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Next Review: 01/2027

#### Burns

Approval: Troy M. Falck, MD – Medical Director

# Approval: John Poland – Executive Director

## **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 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



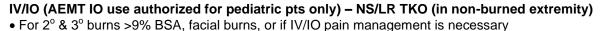
- O<sub>2</sub> at appropriate rate, consider BVM early for altered LOC or respiratory distress
- Assess V/S, including SpO<sub>2</sub>
- Remove wet dressings and cover with dry, clean dressings



- Cardiac monitor (AEMT II)
- Consider EtCO<sub>2</sub> monitoring/trending (AEMT II)

Consider early advanced airway if evidence of inhalation injury or compromised respiratory effort
 The likelihood of airway compromise is increased in burn pts receiving IV/IO fluid administration

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  A invest compromise/seclusion is likely for pts with burns > 25, 20% PSA, regardless of location of burns
- ① Airway compromise/occlusion is likely for pts with burns >25-30% BSA, regardless of location of burns



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

