Septem Valley	Sierra – Sacramento Valley EMS Agency Treatment Protocol		
A A A A A A A A A A A A A A A A A A A	Burns	T-5	
Approval: Troy M. Falck, MD – Medical Director Effective: 06/01/2)24	
Approval: John Poland – Executive Director Next Review: 01/2		2027	
 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, compartment syndrome of extremities, chest, or abdomen. 			
Objective Findings			
 Evidence of inhalation injury or toxic exposure (i.e., carbonaceous sputum, hoarseness/stridor, or singed nasal hairs). Extent of burn: full or partial thickness and body surface area (BSA) affected. Entrance or exit wounds for electrical or lightning strike or trauma from an explosion, electrical shock or fall. 			
Transport Notes			
All hts suffering from an electrical burn shall be transported for evaluation.			

- All pts suffering from an electrical burn shall be transported for evaluation.
- Contact the closest 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 BSA
 - Partial thickness (2°) burns >9% of BSA
- Significant electrical or chemical burns



- 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



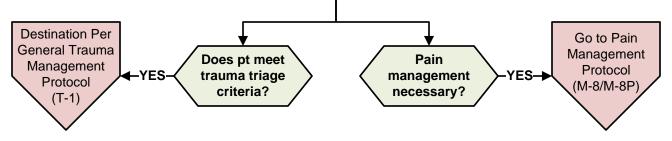
- Cardiac monitor
- Consider EtCO₂ monitoring/trending
- Consider early advanced airway if evidence of inhalation injury or compromised respiratory effort
 - ① The likelihood of airway compromise is increased in burn pts receiving IV/IO fluid administration
 - ① Airway compromise/occlusion is likely for pts with burns >25-30% BSA, regardless of location of burns

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 1000 mL fluid bolus for adult pts or 20 mL/kg fluid bolus for pediatric pts with 2° or 3° burns
 >9% BSA or signs of hypovolemia (note increased airway compromise warning above & closely monitor)

Albuterol (if wheezes are present)

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





Burns

Burn Chart

