



**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**TRAUMA
REFERENCE NO. T-10 (LALS)**

SUBJECT: BURNS: THERMAL & ELECTRICAL

INFORMATION NEEDED:

- Type and source of burn: Chemical, electrical, thermal, steam
- Complicating factors: Exposure in enclosed space, total time of exposure, drug or alcohol use, smoke or toxic fumes
- Medical history: Cardiac or respiratory disease, circulatory problems, etc.
- Consider non accidental trauma and required reporting requirements

OBJECTIVE FINDINGS

- Evidence of inhalation injury or toxic exposure (carbonaceous sputum, hoarseness, or singed nasal hairs)
- Extent of burn (depth – full or partial thickness and BSA affected)
- Entrance or exit wounds for electrical or lightning strike
- Associated trauma from an explosion, electrical shock or fall

BLS

- ABC's
- High flow O₂ by mask, consider BVM early for altered LOC or respiratory distress
- Consider early advanced airway for patient with evidence of inhalation injury, compromised respiratory effort, or GCS ≤ 8
- Remove wet dressings
- Cover with dry, clean dressings / linen

LALS

Cardiac Monitor / Pulse Ox

Albuterol - only if wheezes are present:

- 2.5 – 5 mg via HHN, mask or BVM

IV NS (in non-burned extremity) for 2^o & 3^o burns > 9% BSA, facial burns or burns requiring IV analgesia. Titrate to appropriate rate

Destination
per Trauma
Triage Policy
860

Does pt meet
trauma triage
criteria?

YES

NO

Morphine Sulfate – for pain

- 2 – 5 mg increments IV
- Titrate to tolerable pain level

***All patients suffering from an electrical burn shall be transported for evaluation**

***Any patient with the following types of burns require contact with the closest base / modified base hospital for appropriate transport destination:**

- Full thickness (3^o) burns of the hands, feet, face, perineum, or > 2% of any body surface
- Partial thickness (2^o) burns > 9% of body surface
- Significant electrical or chemical burns

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Approved by:

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Page 1 of 1

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S-SV EMS Medical Director

SIGNATURE ON FILE

S-SV EMS Regional Executive Director