

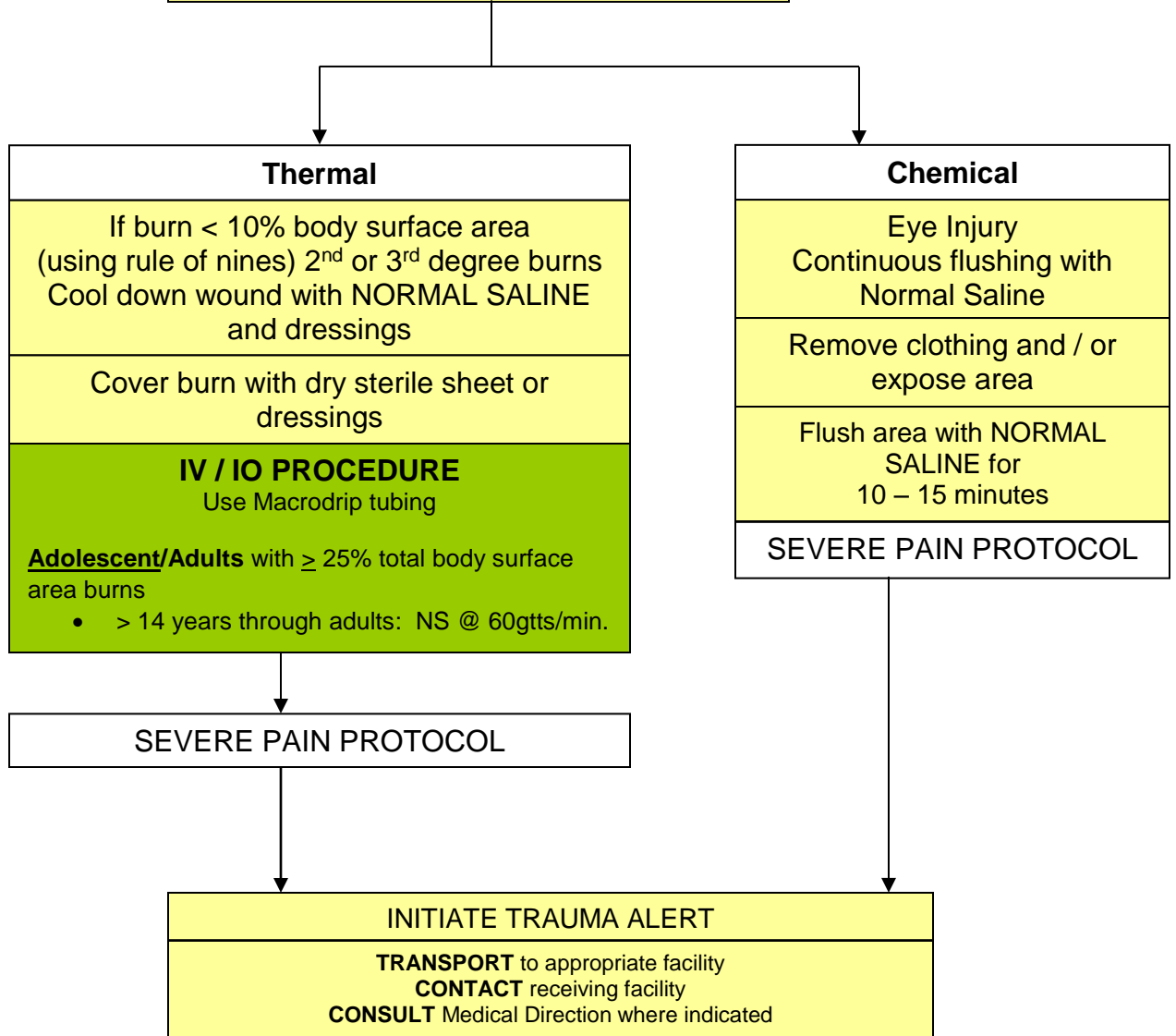


# Section 6: Adult Trauma Protocols

## ADULT TRAUMA: BURNS

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M

UNIVERSAL PATIENT CARE PROTOCOL
CONSIDER SPINAL MOTION RESTRICTION -SMR
AIRWAY PROTOCOL
OXYGEN
CAPNOGRAPHY PROCEDURE
If Chest, Neck, Face, Airway Involvement – Prepare for Invasive Airway Procedures – Perform Early Intubation Quick Trach
Remove rings, bracelets, and other constricting items





