

SUBJECT: TREATMENT PROTOCOL – BURNS

Date: 7/1/2013

BLS

ALS

<ul style="list-style-type: none">• Move patient to a safe environment• Break contact with causative agent• Ensure patent airway, O₂ and/or ventilate prn• O₂ Saturation prn• Treat other life threatening injuries <p><u>Thermal burns:</u></p> <ul style="list-style-type: none">• Burns of < 10% body surface area, stop burning with non-chilled water or saline• For burns ≥ 10% body surface area, cover with <u>dry</u> dressing and keep warm• Do not allow the patient to become hypothermic <p><u>Chemical burns:</u></p> <ul style="list-style-type: none">• Brush off dry chemicals• Flush with copious amounts of water <p><u>Tar burns:</u></p> <ul style="list-style-type: none">• Cool with water, transport; do not remove tar	<ul style="list-style-type: none">• Monitor EKG• Carboxyhemoglobin monitor prn, if available SO• IV/IO <u>SO</u> adjust prn <ul style="list-style-type: none">• Treat pain as per Pain Management Protocol (S-141) <p>For patients with ≥20% 2nd or ≥5% 3rd degree burns and ≥15 yo:</p> <ul style="list-style-type: none">• 500 ml fluid bolus IV/IO then TKO <u>SO</u> <p>In the presence of respiratory distress with bronchospasm:</p> <ul style="list-style-type: none">• Albuterol 6ml 0.083% via nebulizer <u>SO</u>. MR <u>SO</u>
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Note: Base Hospital Contact and Transport (Per S-415) will be made to UCSD Base Hospital for patients meeting burn center criteria.

BURN CENTER CRITERIA

Patients with burns involving:

- ≥ 20% 2nd or ≥ 5% 3rd degree of BSA
- suspected respiratory involvement or significant smoke inhalation in a confined space
- significant injury of the face, hands, feet or perineum or circumferential
- significant electrical injury due to high voltage (greater than 110 volts)

Disposition:

Consider Hyperbaric chamber for suspected CO poisoning in unconscious or pregnant patients.

Document 7/1/2013

Approved:



EMS Medical Director