

TREATMENT:

- A. Treat per Universal Patient Care.
- B. Protect patient from environment (rain, snow, direct sun...). If applicable, begin warming methods to prevent hypothermia. (warm blankets, heated air with blower, warm IV fluids)
- C. Plan extrication activities to allow for periodic patient assessment. Plan for occasional extrication equipment “shut down” to assess vital signs.
- D. Carefully track vitals, IV fluids, and medications during extrication.
- E. Evaluate degree of entrapment and viability of extremities. (absent pulse, blanched skin, capillary refill, diminished sensation, extremely cold to the touch)
If one or more extremities are trapped and circulation is compromised or absent consider the placement of constricting bands to inhibit rapid venous return to the central circulatory system of potassium, lactic acid, and myoglobin upon extrication. Contact Medical Control for direction.
- F. If extrication of a limb will be prolonged, direct mechanical crush injuries are present (tissue is crushed), and patient’s condition is deteriorating, strongly consider calling OLMC to arrange on-scene amputation.
- G. Carefully assess collateral injuries that may have occurred during event.
- H. If patient is trapped in a heavy dust environment, consider methods to provide filtered oxygen to the patient. If patient is in respiratory distress, consider dust impaction injuries and prepare to administer nebulized albuterol per Medical Control direction.
- I. During extrication of a severely trapped patient who is at risk for crush syndrome, administer **Normal Saline 1,000 – 2,000 ml IV** bolus, then maintain at 500 cc/hr.
- J. Consider treatment per **Hyperkalemia** treatment protocol prior to release to buffer acid release from anaerobic metabolism. **Contact Medical Control** for direction.

NOTES & PRECAUTIONS:

- A. Do not allow any personnel into extrication area (inner circle) without proper protective equipment and thorough briefing to include evacuation signal.
- B. Notify the receiving hospital early in the extrication process to facilitate receiving advanced medical resources if needed.
- C. Technical Rescue Team Leader should coordinate all extrication activities, especially the release of patient, with Medical Branch Director.
- D. Keep patient well-hydrated and warm during extrication efforts.
- E. Constantly evaluate the risks associated with your position, and the possibility of complicating factors (hazardous materials, wind, rain or runoff, gas leaks, etc...).

KEY CONSIDERATIONS:

Previous medical history, current medications, length and degree of entrapment, use of technical rescue, length of extrication, alternate treatment plans