

## Burns (Adult and Pediatric)

### CFR and All Provider Levels

1. Stop the burning process
2. ABCs and vital signs
3. Airway management and appropriate oxygen therapy
4. Remove smoldering clothing that is not adherent to the patient's skin
5. If possible, remove rings, bracelets, and constricting objects on the burned extremity
6. Cover the burn with dry sterile dressings or sterile non-adherent dressings, if available
7. Immediately irrigate burns to the eye with Normal Saline or water
8. Assess and treat for smoke inhalation appropriately as needed
9. Maintain patient's body temperature

### CFR STOP

### EMT

10. Cover burns with moist sterile dressings only if the burn is  $\leq 10\%$  of total body surface area (TBSA)
11. Transport patient to the closest appropriate Burn Center (Appendix I: Hospital Specialty Capabilities) as needed

### EMT STOP

### Paramedic

13. Perform advanced airway management for any evidence of burns to the upper airway or if upper airway compromise is anticipated
14. Begin cardiac monitoring
15. Obtain intravascular access
16. For partial and full thickness burns (2<sup>nd</sup> degree burns or higher)  $> 20\%$  TBSA, administer crystalloid fluids 20 ml/kg IV (maximum 1 L)
17. Assess and treat for chemical eye injuries/burns as needed

### Paramedic STOP

### Medical Control Options

18. For a delay in transport, administer crystalloid fluids 20 ml/kg IV (maximum 1 L)

**Key Points / Considerations**

- Transport patients with criteria as determined in the General Operating Procedures and Appendix F: Burn Center Transport Criteria to the closest appropriate Burn Center
- Assure scene safety and patient decontamination for chemical burns/HAZMAT exposure
  - For liquid chemical burns: flush with copious amounts of water or saline, ideally for a minimum of 20 minutes
  - For dry powder burns: brush powder off before flushing
  - Use caution to avoid the spread of the contaminant to unaffected areas (especially from one eye to the other)
  - If hazardous material involvement is suspected, notify the destination hospital to allow for appropriate decontamination
- Consider other injuries, including cardiac dysrhythmias
- Oxygen saturation readings may be falsely elevated in suspected smoke inhalation
- When considering the total area of a burn, DO NOT include superficial (1<sup>st</sup> degree) burns
- For burns > 10%, use only dry sterile dressings or sterile non-adherent dressings, if available, once the burning process has stopped
- Most burn patients do not need aggressive pre-hospital fluid resuscitation
- Hypothermia is a significant concern in burn patients