



BURNS

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BLS

ALS

- Move patient to safe environment
- Break contact with causative agent
- Ensure patent airway, O<sub>2</sub>, and/or ventilate PRN
- O<sub>2</sub> 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<sub>2</sub> 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

- Monitor/ECG
- IV/IO <sup>Ⓐ</sup>
- Capnography
- 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 <sup>Ⓐ</sup>

**Respiratory distress with bronchospasm<sup>1</sup>**

- Albuterol/Levalbuterol 6 mL via nebulizer, MR <sup>Ⓐ</sup>

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

**<sup>†</sup>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 burn to face, hands, feet, or perineum
- Electrical injury due to high voltage (≥1,000 volts)

<sup>1</sup> **Infection control:** If concerned about aerosolized infectious exposure, substitute with MDI, if available