



Burns – Thermal







Injury

CRITERIA


Any child 13 or younger exhibiting signs or symptoms of a thermal burn

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact Protocol</i>	EMR
EMR	Safely remove patient from source of burn and treat accordingly	EMR
EMR	Consider high-flow oxygen by non-rebreather or BVM for extensive burns.	EMR
EMT	Apply high-flow oxygen by non-rebreather or BVM. Consider early advanced airway if any signs or symptoms of airway insult develop: <ul style="list-style-type: none"> • Singed facial or nasal hairs • Hoarse voice or stridor • Carbonaceous sputum • Burns on face • Difficulty breathing 	EMT
EMT	Completely expose burned area. Remove all jewelry and constricting items	EMT
EMT	Estimate depth of burns and body surface area involved	EMT
EMT	Consider direct transport to Level 1 Trauma Center in the following cases: <ul style="list-style-type: none"> • Partial-thickness burn of greater than 10% BSA • Electrical burns, including lightning injury • Full-thickness burns • Circumferential burns • Chemical burns • Inhalation injuries • Burns to the face, eyes, ears, hands, feet, genitalia, perineum or skin overlying major joints 	EMT
EMT	Apply clean, dry dressings/sheets to burns. Prevent loss of body heat, keep patient warm.	EMT
A	Establish IV/IO access on non-burned extremity if possible: <ul style="list-style-type: none"> • 0.9% Normal Saline 20 mL/kg IV/IO bolus, continuously reassessing need for further fluid administration for hypovolemia. 	A
	See <i>General - Pain Control protocol</i>	
	See <i>Administrative Policy - Trauma Field Triage</i>	

PEARLS

DO NOT delay transport for non-lifesaving interventions (e.g. IV)

 Cooling water or saline is necessary only if the burned skin or debris is hot to the touch.



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Rule of Nines Reference Chart

