

Burns

General Treatment:

1. Follow **General Pre-hospital Care Protocol**.
2. If evidence of possible airway burn, consider aggressive airway management per **Emergency Airway Procedure**.
3. Administer 100% O₂ to all patients rescued from a confined space fire (i.e., building, automobile) regardless of pulse oximetry reading.
4. Determine burn extent & severity (rule of nines or palm = 1%).
5. Keep patient warm and avoid hypothermia.
6. If possibility of cyanide poisoning, refer to **Cyanide Exposure Protocol**.


THERMAL BURNS:

1. Stop the burning process. Remove smoldering and non-adherent clothing. Irrigate with sterile water or saline, if available.
2. Consider potential for secondary contamination (i.e., methamphetamine).
3. Assess and treat associated trauma.
4. Remove any constricting items.
5. If burn is
 - a. Less than 15% of total body surface area (TBSA), consider covering with wet dressings for comfort.
 - b. More than 15% of total body surface area (TBSA), cover wounds with dry clean dressings to avoid hypothermia.



CHEMICAL BURNS:


1. Protect personnel from contamination.
2. Remove all clothing and constricting items.
3. Decontaminate patient prior to transport, brushing off dry chemicals prior to irrigation.
4. Assess and treat for associated injuries.
5. Evaluate for systemic symptoms, which might be caused by chemical contamination.
6. Notify receiving hospital of possible chemical contamination.
7. Cover burned area in clean, dry dressing for transport.

ELECTRICAL INJURY:

1. Protect rescuers from live electric wires.
2. When energy source is removed, remove patient from electrical source.
3. Treat associated injuries provide spinal precautions per **Spinal Injury Assessment Protocol** and **Spinal Precautions Procedure** when indicated.
4. Assess and treat contact wound(s).
5.  Monitor patient ECG for possible arrhythmias. Treat as per specific arrhythmia protocol.

FOR ALL TYPES OF BURNS:

1.  Obtain vascular access if indicated for pain management or fluid therapy.
2. Administer NS IV/IO fluid bolus up to 1 liter wide open for hypotension or burn greater than 15% TBSA. Repeat as indicated.  (20 ml/kg for pediatrics)

-  3. Administer Analgesic Medication. Refer to **Pain Management Procedure**.

 **Transport:**

4. Follow local MCA **Transport Protocol**.
5. Special Transport Considerations
 - a. The most appropriate facility may be a trauma center when there is airway or respiratory involvement, or when multi-trauma or blast injury is suspected.
 - b. Consider transport directly to burn center if BSA > 20% partial thickness, BSA > 10% full thickness, involvement of hands/feet, genitalia, face; circumferential burns
 - c. Consider air ambulance transportation for long transport times, pain control requiring deep sedation, and airway concerns that might necessitate advanced airway management.



Thermal Burns and Electrical Injury:

1. Transport directly to burn center per MCA destination protocol or medical control direction.
2. Additional NS IV/IO fluid bolus, up to 2 liters, wide open.
3. For severe burns, consider:
 - a. Additional fluid needs
 - b. Airway support

