

Burns

Effective: 11/01/2022

Supersedes:
N/A**Referenced Procedures:** None**Goals for patient care**

- Improved comfort
- Transport to appropriate destination

Medications:

MEDICATION	ADULT	PEDIATRIC (Refer to Handtevy)
<u>NORMAL SALINE</u>	• 500mL IV/IO NS over 1 HR (100 gtts/min with 10 gtts set)	• 20 ml/kg over 1 HR
<u>FENTANYL</u>	• 25-100mcg IV/IO Slow Push, IM/IN (Titrate to effect, may repeat 5-10 min)	• 1 mcg/kg, up to 100mcg. IV/IO Slow Push, IM/IN (Titrate to effect, may repeat 5-10 min)
	TOTAL MAX DOSE: 400mcg	TOTAL MAX DOSE: 400mcg

Procedures/Interventions**INITIAL ASSESSMENT:**

- Assess airway and nares for soot, debris, or obvious burns. If suspected airway involvement, consider need for early airway management
- If suspected CO or cyanide poisoning, refer to Carbon Monoxide, Smoke Inhalation & Cyanide Poisoning Protocol
- For burn patients with suspected more than 20% second degree burns and/or greater than 5% third degree burns, consider routing directly to appropriate burn care facility.
- Expose (remove all clothing and jewelry) and assess for any motor or neurologic deficit

FOCUSED EXAM: Use head-to-toe approach

- Quickly assess % of skin involved and depth of burn
 - Calculate the percent of total burn surface area (TBSA) and include only partial (second degree) and full thickness (third degree) burns
- Cover patient with clean, dry sheet
- Cover affected area with sterile burn sheet
- KEEP WARM because hypothermia occurs rapidly
 - Use emergency blankets or clear plastic wrap to reduce heat loss
- Avoid use of ice or ointments
- If material is stuck to the skin, do not attempt to remove
- For circumferential burns, elevate burn extremity above the level of the heart

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TREATMENT:

- Begin fluid resuscitation
 - If burn size is greater than 10% pediatric or greater than 15% adult, initiate fluid resuscitation
 - Patients with greater than 30% TBSA burns require 2 large bore IVs (may be inserted through burned skin if necessary)
 - Pain Management

Electrical Burns

In electrical burns, assess for associated injuries such as dysrhythmias, muscle or neurologic injury. Expect burns around both entry and exit wounds.

- Obtain EKG to assess for dysrhythmias (refer to [Dysrhythmia Protocol](#))
- Treat muscle pain/contractions as needed (refer to [Pain Management Protocol](#))
- Treat seizures as needed (refer to [Seizure Protocol](#))

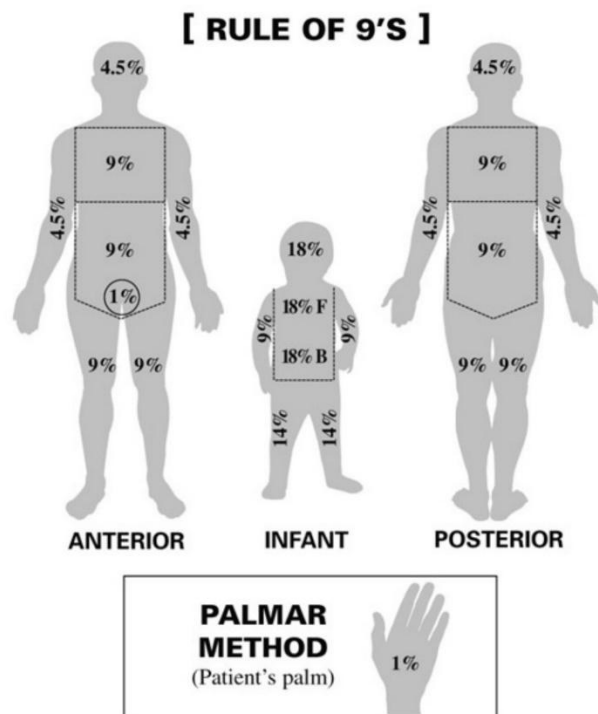
High voltage electrical injuries require trauma immobilization and additional evaluation as a trauma patient (see General Trauma protocol)

Reverse Triage: for multiple victims of a lightning strike, "reverse triage" (treating the cardiac or pulmonary arrest victims first) because patients who do not experience immediate cardiac arrest have an excellent chance for recovery

Chemical Burns:

For chemical burns, consider HAZMAT response

- Remove contaminated clothing
- Irrigate involved skin with water or saline for at least 20 minutes or until the burning sensation is relieved. May need to continue irrigation during transport



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Considerations:

Considerations for crews on scene prior to ambulance arrival.

1. Remove patient from hazardous environment.
2. Secure airway provide oxygen, obtain (SAMPLE).
3. Gently remove burnt clothing (items fused to skin leave in place cut around).
4. Determine area burned (severe locations face, genitals, circumferential to the upper torso).
5. Do not use ice or ointments on the affected area.
6. Begin to irrigate the involved skin with water or saline.
7. Wrap in emergency blankets if one is carried.
8. Give full report to arriving paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not.