

# AMPUTATION/CRUSH INJURY

<b>EMR</b>	<ul style="list-style-type: none"> <li>❑ General Trauma Assessment &amp; Interventions</li> <li>❑ Oxygen moderate to high flow as needed to ensure SpO<sub>2</sub> &gt;94%. Evaluate for need of Ventilatory support.</li> <li>❑ Protect patient from hypothermia – maintain body temperature as close to normal as possible</li> <li>❑ Control hemorrhage as indicated for scope &amp; training.</li> </ul> <p><b>CRUSH INJURY:</b></p> <ul style="list-style-type: none"> <li>❑ If pelvis is involved, consider the use of a pelvic wrap or sling</li> </ul> <p><b>AMPUTATION:</b></p> <ul style="list-style-type: none"> <li>❑ Cover the wound with sterile dressing and attempt to control bleeding with direct pressure</li> <li>❑ If bleeding is not controlled apply a mechanical advantage tourniquet</li> <li>❑ Severed part should be wrapped in gauze and placed in a water tight container which should then be placed on ice or in ice water, do not use salt or saline</li> <li>❑ If amputation is partial splint in anatomical position, avoiding torsion and angulations</li> <li>❑ May consider use of air-medical resources. Contact OLMC for destination facility for possible re-implantation.</li> </ul>	<b>EMR</b>
<b>EMT</b>		<b>EMT</b>
<b>AEMT</b>	<ul style="list-style-type: none"> <li>❑ Initiate vascular access via peripheral <b>IV</b> line (two if possible) with isotonic solution (Lactated Ringers or NS) - <b>Do Not Delay Transport To Establish Vascular Access</b></li> <li>❑ If unable to place peripheral IV may initiate pediatric <b>IO</b> placement</li> </ul> <p><b>CRUSH INJURY:</b></p> <ul style="list-style-type: none"> <li>❑ For significant entrapment lasting &gt; 2 hours prior to reperfusion, administer <b>1000cc NS</b> (provided clear lung sounds) followed by a <b>500cc/hr drip of NS</b></li> </ul>	<b>AEMT</b>
<b>EMT-I</b>	<p><b>CRUSH INJURY:</b></p> <ul style="list-style-type: none"> <li>❑ If unable to place peripheral IV may initiate adult <b>IO</b> placement</li> <li>❑ Initiate cardiac monitoring of baseline rhythm.</li> <li>❑ Consider pain management as per pain management guideline</li> </ul>	<b>EMT-I</b>
<b>PARAMEDIC</b>	<p><b>CRUSH INJURY:</b></p> <ul style="list-style-type: none"> <li>❑ For severe crush injury or suspected compartment syndrome: Consider administration of <b>Sodium Bicarbonate 1mEq/kg IV/ IO</b> prior to release of compression, with <b>OLMC order</b> <ul style="list-style-type: none"> <li>○ Consider possible need for repeat dose of <b>Sodium Bicarbonate 0.5mEq/kg IV/IO</b> with <b>OLMC order</b></li> </ul> </li> </ul>	<b>PARAMEDIC</b>

## Clinical Care Pearls

- ❑ Do not use Succinylcholine for RSI in patient with severe crush injury, substitute with Vecuronium
- ❑ Contact OLMC to arrange for a surgeon if there is a need for field amputation
- ❑ With partial amputations, be sure to evaluate distal circulation.