



BURNS

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BLS

ALS

- 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

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

- Monitor/ECG
- IV/IO [Ⓐ]
- Capnography
- Treat pain per Pain Management Protocol (S-173)

Patients with >10% partial-thickness or >5% full-thickness burns

- Fluid bolus IV/IO per drug chart then TKO [Ⓐ]

Respiratory distress with bronchospasm¹

- Albuterol/Levalbuterol per drug chart via nebulizer, MR [Ⓐ]

Respiratory distress with stridor

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

No improvement after epinephrine via nebulizer x2 or impending airway compromise

- Epinephrine 1:1,000 per drug chart IM, MR x2 q5 min [Ⓐ]

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 or burn to face, hands, feet, or perineum
- Electrical injury due to high voltage (≥1,000 volts)

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