

	TITLE: PROTOCOL FOR TREATMENT OF A CRUSH INJURY/DEGLOVING INJURY	REV NO. 0	GRH TC- 03/2010
	PATIENT CARE AND TREATMENT PROTOCOLS	DATE: 01.07.2010	
		Page 1 of 1	

PROTOCOL FOR TREATMENT OF A CRUSH INJURY/DEGLOVING INJURY.

Sl No.	Activity	Remarks
1	History and examination Resp: MO/CNL and SN	As per – OPD CONSULTATION PROTOCOL
2	Counseling the patient Resp: MO/CNL and SN	As per – COUNSELING IN EVENTUALITY PROTOCOL
3	Specific points to be noted (history) Resp: MO/CNL and SN	<ul style="list-style-type: none"> - Mechanism of injury - Part that is crushed - After how much time of injury is the patient presenting him/herself. <p>INFORM THE PATIENT THAT 48 HOUR WATCH IS NEEDED TO NOTE THE LINE OF DEMARCATION, AFTER WHICH DEFINITIVE PROCEDURE WILL BE EMBARKED UPON. THIS IS DONE SO THAT BEST EFFORTS CAN BE MADE TO SAVE THE AFFECTED PART AS OPPOSED TO AMPUTATION.</p>
4	Specific points to be noted (examination) Resp: MO/CNL	<ul style="list-style-type: none"> - Is it de-gloved (tangential force causing shearing of tissue planes) - Is it crushed (akin to a mango being crushed to pulp by a weight falling on it) - Is it Avulsed (e.g. nail from its bed, tooth from its socket) - Bone fracture/joint exposed - Bleeding from arteries/veins
5	Immediate first aid Resp: SN	<p>Remove the clothing Wash the affected part in cold water and soap. <i>Do not use hydrogen peroxide or Betadine.</i> <i>Use Normal Saline after soap and water.</i></p>
6	Inform the consultant Resp: MO/CNL	Inform the surgeon about above points and follow instructions below.
7	Dress the patient Resp: MO/CNL/SN	<p>Sequence followed is Vaseline/tulle gras Gamgee pads Bandages <i>Non- constricting dressings are done.</i></p>
8	Drugs Resp: MO/CNL after discussion with Surgeon Administer these drugs ONLY AFTER DISCUSSION WITH THE SURGEON!	<p>Inj. Tetanus toxoid 0.5ml i.m stat Inj. Diclo 75mg i.m stat and Q 8H Inj. Ceftriaxone 1g i.v stat and Q12H Inj. Metrogyl 500mg i.v. stat and Q8H Inj. Pan 40mg i.v. Q12H Inj. Fortwin 30mg im Q12H Inj. Phenargan 50mg iv Q12H I.V. Fluids – RL/DNS @ 150 ml/hour</p>
9	Admit the patient Resp: CNL	Admit in the Ward if Advised by the Surgeon
10	Documentation Resp: CNL/MO	All finding and treatment etc. are documented by the doctor of first contact and also the treating Surgeon/doctor.