



Crush Injuries

Trauma

Austin County
EMS Protocol & Guideline

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Acute (myoglobin) (rhabdomyolysis) Crush Syndrome is defined as the adverse effects from skeletal muscle death caused from prolonged and continuous pressure on the extremities, and the release of its cellular contents into the plasma. After this “syndrome” the object is removed causing the release of toxins into circulation. The possibility of lethal cardiac arrhythmias is high, in addition to acute renal failure, and sudden death. The systemic effects only occur with the removal of the object, when the extremity is reperfused. This reperfusion also can lead to hypovolemia due to the fluid absorption in interstitial spaces.

EMT

- Airway/Oxygen appropriate for condition
- Maintain provider safety

AEMT

- Establish IV of Normal Saline

Paramedic

- During Extrication consider- **Sodium Bicarbonate** 1 mEq/kg added to IV fluid (NS) and infused wide open.

Pearls

- Sodium Bicarbonate should only be given for crush injury under great pressure or lasting 2 hours or greater.
- Evidence of distal ischemia: Pain, Pallor, Pulselessness, Paralysis, Paresthesia, Poikilothermia (cool to touch).