**First Responder Care**

1. **Responder safety is paramount.** If you are unsure on how to access the patient safely, wait until technical rescue teams arrive.
2. Render initial care in accordance with the *Routine Patient Care SMO*.
3. Obtain core body temperature (or minimally – axillary temperature). Treat for hypothermia if indicated.
4. **Place tourniquets on the affected extremity (extremities).** The tourniquet should be placed proximally, as close to the crushed tissue as possible.
5. Lift object slowly off the patient.
6. Monitor vitals every 5 minutes.
7. Have airway equipment ready.
8. Patient’s who are trapped under debris can appear hemodynamically stable until the debris is moved, at which point, toxins enter the core circulation. When the debris is lifted off of the patient, he/she can become very unstable.
9. Initiate ALS intercept, transport as soon as possible.
10. **Contact Medical Control** as soon as possible.

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**BLS Care**

1. **IV Fluid Therapy:** Normal Saline (0.9% NaCl) 20mL/kg bolus to maintain a blood pressure of at least 100mmHg systolic.
2. Expect sudden shifts in BP and/or cardiac arrhythmias. Treat per the appropriate protocol.
3. Initiate ALS intercept as soon as possible.
4. **Contact Medical Control** as soon as possible.

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**ILS Care**

1. **IV Fluid Therapy:** Normal Saline (0.9% NaCl) 20mL/kg bolus to maintain a blood pressure of at least 100mmHg systolic.
2. Expect sudden shifts in BP and/or cardiac arrhythmias. Treat per the appropriate protocol.
3. Initiate ALS intercept as soon as possible.
4. **Contact Medical Control** as soon as possible.

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**ALS Care**

1. **Sodium Bicarbonate:** Mix 50 mEq Sodium Bicarbonate in 1000mL of Normal Saline (0.9% NaCl). Administer the entire 1000mL bolus at a wide open rate (using 10gtts tubing).
2. Listen to lung sounds, checking for pulmonary edema.
3. Closely monitor BP – administer additional .9% Normal Saline prn to maintain a systolic BP of at least 100mmHg.
4. **Contact Medical Control** as soon as possible.