



## Protocol 700-E4: Burns

Revision 5/22/18  
Effective 8/1/18

### BLS Treatment

- ❖ Scene Survey - Identify hazard potential - (chemical, electrical, thermal).
- ❖ Mitigate hazard and stop burning process. Remove jewelry and constrictive clothing.
- ❖ Treat life threats. (See Procedure 701 *Life Threats*).
- ❖ Identify extent of burn. Use rule of nines. Refer to PAM criteria (Policy 626 *Trauma Triage*) when appropriate.
- ❖ Cover affected body surface with clean, dry cotton or linen sheet.
- ❖ Prepare for transport / transfer of care.

### ALS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*).
- ❖ Consider early intubation for patients with evidence of inhalation injury or respiratory distress. Use nebulized saline when indicated.
- ❖ If Bronchospasm or wheezes are present:
  - **Albuterol** 5mg via nebulizer, may repeat as needed.
  - If heart rate >160 bpm, withhold treatment and contact Base Station.
- ❖ To relieve pain, refer to Policy 703 Pain Management. Contact Base Station for additional doses. (See Notes)
- ❖ Transport. Consider direct transport to a Burn Center (see table 1)
- ❖ Contact Base Station as needed.

### Special Considerations

- ❖ Hold **Morphine** 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

Table 1: Burn Center Criteria

<input type="checkbox"/> >10% TBSA 2°/3° burns	<input type="checkbox"/> Burns that cross joints
<input type="checkbox"/> >2% 3° burns	<input type="checkbox"/> Significant electrical burns
<input type="checkbox"/> Evidence of respiratory burns	<input type="checkbox"/> Burns involving face, hands, feet, perineum
<input type="checkbox"/> Circumferential burns	