## Section 6: Adult Trauma Protocols

### ADULT TRAUMA: BURNS-Cont.

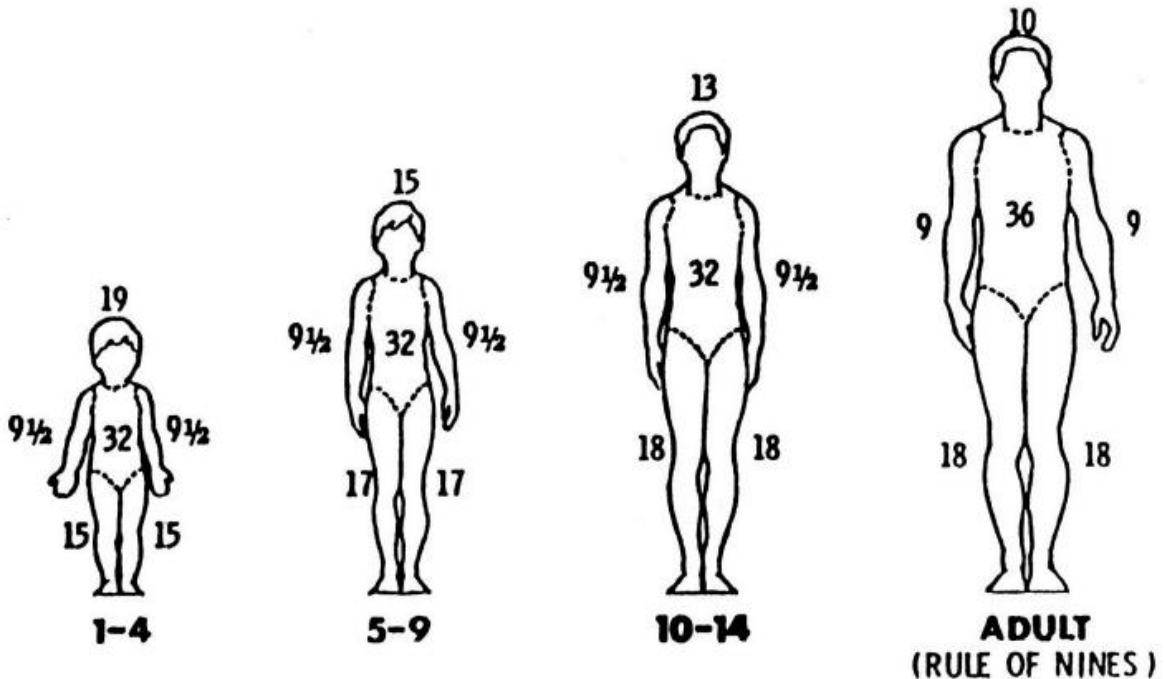
HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>Type of exposure (heat, gas, chemical)</li> <li>Inhalation injury</li> <li>Time of injury</li> <li>Past medical history</li> <li>Medications</li> <li>Other trauma</li> <li>Loss of consciousness</li> <li>Tetanus / immunization status</li> </ul>	<ul style="list-style-type: none"> <li>Burns, pain, swelling</li> <li>Dizziness</li> <li>Loss of consciousness</li> <li>Hypotension / shock</li> <li>Airway compromise / distress</li> <li>Singed facial or nasal hair</li> <li>Hoarseness / wheezing</li> </ul>	<ul style="list-style-type: none"> <li>Superficial (1°) red and painful</li> <li>Partial thickness (2°) superficial partial thickness, deep partial thickness, blistering</li> <li>Full thickness (3°) painless and charred or leathery skin</li> <li>Chemical</li> <li>Thermal</li> <li>Electrical</li> <li>Radiation</li> </ul>

## RULE OF NINES

1% is equal to the surface of the palm of the patient's hand. If unsure of %, describe injured area.

