APPENDIX A: FLUID AND EQUIPMENT PLANNING CONSIDERATIONS

Best	Fluids: IV fluid to provide 1L/h for 24 to 48 hours (depending on evacuation availability)
	Equipment: ECG, laboratory tests for serum potassium and urine myoglobin, Foley catheter with graduated collection system, tourniquets
	Medications: hyperkalemia*: calcium gluconate (5 x 10mL vial or Bristojet), insulin: 1 vial Humulin R (500 units; Lilly USA, www.humulin.com), D50 (120mL), albuterol (24 vials), Kayexalate (360g; Concordia Pharmaceuticals, http://concordiarx.com)
	Pain: refer to Analgesia, Sedation Clinical Practice Guidelines
	Antibiotics: Ertapenem
	Monitoring: Continuous monitoring with portable monitor; 15-minute to hourly vital signs, examination, urine output documented on flowsheet
	Communications: real-time video telemedicine consultation
Better	Fluids: IV fluid to provide 1L/h for 24 to 48 hours
	Equipment: Dipstick urine tests to monitor urine, graduated container to monitor urine output, tourniquets
	Medications: hyperkalemia: calcium gluconate (5 x $10mL$ vial or Bristojet), insulin: 1 vial Humulin R (500 units), D50 ($120mL$)
	Pain medications
	Antibiotics
	Monitoring: 15-minute to hourly vital signs, examination, urine output documented on flowsheet
	Communications: telephone, possibly e-mail telemedicine consultation
Minimum	Fluids: IV fluid for initial bolus resuscitation (2L), then oral or rectal fluid resuscitation with commercial or improvised electrolyte solution
	Equipment: Graduated container to monitor urine output, tourniquets
	Medications: hyperkalemia: calcium gluconate (5 x 10mL vial or Bristojet)
	Pain medications
	Antibiotics
	Monitoring: 15-minute to hourly vital signs, examination, urine output documented on flowsheet or other written format
	Communications: telemedicine by telephone