



Burns

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Approval: Victoria Pinette – Executive Director

Next Review: 11/2022

Information Needed

- Type/source of burn: chemical, electrical, thermal, steam.
- Complicating factors: concomitant trauma, exposure in enclosed space, total time of exposure, drug or alcohol use, smoke or toxic fumes, delayed resuscitation.

Objective Findings

- Evidence of inhalation injury or toxic exposure (i.e., carbonaceous sputum, hoarseness, or singed nasal hairs).
- Extent of burn (full or partial thickness and body surface area affected).
- Entrance or exit wounds for electrical or lightning strike or trauma from an explosion, electrical shock or fall.

Transport Notes

- All pts suffering from an electrical burn shall be transported for evaluation.
- Contact the base/modified base hospital for destination consultation on pts with any of the following:
 - 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.

BLS

- O₂ at appropriate rate, consider BVM early for altered LOC or respiratory distress
- Assess V/S, including SpO₂
- Remove wet dressings and cover with dry, clean dressings

ALS

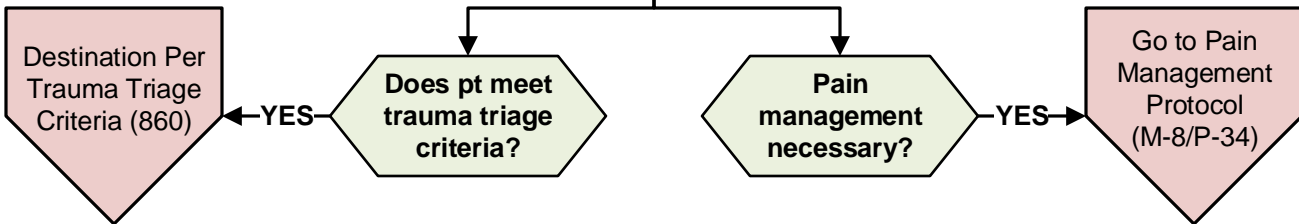
- Cardiac monitor
- Consider early advanced airway if evidence of inhalation injury or compromised respiratory effort

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

- For 2° & 3° burns >9% body surface area, facial burns, or if IV/IO pain management is necessary
- Administer 1000 mL fluid bolus for adult pts or 20 mL/kg fluid bolus for pediatric pts with 2° or 3° burns >9% body surface area or signs of hypovolemia

Albuterol (if wheezes are present)

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





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Burn Chart

