Subject: CRUSH INJURY SYNDROME / SUSPENSION TRAUMA / HYPERKALEMIA

General

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 Normal Saline @ rate dependent on clinical findings. Always establish a large-bore line; consider two lines.
D. Albuterol 2.5 mg in 3.0 ml NS 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 0.9% NaCl @ 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.
K. DO NOT use PASG.

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