

RULES FOR CRUSH AND COMPRESSION INJURIES WITH RENAL FAILURE

1. As soon as possible after release of persons pinned down by wreckage or burial apply a firm, resilient dressing to an injured extremity or to a large area about a wound in other parts of the body.
2. Splint and elevate the limb.
3. Treat shock by adequate amounts of plasma until the patient has recovered completely from shock. Such patients will require very large amounts of plasma because of the loss of large amounts into and about the injured area. Such patients tend to recurring shock and should be observed constantly for 48 to 72 hours. Frequent hematocrit determinations are indicated.
4. T.P.R. B. P. and general condition to be recorded every 3 or 4 hours. Increasing pain in the injured area indicates increasing edema; and shock treatment with plasma should be re-instituted.
 - Record T.P.R. and B.P. every 3 or 4 hours.
 - Record general condition of patient, appearance, pallor, sweat, and degree of alertness.
 - Daily - complete blood counts, urine analysis and record total output.
 - Urea N. (Complete blood chemistry preferable)
 - CO₂ combining power of the blood.
 - K and sod. Chl. determination if possible.
5. After recovery from shock, adequate isotonic saline solution 2000-3000 cc. daily and 5 to 10% glucose in distilled water. Alternately, to assure copious urinary outflow, (at least 1000 to 2000 cc. per day if possible). Sodium sulphate (isotonic) 1000 to 2000 cc. daily intravenously has been advocated as a potent diuretic by British.
6. Do not apply heat to a limb or injured area. The blood supply to the part may be damaged or impaired by marked edema. The cold, blue extremity tolerates heat poorly.
7. Do not apply a tourniquet unless it is necessary to control persistent hemorrhage, to save the patient's life and only after compression and firm bandaging have been tried.
8. Alkalinization - indicated because of the low alkaline reserve, sodium bicarbonate or sodium citrate individually or in combination should be given by mouth up to 200 to 300 grs. per day. The sodium salt should be used because of the high potassium and low alkaline reserve.
9. Intravenous atropine grs. 1/75 to 1/150 alone or alternately with papaverine grs. 1/2 to 1 intravenously for release of the associated vascular spasm every 3 hours should be tried.
10. Surgery - not to be attempted should the wound require it until recovery from shock.