



BURNS

- I. BLS Treatment Protocol:
 - A. Scene Survey - Identify hazard potential - (chemical, electrical, thermal).
 - B. Mitigate hazard and stop burning process. Remove jewelry and constrictive clothing.
 - C. Treat life threats. (See Policy 4000 *Life Threats*).
 - D. Identify extent of burn. Use rule of nines. Refer to PAM criteria (Policy 7070 *Trauma Triage*) when appropriate.
 - E. Cover affected body surface with clean, dry cotton or linen sheet.
 - F. Prepare for transport / transfer of care.
- II. ALS Treatment Protocol:
 - A. Treat life threats. (See Policy 4000). Consider early intubation for patients with evidence of inhalation injury or respiratory distress. Use nebulized saline when indicated.
 - B. If Bronchospasm or wheezes are present:
 1. Albuterol 5mg via nebulizer, may repeat X3 q10 minutes.
 2. If heart rate >160 bpm withhold treatment and contact Base Station.
 - C. To relieve pain, refer to Policy 5600 *Pain Management*. Contact Base Station for additional doses. (See Notes)
 - D. Transport. Consider direct transport to a Burn Center.
 - E. Contact Base Station as needed.

Notes:

- Hold MS or fentanyl if patient has or develops respiratory depression, bradycardia or hypotension. Narcan should be immediately available to reverse adverse effects.
- Remember that hypothermia is much more common than hyperthermia in burn patients. Once burn is properly covered, consider covering patient with additional insulating material
- Enclosed space burn patients are at high risk for respiratory burns



Specific Burn Criteria for direct transport to Burn Center:

1. >10% TBSA 2°/3° burns
2. >2% 3° burns
3. Evidence of respiratory burns
4. Circumferential burns
5. Burns that cross joints
6. Significant electrical burns
7. Burns involving face, hands, feet, perineum

