BURNS

ADULT	PEDIATRIC

Burn Triage Criteria

- **Partial/full thickness (2nd or 3rd degree) burns involving greater than 15% TBSA without airway compromise**
- **Partial/full thickness (2nd or 3rd degree) burns of face, hands, feet, perineum or circumferential burn to any body part**
- **Significant electrical injuries with voltage in excess of 220v or lightning injury**
- **Significant inhalation injury**
- **All full thickness burns (3rd degree)**

These patients should be transported to the closest receiving Burn Center

BLS Procedures

Assess Airway.
Assist Ventilations, if needed.
Oxygen, Titrate to SPO2 of 94% or higher.
Assess Vitals.

For burns ≤ 30% and in the absence of immediate life threats:

- Initiate or continue cool running water to the burn area to immediately stop the burning process.
- It is optimal to have 20 minutes of cool running water (20CRW) prior to transport
- If it is not possible to complete 20CRW, notify ED or Air Transport, the total time that 20CRW was completed.
- 20CRW water does not need to be sterile, tap water or equivalent sources are acceptable.
- When 20CRW is completed or if unable to complete, cover burn(s) with sterile, dry dressing, DO NOT apply any burn cream.
- Remove all jewelry or constricting items (rings, necklaces, watches, etc.).

ALS Standing Orders

Obtain ECG.
IV/IO as necessary.
Pain Control – refer to Pain Management Protocol.

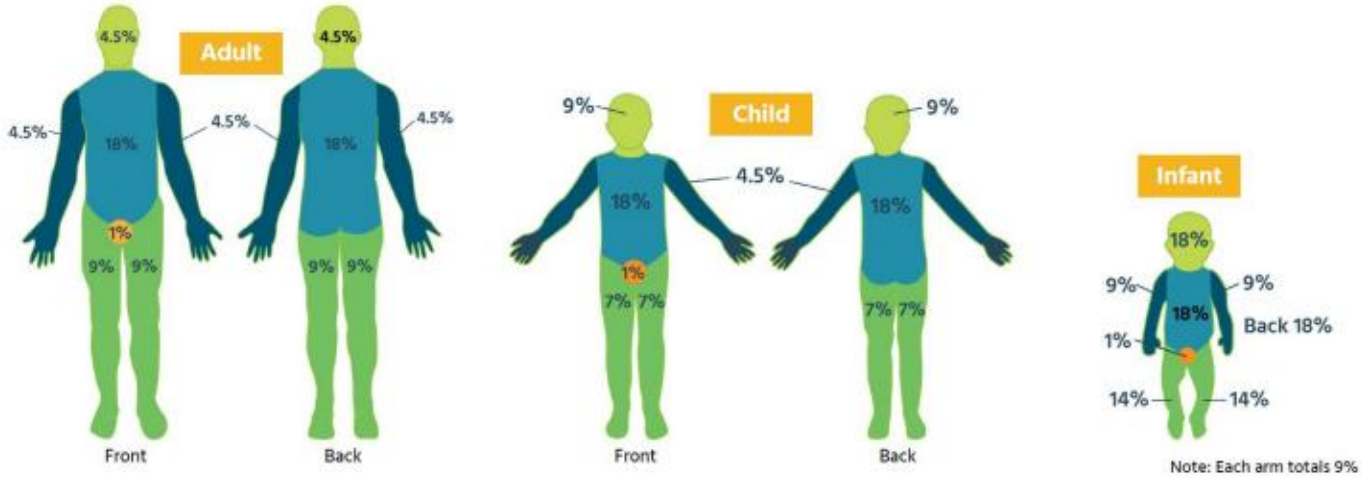
ALS Treatments

ADULT	PEDIATRIC
Fluid Bolus 500 ml IV/IO • May repeat as needed	**Fluid Bolus 20 ml/kg IV/IO** • May repeat as needed
Patients who are Wheezing	**Patients who are Wheezing**
Albuterol 5 mg Nebulized • May repeat once	**Albuterol 5 mg Nebulized** • May repeat once
AND/OR	**AND/OR**
Duo-Neb Nebulized (Ipratropium 0.5 mg/Albuterol 2.5 mg) • May repeat once	**Duo-Neb Nebulized (Ipratropium 0.5 mg/Albuterol 2.5 mg)** • May repeat once

Special Considerations

- Consider early intubation in adult burn patients with signs of severe respiratory compromise (wheezing stridor, carbonaceous sputum, facial edema, nasal singeing, etc.).
- Patients with severe burns to head, face, throat or chest should be transported with the head elevated at least 30°.
- Assess for airway involvement with severe chemical burns and patients burned from fires in enclosed spaces.

Rule of 9's



Base Hospital Orders Only