

SIERRA-SACRAMENTO VALLEY EMS AGENCY ALS PROTOCOL - MEDICAL EMERGENCY

REFERENCE NO. T-10

SUBJECT: BURNS: THERMAL & ELECTRICAL

Information Needed:

- Type and source of burn, chemical electrical, steam, smoke or toxic fumes
- Complicating factors: exposure in enclosed space, total time exposed, drugs, or alcohol
- 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, i.e. 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

- ABCs- O₂ - high flow by mask, consider BVM early for altered LOC or respiratory distress
- Consider early advanced airway for patients with evidence of an inhalation injury, compromised respiratory effort, or GCS ≤8
- Monitor
- Pulse oximetry

If wheezes are present

- Albuterol
2.5 -5 mg via HHN, mask or BVM

- Remove wet dressings.
- Cover with dry clean dressings / linen

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

Burn with trauma
that meets trauma
triage criteria

Yes

Destination per Trauma
triage policy # 860

No

- Treat Pain with
Morphine Sulfate
2 - 5 mg IV / IO
Titrate to tolerable pain level

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

Any Patient with the following should be transported to UCDMC Burn Center:

- Full thickness (3rd degree) burns > 2% of body surface
- Partial thickness (2nd degree) > 9% of body surface
- Significant electrical or chemical burns
- For all other burns contact base for destination decision.

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Approved by:

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