**BLS**

- Move 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
- Carboxyhemoglobin monitor PRN, if available

**ALS**

- Monitor/EKG
- IV/IO SO
- Capnography SO PRN
- Treat pain per Pain Management Protocol (S-173)

**Thermal burns**

- For burns of <10% BSA, stop burning with non-chilled water or saline
- For burns of ≥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% O₂ 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

**Respiratory distress with bronchospasm**

- Epinephrine 1:1,000 per drug chart (combined with 3 mL normal saline) via nebulizer SO, MR x1 SO

**Respiratory distress with stridor**

- Epinephrine 1:1,000 per drug chart IM SO, MR x2 q5 minutes 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
  - >10% BSA partial thickness or >5% BSA full thickness
  - Suspected respiratory involvement or significant smoke inhalation
  - Circumferential burn injury or injury to face, hands, feet, or perineum
  - Electrical injury due to high voltage (>120 volts)