

4. Vital signs

5. Hospital notification of

6. OLMCP consult on

concern regarding trunk/
limb circulation compromise

treatment plan prior to crush

release (if > 2hours crush)

7. Hyperkalemia prophylaxis (If required)

EMS System for Metropolitan Oklahoma City and Tulsa 2024 Medical Control Board Treatment Protocols



Approved 11/08/23, Effective 1/15/24, replaces all prior versions

10K – CRUSH INJURY SYNDROME ADULT & PEDIATRIC 2. Patient safety 3. USAR (OK TF1) if needed

EMD

DO NOT MOVE THE PATIENT UNLESS IN DANGER CONTROL BLEEDING WITH DIRECT PRESSURE DO NOT ATTEMPT TO SPLINT INJURIES

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR EMT

PERSONAL & PATIENT SAFETY

MOBILIZATION OF LOCAL FIRE-RESCUE PROFESSIONALS FOR TRAPPED PATIENTS REQUIRING HEAVY/COMPLICATED EXTRICATION MOBILIZATION OF URBAN SEARCH & RESCUE SPECIALIST TEAM IF NUMEROUS TRAPPED PATIENTS/LARGE BUILDING OR TRENCH COLLAPSE (OKLAHOMA TASK FORCE 1 IS BASED & SUPPORTED AT OKLAHOMA CITY FIRE DEPARTMENT & TULSA FIRE DEPARTMENT)

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE OBTAIN VITAL SIGNS

HISTORY OF ONGOING AND/OR PROLONGED CRUSH MECHANISM ON TRUNK OR PROXIMAL EXTREMITY EVALUATE EXTREMITY FOR "5 Ps" OF COMPARTMENT SYNDROME PER PROTOCOL 10K ECG MONITOR (if equipped)

EMT-185 AEMT

IV ACCESS (IO IF INDICATED)

IF CRUSH ≥ 4 HRS IN DURATION:

ADULT: IV NS 1 LITER BOLUS THEN 250 mL/HR RATE IF NO SIGNS OF PULMONARY EDEMA

ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA

PEDIATRIC: IV NS 20 mL/kg BOLUS THEN 5 mL/kg/HR RATE IF NO SIGNS OF PULMONARY EDEMA

PEDIATRIC: REPEAT UP TO 60 mL/kg NS IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

 $\mbox{IF CRUSH} \ge 4 \mbox{ HRS IN DURATION:} \\ \mbox{JUST PRIOR TO CRUSH MECHANISM REMOVAL, ADMINISTER HYPERKALEMIA PROPHYLAXIS:} \\ \mbox{IV FLUID HYDRATION AS ABOVE}$

CALCIUM CHLORIDE 10 mg/kg IVP/IOP (MAX 1 gram) SODIUM BICARBONATE 1 mEq/kg IVP/IOP (MAX 50 mEq)

ANALGESIA (IF REQUIRED)

FOR OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg

ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO

MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.

OR

ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.

OR
ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.
PEDIATRIC: OLMCP ORDER ONLY

OLMCP CONSULT FOR TIMING/NEED FOR HYPERKALEMIA PROPHYLAXIS IF CRUSH < 4 HRS IN DURATION OR IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

10K.1