### BLS
- Move patient to safe environment
- Break contact with causative agent
- Ensure patent airway, O\textsubscript{2}, and/or ventilate PRN
- O\textsubscript{2} saturation PRN
- Treat other life-threatening injuries
- Carboxyhemoglobin monitor PRN, if available

**Thermal burns**
- For burns <10% BSA, stop burning with non-chilled water or saline
- For burns >10% BSA, cover with dry dressing and keep patient warm
- Do not allow patient to become hypothermic

**Toxic inhalation (e.g., CO exposure, smoke, gas)**
- Move patient to safe environment
- 100% O\textsubscript{2} via mask
- Consider transport to facility with hyperbaric chamber for suspected CO poisoning, particularly in unconscious or pregnant patients

**Chemical burns**
- Brush off dry chemicals
- Flush with copious amounts of water

**Tar burns**
- Do not remove tar
- Cool with water, then transport

### ALS
- Monitor/EKG
- IV/IO SO
- Capnography SO PRN
- Treat pain per Pain Management Protocol (S-141)

**For patients with >20% partial-thickness or >5% full-thickness burns and ≥15 years**
- 500 mL fluid bolus IV/IO SO, then TKO SO

**Respiratory distress with bronchospasm**
- Albuterol 6 mL 0.083% via nebulizer* SO, MR SO

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*Infection control*: If concerned about aerosolized infectious exposure, substitute with albuterol MDI, if available

Contact UCSD Base Hospital for patients meeting burn center criteria†
See Base Hospital Contact/Patient Transportation and Report (S-415)

†**Burn center criteria**
Patients with burns involving
- >20% partial-thickness or >5% full-thickness burns over BSA
- Suspected respiratory involvement or significant smoke inhalation
- Circumferential burn or injury to face, hands, feet, or perineum
- Electrical injury due to high voltage (>120 volts)