Trauma Society of South Africa Protocol

The Management of Suspected Crush / Myonephropathic Syndrome

Injury suggestive of crush or reperfusion injury:

- Multiple fractures / soft tissue degloving
- Prolonged entrapment
- Mangled extremity
- Community Assault

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Primary and Secondary Survey:

Manage life threatening injury and stabilise other injuries

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Screen for myoglobinuria and muscle damage: Creatinine kinase; Urine dipstix – urine myoglobin; Venous bicarbonate; Potassium, Urea and creatinine at admission and after 6 hours

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Clinical or Results suggestive of crush:

Normal Saline renal flush @ 250ml / hr

Aim for 2ml/kg/hr urine output to flush out myoglobin and urine pH >6

Correct Hyperkalaemia if present

Consider Bicarbonate and Mannitol

Consider Acetazoleamide

If inadequate urine output established within 2 hours or patient anuric: Early dialysis referral

Treatment for Hyperkalaemia:

- Insulin 10IU/50ml D50W
- Calcium Chloride 10ml IV
- Nebulize salbutamol
- Sodium bicarbonate
- If needed: Dialyse