

## BURNS

- I. BLS Treatment Protocol:
  - A. Scene Survey Identify hazard potential (chemical, electrical, thermal).

B. Mitigate hazard and stop burning process. Remove jewelry and constrictive clothing.

- C. Treat life threats. (See Policy 4000 *Life Threats*).
- D. Identify extent of burn. Use rule of nines. Refer to PAM criteria (Policy 7070 *Trauma Triage*) when appropriate.
- E. Cover affected body surface with clean, dry cotton or linen sheet.
- F. Prepare for transport / transfer of care.
- II. ALS Treatment Protocol:
  - A. Treat life threats. (See Policy 4000). Consider early intubation for patients with evidence of inhalation injury or respiratory distress. Use nebulized saline when indicated.
  - B. If Bronchospasm or wheezes are present:
    - 1. Albuterol 2.5mg via nebulizer, may repeat X3 q10 minutes.
    - 2. If heart rate >180 bpm withhold treatment and contact Base Station.
  - C. To relieve pain, refer to Policy 5600 *Pain Management*. Contact Base Station for additional doses. (See Notes)
  - D. Transport. Consider direct transport to a Burn Center.
  - E. Contact Base Station as needed.

Notes:

- Hold MS or fentanyl if patient has or develops respiratory depression, bradycardia or hypotension. Narcan should be immediately available to reverse adverse effects.
- Remember that hypothermia is much more common than hyperthermia in burn patients. Once burn is properly covered, consider covering patient with additional insulating material.
- Enclosed space burn patients are at high risk for respiratory burns.

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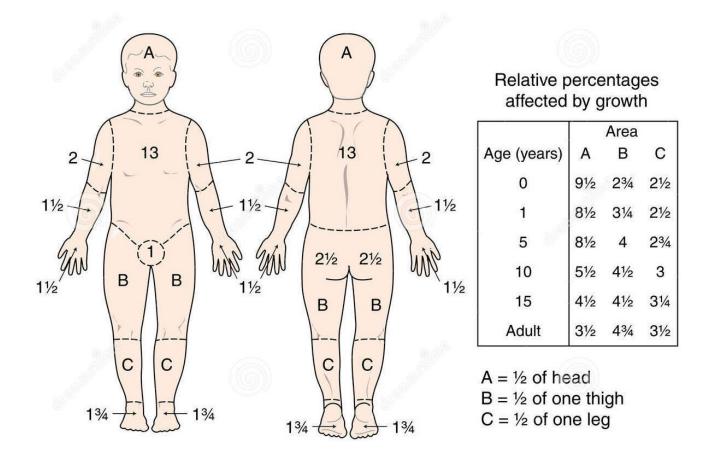




Specific Burn Criteria for direct transport to Burn Center:

- 1. >10% TBSA  $2^{\circ}/3^{\circ}$  burns
- 2. >2%  $3^{\circ}$  burns
- 3. Evidence of respiratory burns
- 4. Circumferential burns
- 5. Burns that cross joints
- 6. Significant electrical burns
- 7. Burns involving face, hands, feet, perineum

## Lund diagram (estimate percentage of pediatric burn)



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