

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.

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ALS ONLY:
Contact Medical Control for Ketamine 1-2 mg/kg IV/IO.

MC

MC