

# Burns

**+: AEMT dose =  
half max**

## Partial to full thickness burns involving:

- Inhalation injury
- Multiple trauma
- > 5% TBSA

**should be considered serious**

- Ensure energy source removed
- Attempt to find contact points (path traveled)
- Attempt to determine amount of voltage/ amperage

**B** Remove any restricting clothing/jewelry **B**

- Ensure chemical is removed (brush off dry chemicals)
- Irrigate generously with normal saline ASAP

**B** Decontaminate patient as much as reasonably possible based on their condition **B**

Chemical

Type

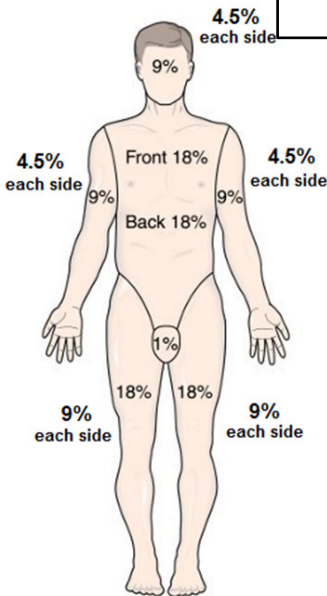
Electrical

Thermal

- Consider 12-lead EKG
- Cover burns with sterile burn dressings

- IV/IO access
- Lactated Ringers
- For pain control:  
Ketorolac  
BEFORE  
Morphine  
BEFORE  
Fentanyl  
BEFORE  
Ketamine

**P** Consider Lorazepam **P**



**Use caution in opioid administration with circumferential burns to the chest**

## ADULT:

Fentanyl +  
50-100 mcg every 10 min, Max 200 mcg  
Ketorolac  
30 mg IV  
Lactated Ringers  
2-4mL x weight (kg) x %TBSA  
Lorazepam  
1-2 mg  
Morphine +  
2-4 mg every 10 min, Max 8 mg  
Ketamine  
0.1-0.3 mg/kg every 15 min, Max 100 mg

## PEDIATRIC:

Fentanyl +  
1 mcg/kg every 10 min, Max 100 mcg  
Ketorolac  
> 2 yrs old: 0.5 mg/kg, Max 30 mg  
Lactated Ringers  
2-4mL x weight (kg) x %TBSA  
Lorazepam  
1-2 mg  
Morphine +  
0.1 mg/kg single dose, Max 4 mg

