

4.06 BURNS

BLS Treatment

- Position of comfort.
- NPO.
- **Oxygen** as indicated.

Thermal:

- Remove jewelry and non-adhered clothing. Do not break blisters.
- Cover affected body surface with dry sterile dressing or dry sterile sheet.

Chemical:

- Brush off dry powder.
- Remove any contaminated or wet clothing.
- Irrigate continuously with saline or water.
- Treat according to Protocol 3.04 (HazMat protocol).

Electrical:

- Disconnect electrical source before touching patient.
- Dry sterile dressing on any exposed injured area.

Tar:

- Cool to tepid water. Do NOT remove tar or apply solvents.

ALS Treatment

- Early advanced airway management for patients with evidence of inhalation injury.
- IV/IO **Normal Saline** at TKO.
- If partial or total thickness burns > 10% BSA, administer **Normal Saline** fluid bolus.
- For pain: may administer **Morphine Sulfate**.
- For nausea/vomiting: may administer **Ondansetron**.

Comments

- Any burn patient meeting the following criteria, without associated trauma, **MUST** be transported to a Burn Center:
 - 10% body surface area;
 - Inhalation burns;
 - Burns to the face, hands, and/or feet;
 - Burns to major joints and/or genital area.
- Inhalation injuries are burn injuries and may cause delayed, but severe airway compromise.
- Do NOT apply ice or ice water directly to skin surfaces (additional injury will result).
- Lightning injuries may cause prolonged respiratory arrest.
- Assume presence of associated multisystem trauma from explosions, electrical shock, falls or with signs or symptoms of hypovolemia.
- Dysrhythmias may be present with electrical burns due to changes in K⁺ levels.

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CALCULATING BODY SURFACE AREA

