Traumatic asphyxia • Hyper-kalemia • Extremity fracture • Spinal cord injury

		EMR	EMT	PM
1.	Provide Adult Routine Trauma Care - treat life threatening problems with airway, breathing circulation and disability.	●	●	●
2.	Manage severe hemorrhage. Adult Musculoskeletal Trauma	●	●	●
3.	Obtain ECG and/or 12 lead, monitor Capnography.		●	●

UNSTABLE: Prolonged entrapment, Peaked T, Widened QRS

4.	Coordinate extrication with treatment			●
5.	Contact **OLMC** **SODIUM BICARBONATE**: 50mEq IVP/IO			●
6.	and/or **ALBUTEROL**: 2.5 mg NEB, may repeat 5 min., max. 5mg		●	●
7.	For Pain Management: **FENTANYL**: 1 mcg/kg IVP/IN/IO/IM, max single dose 100 mcg, repeat every 10 min., max total dose 200 mcg			●

PEARLS:

1. Carefully monitor for dysrhythmias or signs of hyperkalemia before and immediately after release of pressure and during transport (e.g., peaked T waves, wide QRS, lengthening QT interval, loss of P wave)

2. IV fluids should be administered prior to releasing the crushed body part. Crush injury without adequate fluid resuscitation develops into crush syndrome

3. A patient with a crush injury may initially present with very few signs and symptoms. Maintain a high index of suspicion for any patient with a compressive mechanism of injury