### MAJOR BURN CRITERIA

- 2° and 3° burns less than 10% surface area
- Burns of the face, hands feet genitalia
- Electrical shock with burn injury
- Burn with inhalation injury any burn with potential functional or cosmetic impairment





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### ADULT TRAUMA: BURNS-Cont.

#### PEARLS and KEY POINTS

- Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro
- **Early intubation is required in significant inhalation injuries.**
- Critical Burns: >25% body surface area (BSA); full thickness burns >10% BSA; partial thickness superficial partial thickness, deep partial thickness and full thickness burns to face, eyes, hand or feet; electrical burns; respiratory burns; deep chemical burns; burns with extremes of age or chronic disease; and burns with associated major traumatic injury. These burns may require hospital admission or transfer to a burn center.
- Potential CO exposure should be treated with 100% oxygen.
- Circumferential burns to extremities are dangerous due to potential vascular compromise partial thickness to soft tissue swelling.
- Burn patients are prone to hypothermia – Never apply ice or cool burns that involve >10% body surface area.
- Do not overlook the possibility of multiple system trauma.
- Do not overlook the possibility of abuse with the elderly patients and burn injuries.
- See appendix for rule of nines.



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### ADULT TRAUMA: BURNS-Cont.

1. **Thermal (dry and moist):**
  - a. Stop burning process: i.e. remove patient from heat source, cool skin, remove clothing
  - b. If patient starts to shiver or skin is cool, stop cooling process.
  - c. Estimate extent (%) and depth of burn (see chart). Determine seriousness (see chart) of burn, contact Medical Control and transport accordingly.  
Cover burn areas with sterile dressing.
2. **Radiation Burns:**
  - a. Treat as thermal burns except when burn is contaminated with radioactive source, then treat as chemical burn.
  - b. Wear appropriate protective clothing when dealing with contamination.
  - c. Contact HAZ MAT TEAM for assistance in contamination cases.
3. **Chemical Burns:**
  - a. Wear appropriate protective clothing and respirators.
  - b. Remove patient from contaminated area to decontamination site (NOT SQUAD).
  - c. Determine chemicals involved; contact appropriate agency for chemical information.
  - d. Remove patient's clothing and flush skin.
  - e. Leave contaminated clothes at scene. Cover patient over and under before loading into squad.
  - f. Patient should be transported by personnel not involved in decontamination process.
  - g. Determine severity (see chart), contact Medical Control and transport accordingly.
  - h. Relay type of substance involved to Medical Control.
4. **Electrical Burns:**
  - a. Shut down electrical source; do not attempt to remove patient until electricity is **CONFIRMED** to be shut off.
  - b. Assess for visible entrance and exit wounds and treat as thermal burns.
  - c. Assess for internal injury, i.e., vascular damage, tissue damage, fractures, and treat accordingly.
  - d. Determine severity of burn, contact Medical Control and transport accordingly.
5. **Inhalation Burns:**
  - a. Always suspect inhalation burns when the patient is found in closed smoky environment and / or exhibits any of the following: burns to face / neck, singed nasal hairs, cough and / or stridor, soot in sputum.
  - b. Provide oxygen therapy, contact Medical Control and transport.
  - Handle patients gently to avoid further damage of the patient's skin.
  - If the patient is exposed to a chemical, whenever possible, get the name of the chemical, and document it on the patient run report. **DO NOT** transport any hazardous materials with the patient.
  - Look for signs of dehydration and shock.
  - Initiate early intubation for symptomatic patients with inhalation burns.
  - Patients with major burns should be transported to the MetroHealth Medical Regional Burn Center.
  - Patients with unstable airway or who are rapidly deteriorating should be transported to the closest appropriate facility.
  - Patients with large surface burns lose the ability to regulate their body temperature. Avoid heat loss by covering the patient.