

CHEMICAL BURNS

- BASIC THERAPY
- IV / IO - NS in non-burned extremity
- Contact base hospital

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IF isolated burn w/o inhalation is documented & ALL of the following are present:

- a. SBP > 100mmHg
- b. no allergy to Morphine
- c. pt in severe pain

Morphine Sulfate 2 mg increments, slow IV push or IO (max 2mg/min). Titrate to tolerable pain level - discontinue MS if SBP < 100 mmHg

ORGANOPHOSPHATE OR CARBAMATE PESTICIDES

- BASIC THERAPY
- IV / IO - NS in non-burned extremity
- Contact base hospital

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Atropine 2.0 mg IV push or IO if HR < 60
May repeat q 3 minutes to HR > 80
No maximum dose.

NOTE: Precautions must be taken to prevent direct contact with secretions of the pt who has ingested organophosphate or carbamate pesticides.

HYDROFLUORIC ACID (HF)

Skin exposure to HF with conc. > 20% can cause fatal hypocalcemia & should be treated. Provide continuous EKG to look for QT-interval prolongation = early sign of hypocalcemia.

- BASIC THERAPY
- Copious water irrigation
- IV / IO - NS in non-burned extremity
- Contact base hospital
- Calcium Chloride 10% - 10cc slow IV push or IO - May repeat q 5 minutes

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For HF burns that are isolated to the hand(s), finger(s), or toe(s):

- Calcium Chloride 10% - pour contents of one ampule into sterile glove & immerse affected area into solution.
- If Calcium Gluconate gel has been applied, do not remove. No further treatment is necessary.