



Burns

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Approval: John Poland – Executive Director

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Important Notes

- 20CRW = 20 Minutes of Cool Running Water, which is the recommended initial treatment for burns involving <30% total body surface area (TBSA). It helps stop the burning process, reduce pain, limit tissue damage, & improve healing outcomes. Avoid cold water in small children to prevent hypothermia. Avoid ice.

BLS

Initial Actions:

- Stop the burn & remove clothing/jewelry (as applicable)
- Assess V/S, including SpO₂
- If signs/symptoms of inhalation injury (singled nasal hairs, hoarseness, carbonaceous sputum):
 - High-flow O₂
 - Manage airway as appropriate

Secondary Actions:

- For thermal burns <30% TBSA, & in the absence of life-threatening injuries, cool with 20CRW
- Estimate % TBSA burned & severity
- Cover burns with dry sterile dressings, burn sheets, or loose clear plastic wrap
- Maintain normothermia

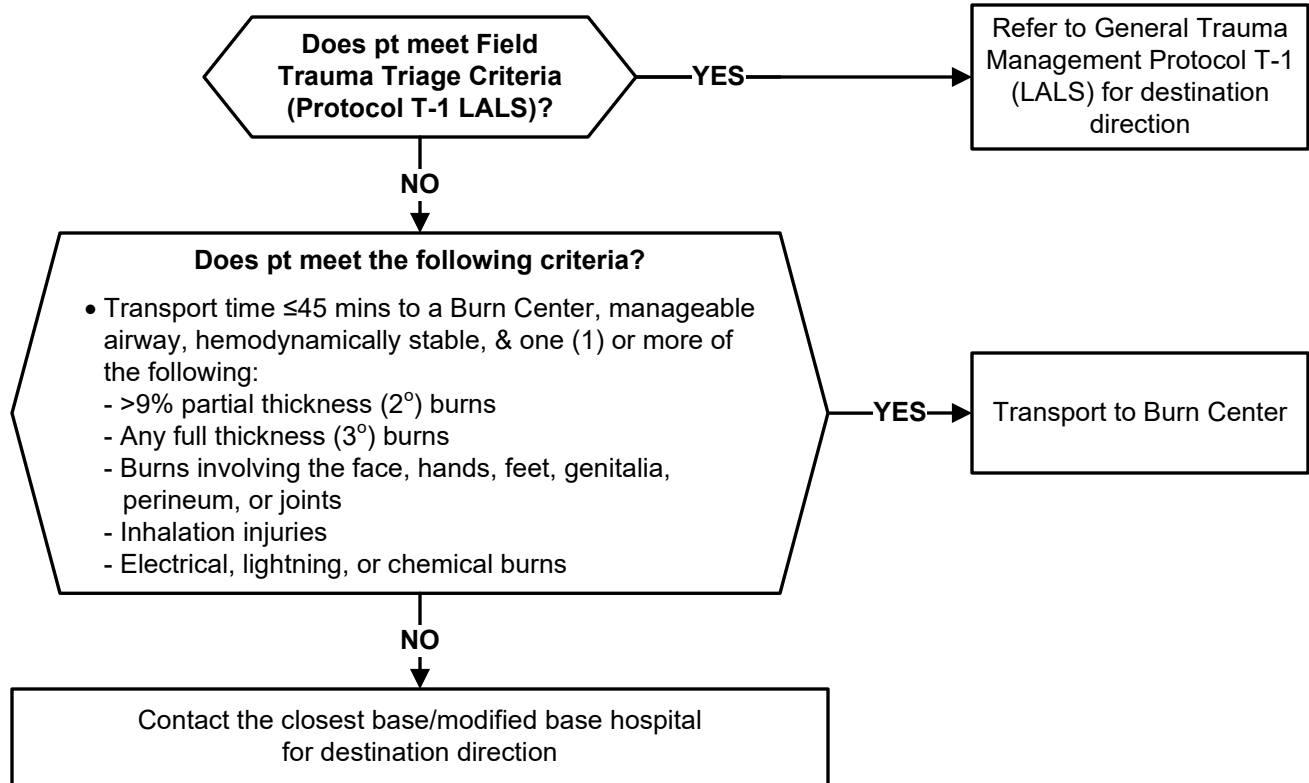
LALS

- Cardiac monitoring (**AEMT II**)
- Consider EtCO₂ monitoring as indicated (**AEMT II**)
- Consider early advanced airway if evidence of inhalation injury or compromised respiratory effort
- If wheezes are present:
 - **Albuterol**: 5 mg in 6 mL NS via HHN, mask, or BVM
- Refer to applicable Pain Management Protocol (M-8 LALS/M-8P LALS) for pain management treatment
- **IV/IO – NS/LR (Note: IO authorized for pediatric pts only)**
 - Initial fluid resuscitation for pts with >9% partial thickness (2°) or full thickness (3°) burns:
 - o ≤5 yo: 125 mL/hr
 - o 6 - 13 yo: 250 mL/hr
 - o ≥14 yo: 500 mL/hr
 - If pt is hypotensive, refer to applicable General Medical Treatment Protocol (M-6 LALS/M-6P LALS) for fluid resuscitation guidelines



Burns

PT TRANSPORT DESTINATION DIRECTION



BURN CHART

