## ALS STANDING ORDERS:

The following orders apply to crush injury of muscular regions of the legs, pelvis, arms, and shoulders and do not apply to isolated crush injuries of hands or feet. Treat hand or foot crush injuries as isolated skeletal fractures.

1. Assist ventilation with BVM when indicated.

2. Obtain pulse oximetry; if oxygen saturation less than 95%, administer:

   ►*High flow oxygen by mask as tolerated.*

3. IV/IO access in unaffected limb and administer:

   ►*Normal Saline 20 mL/kg bolus (maximum 250 mL), prior to release of compression force.*

4. For signs of hypovolemia or poor perfusion;

   ►*Administer a second Normal Saline 20 mL/kg bolus (maximum 250 mL), may repeat a third 20 mL/kg bolus to attain or maintain perfusion.*

5. For possible hyperkalemia:

   ►*Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

6. If crush injury duration greater than one (1) hour:

   ►*Sodium bicarbonate (NaHCO3) 1 mEq/kg IV/IO.*

7. For severe pain, with systolic BP > 80:

   ►*Morphine sulfate: 0.1 mg / kg IV (alternate route of IM may be used if formulation approved for IM use), may repeat once for continued pain (maximum 5 mg).*
   ***OR***
   ►*Fentanyl 2 mcg/kg IN/IV/IM, may repeat once after 3 minutes for continued pain (maximum dose 100 mcg)*

8. Release compression and extricate patient.

9. Non-compressive splints and dressings as needed.

10. Keep affected limb at level of the heart to decrease edema.

11. ALS escort to nearest ERC or contact Base Hospital if patient meets PTRC criteria.

## GUIDELINES:

- Use length-based tape for weight determination.

- Confined space and MCI situations may not allow time for treatment prior to release of crush weight. Ideally, treatment should be started prior to release of compression.


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- Hydrate intravenously prior to release of compression to combat hypovolemia and to dilute cellular toxins.
- If both legs crushed, do not use IO for vascular access.


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