

Burn Care

SCENE SAFETY & PROVIDER SAFETY SHOULD ALWAYS BE THE PRIORITY

- Only life saving interventions should be performed prior to decontamination and should always be done after applying PPE
- Decontamination can include (a) removing clothing from the patient, (b) brushing off powder/crystal residue, (c) flushing the burn(s) with normal saline or lukewarm tap or bottled water. **Do NOT flush patients in the ambulance.**
- Involve local fire department to assist with on-site patient irrigation/decontamination as necessary prior to patient transport

¹ Signs of 2nd/3rd Degree Burns:

- Blisters, bullae
- Sloughing skin
- Skin with brown/white leathery appearance (aka eschar)

Measuring Burned BSA:

- Palmar surface of patient's hand = 1% BSA
- Assume BSA > 20% if burn is large and you're unsure

Routine Trauma Care including IV/IO access (place through burned skin as last resort)

Is there concern for upper airway injury?

- Stridor, hoarseness, cough
- Soot-tinged sputum, singed hairs
- Extensive facial/mouth burns
- Circumferential neck burns
- Respiratory distress

Yes

Obtain 12-lead EKG if suspicion of electrical burn

- 100% O₂ via NRB
- Elevate head of bed >30°
- Prepare for aggressive airway management

No

No

Yes

Greater than >10% BSA with 2nd/3rd degree burns?¹

- Cover with dry, clean sheet/blanket or sterile dressing
- Give **Crystalloid Fluid** IV infusion at 125ml/hr

- Give **Crystalloid Fluid** IV/IO infusion based on age:
 - 13+ years: 500 ml/hr
 - 6-12 years: 250 ml/hr
 - 0-5 years: 125 ml/hr
- Cover with dry, clean sheet/blanket or sterile dressing

If patient is altered:

Consider causes of neurologic impairment

- Hypoxemia
- CO or CN inhalation (see **HAZMAT** protocol)
- Opiate overdose
- Pre-existing condition (ex. MI, DM)

Contact **Medical Control** for additional orders or consultation

- Provide **Traumatic Pain Management** as per protocol
- Remove restrictive clothing and jewelry (remove contact lenses if possible ocular injury is present)
- Check/document distal pulses below circumferential or electrical burns – compartment syndrome may develop
- Determine if transport to an ED with decontamination setup is needed – alert hospital in advance; do not enter the hospital until you are sure it is safe

Refer to Burn Center Triage Protocol for further information and contact LERN