

**Burns**

| Legend  |                 |
|---|-----------------|
|  | EMR             |
|  | EMT             |
|  | Intermediate    |
|  | Paramedic       |
|  | Medical Control |



1. Make sure scene is safe to enter.
2. Ensure patient has a patent airway, is breathing, and has a pulse
3. Oxygen at 15L/min via non-rebreather mask or 6L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support patient's respirations with BVM if necessary.
4. Trauma assessment- refer to trauma assessment chart
5. **Thermal Burn Treatment**
  - a. Remove jewelry and loose clothing. Do not pull away clothing that is stuck to the burn
  - b. Cover the wound with dry sterile dressings
  - c. Closely monitor the patient
6. **Electrical Burn Treatment**
  - a. Ensure power service has been cut off and removed from patient by trained personnel
  - b. Fully immobilize patient due to forces of electrical current and possible trauma
  - c. Assess for entry and exit wounds. No cooling or flushing is necessary for this type of burn
  - d. Cover burn with dry, sterile dressings
  - e. Closely monitor the patient.
7. **Chemical Burn Treatment**
  - a. Consider possible scene and patient contamination and follow agency safety procedures
  - b. Note which chemical agent caused the burn and obtain the SDS for that chemical (if possible)
  - c. Patient's clothing should be removed completely to prevent continued exposure and the patient needs to be decontaminated **prior to** being placed in the ambulance for transport
  - d. **Dry chemical powder should be brushed off before applying water**
  - e. Irrigate the patient with Sterile Water only if the SDS indicates use of water will not cause an adverse reaction. Body parts should be flushed for at least 1 - 2 minutes. Do not use Sterile Saline on chemical burns
  - f. Irrigate burns to the eye with at least 1 Liter of Normal Saline for at least 5 minutes. Alkaline burns should receive continuous irrigation throughout transport
8. Apply pulse oximeter and record patient's oxygen saturation.
9. **DO NOT** attempt a BIAD if there is any possibility of injury to the airway .

EMR

EMR

1. Continue EMR care.
2. Initiate ALS intercept if needed and transport as soon as possible.
3. Place a burn sheet on stretcher and if patient's posterior is burned, place a trauma dressing on top of sheet with absorbent side toward patient.
4. Place patient on stretcher and cover with additional burn sheets then blankets to conserve body heat.
3. **Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary.**

EMT

EMT

1. Continue EMT care.
2. Initiate IV 1-2L bolus of Normal Saline – refer to Parkland Formula for IV bolus amount.  
**NOTE: If possible, avoid initiating an IV in burned extremity.**
3. Pain management per Pain Management SMO
4. Zofran 4mg IV/IM slow for nausea/vomiting.
5. Transport as soon as possible.
6. Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary.
7. **Contact Medical Control for Ketamine 1-2 mg/kg IV/IO.**

I

P

MC

I

P

MC