

## Kittitas County Prehospital EMS Protocols

**SUBJECT: CRUSH INJURY SYNDROME / SUSPENSION TRAUMA / HYPERKALEMIA**

Patients with CIS or suspension trauma may not survive if treatment is not initiated before removal from the situation. It is imperative that patients be pretreated before extrication or movement.

**Hallmark signs experienced by the CS/CI patient include the "5 P's": pain, pallor, paresthesia, poikilothermy (cold skin) and pulselessness.**

- A. Manage airway as indicated – if intubation necessary, **DO NOT use Succinylcholine**, consider **Vecuronium 0.1 mg/kg IV**.
- B. Apply oxygen.
- C. Establish peripheral IV access with **Isotonic Crystalloid** @ rate dependent on clinical findings. Always establish a large-bore line; consider two lines.
- D. **Albuterol 2.5 mg** in 3.0 ml **Istonic Crystalloid** continuously.
- E. The initial dosage for **Sodium Bicarbonate** is **1.0 mEq/kg IV bolus**, after 10 minutes infuse **100 mEq Sodium Bicarbonate / 1000 ml of Isotonic Crystalloid @ 150 ml/hr**. Volume replacement and pre-alkalization should take place immediately after CIS identified.
- F. ECG monitor.
- G. If dysrhythmias, stabilize excitable tissue with **1 amp (500 mg) of Calcium Chloride IV** push over 2 – 5 minutes.
- H. If prolonged extrication, consider 1 amp (50 ml or 25 gm) **D50W**. Monitor blood glucose levels and consider giving an additional amp **D50W**.
- I. Consider **MS 2 mg** every 2 minutes or **Fentanyl 25 µg IV** every 5 – 10 minutes
- J. Consider **Midazolam 2 mg** increments to a maximum dose of 0.1 mg/kg or **10 mg** for sedation.