

# Sierra – Sacramento Valley EMS Agency Treatment Protocol

## Burns



Effective: 06/01/2016

Next Review: 04/2019

**T-10 (LALS)**

Approval: Troy M. Falck, MD – Medical Director

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### 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

### 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 - consider BVM early for altered LOC or respiratory distress
- O<sub>2</sub> at appropriate flow rate
- Assess V/S including pulse oximetry
- Remove wet dressings and cover with dry, clean dressings/linen

### ALS

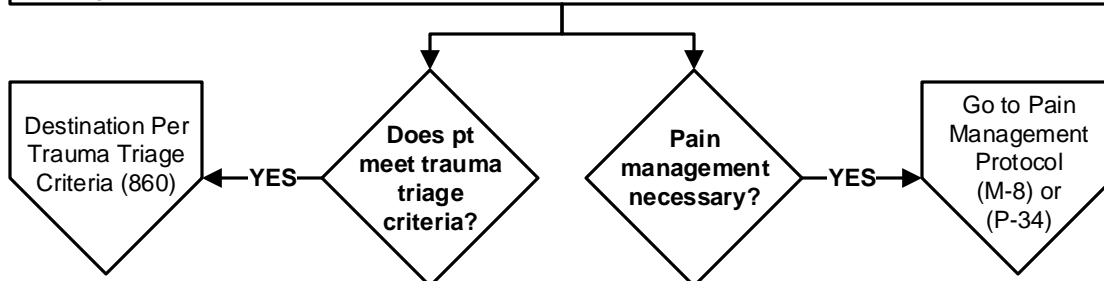
- Cardiac monitor (AEMT II ONLY)
- Consider early advanced airway if evidence of inhalation injury or compromised respiratory effort

#### IV/IO – NS/LR TKO (in non-burned extremity)

- For 2° & 3° burns > 9% BSA, facial burns, or if IV/IO pain management is necessary
- Administer fluid bolus of 1000 ml for adults or 20 ml/kg for pediatrics (or as directed by the base/modified base hospital) for 2° or 3° burns > 9 % BSA or signs of hypovolemia

#### Albuterol (if wheezes are present)

- 5 mg in 6 mL NS via HHN, mask or BVM



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

**\*Patients with the following types of burns require base/modified base hospital transport destination consultation**

- Full thickness (3°) burns of the hands, feet, face, perineum, or > 2% of any body surface
- Partial thickness (2°) burns > 9% of body surface
- Significant electrical or chemical burns
- When prehospital personnel determine that transport to a burn center may be in the best interest of the patient



Burns

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BURN CHART

