Assure Chemical Source is NOT Hazardous to Responders.
Assure Electrical Source is NO longer in contact with patient before touching patient.

Assess Burn / Concomitant Injury Severity

- **< 5% TBSA 2nd/3rd Degree Burn**
  - No inhalation injury, Not Intubated, Normotensive
  - GCS 14 or Greater
  - Minor Burn

- **5-15% TBSA 2nd/3rd Degree Burn**
  - Suspected inhalation injury or requiring intubation for airway stabilization
  - Hypotension or GCS 13 or Less
  - (When reasonably accessible, transport to a Burn Center)
  - Serious Burn

- **>15% TBSA 2nd/3rd Degree Burn**
  - Burns with Multiple Trauma
  - Burns with definitive airway compromise
  - (When reasonably accessible, transport to a Burn Center)
  - Critical Burn

Prehospital Fluid Resuscitation for Burns

- ≤5 y/o: 125mL LR / hour
- 6-13 y/o: 250mL LR / hour
- ≥14 y/o: 500mL LR / hour

Utilize the Dial-A-Flow extension to administer accurate fluids

Identify Contact Points

Eye Involvement
- Irrigate Involved Eye(s) with Normal Saline for 15 – 30 minutes
- May repeat as needed

Chemical Exposure / Burn
- Flush Contact Area with Normal Saline for 15 minutes

Decontamination Procedure
- if indicated

Age Appropriate Cardiac Protocol(s) if indicated

Thermal Burn Protocol TB 9

Safe Transport to appropriate destination using

Trauma and Burn: EMS Triage and Destination Plan

Refer to Thermal Burn Protocol TB 9 for the Modified Parkland Formula in regards to Interfacility Transport Fluid Administration

TB 2
This protocol has been altered from the original NCCEP Protocol by the Johnston County EMS Medical Director
Chemical and Electrical Burn

Pearls

- **Recommended Exam:** Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, and Neuro
- **Green, Yellow and Red In burn severity do not apply to Triage systems.**
- **Refer to Rule of Nines:** Remember the extent of the obvious external burn from an electrical source does not always reflect more extensive internal damage not seen.

**Chemical Burns:**
- Refer to Decontamination Procedure.
- Normal Saline or Sterile Water is preferred, however if not available, do not delay irrigation and use tap water. Other water sources may be used based on availability.
- Flush the area as soon as possible with the cleanest readily available water or saline solution using copious amounts of fluids. If it is a dry chemical, gently brush it off as it may react violently with water.

**Electrical Burns:**
- **DO NOT** contact patient until you are certain the source of the electrical shock is disconnected.
- Attempt to locate contact points (generally there will be two or more.) A point where the patient contacted the source and a point(s) where the patient is grounded.
- Sites will generally be full thickness.
- **Do not refer to as entry and exit sites or wounds.**
- Cardiac Monitor: Anticipate ventricular or atrial irregularity including VT, VF, atrial fibrillation and / or heart blocks.
- Attempt to identify the nature of the electrical source (AC / DC), the amount of voltage and the amperage the patient may have been exposed to during the electrical shock.

Rule of Nines

- Seldom do you find a complete isolated body part that is injured as described in the Rule of Nines.
- More likely, it will be portions of one area, portions of another, and an approximation will be needed.
- For the purpose of determining the extent of serious injury, differentiate the area with minimal or 1st degree burn from those of partial (2nd) or full (3rd) thickness burns.
- For the purpose of determining Total Body Surface Area (TBSA) of burn, include only Partial and Full Thickness burns. Report the observation of other superficial (1st degree) burns but do not include those burns in your TBSA estimate.
- Some texts will refer to 4th, 5th and 6th degree burns. There is significant debate regarding the actual value of identifying a burn injury beyond that of the superficial, partial and full thickness burn at least at the level of emergent and primary care. For our work, all are included in Full Thickness burns.
- Other burn classifications in general include:
  - 4th referring to a burn that destroys the dermis and involves muscle tissue.
  - 5th referring to a burn that destroys dermis, penetrates muscle tissue, and involves tissue around the bone.
  - 6th referring to a burn that destroys dermis, destroys muscle tissue, and penetrates or destroys bone tissue.