**Follow Initial Protocol for All Patients**

**BLS**
- No
  - Patient still entrapped?
    - No
      - Consider F3. Extremity/Trauma Hemorrhage
    - Yes
      - Prior to extrication
        - Consider F3. Extremity/Trauma Hemorrhage
          - G22. EKG

**ALS**
- After bolus reduce H46. Normal Saline
  - Adult: 1000 ml
    - Peds: 0 ml/kg
  - Adult: 1000 ml
    - Peds: 10 ml/kg

**Interfacility**
- Consider A2. Analgesic

**Goals:**
- Recognize traumatic crush injury
- Minimize systemic effects of the crush injury

**Signs/Symptoms:**
- Traumatic crush mechanism of injury

**Documentation Key Points:**
- Amount of IV fluids administered
- Neurovascular status of extremities
- EKG findings related to hyperkalemia

**EKG Signs of Hyperkalemia:**
- Tall Peaked T Waves
- Wide QRS (Greater than or equal to 0.12 seconds)
- Loss of P waves

**F2. Crush Injury**

**Date of Most Recent Update:** 6/2020

**Original Adoption Date:** 6/20

**Past Protocol Updates:**
- Medical Director: Chad Torstenson, MD; Cory Vaudt, DO

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**Special Considerations**
- Provider should have high index of suspicion as patient may initially show no signs/symptoms
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