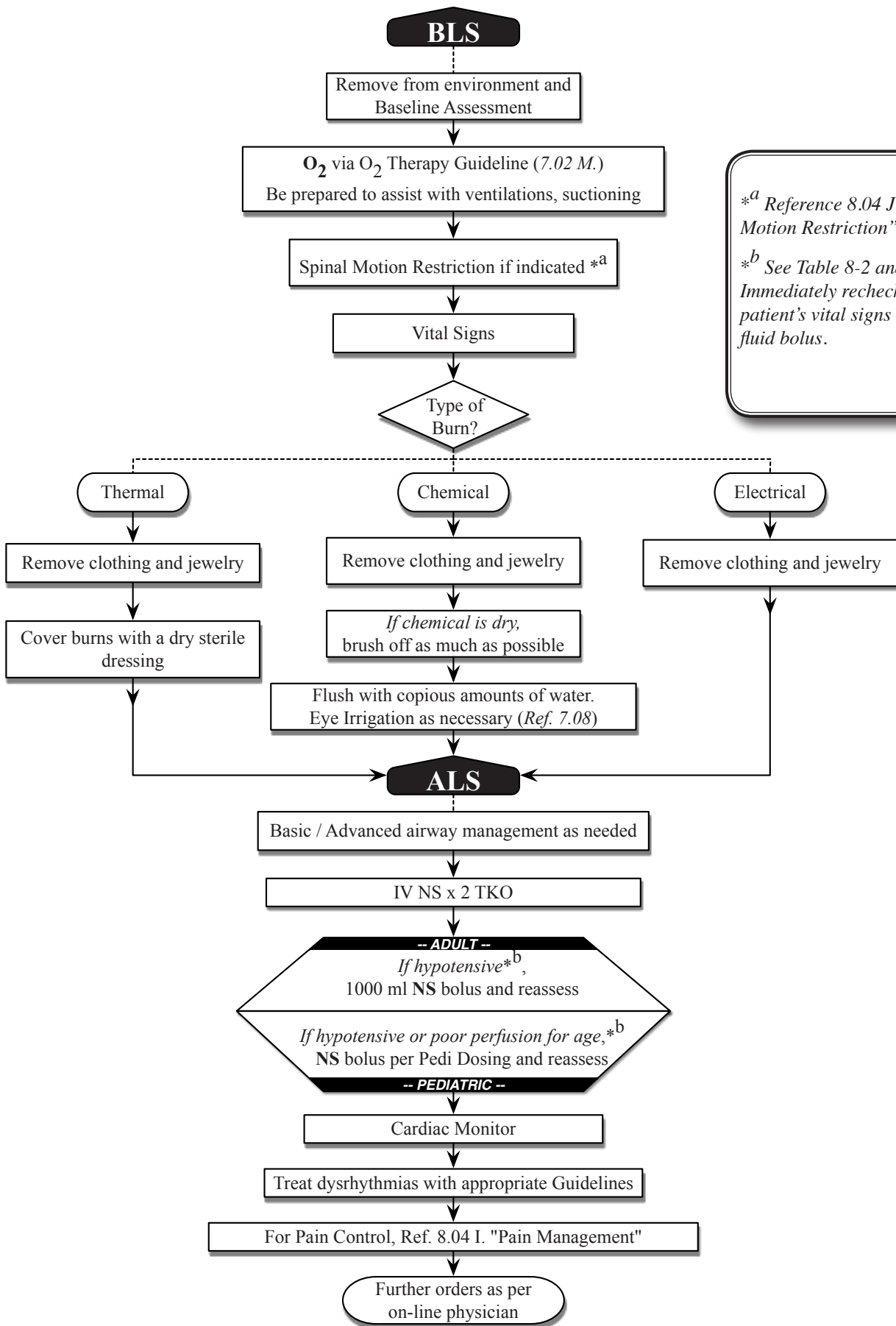


8.04 E. Burns



**^a Reference 8.04 J. "Spinal Motion Restriction" Guideline*
**^b See Table 8-2 and Table 8-3. Immediately recheck the patient's vital signs after the fluid bolus.*

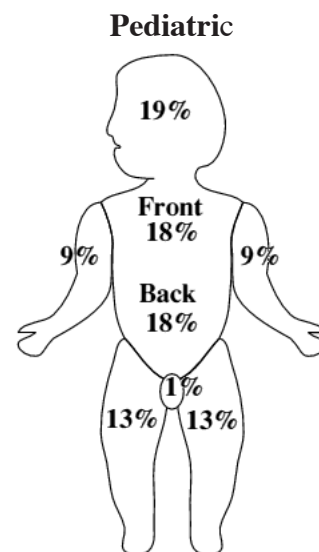
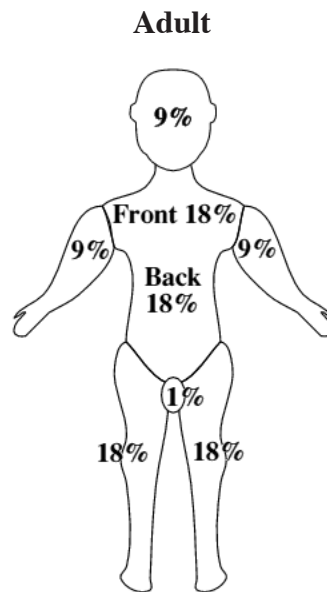
8.04 E. Burns Notes

A. Assessment and Treatment Considerations:

1. Consider early intubation if airway compromise develops from inhalation of superheated gases or smoke. Have a high index of suspicion in cases of facial burns, sooty sputum, singed facial hair and/or hoarse voice.
2. Percent (%) of Body Surface Area (BSA) burned.
 - a) Rule of Nines

The rule of nines is a method for rapidly estimating the percent of total body surface area affected by a burn. Only second and third degree burns are counted in Total BSA burn percentage.

Table 8-5 : Rule of Nines



- b) In burn victims, the percent of total body surface area affected is a strong predictor of patient's prognosis. The rule of nines derives its name from the fact that an adult body may be conveniently divided into anatomic regions that have surface area percentages that are all multiples of nine percent.

3. Types of Burns

- a) 1st Degree (Superficial Burn): Involves only the epidermis. Skin will appear pink to red and there will not be blisters (e.g., sunburn, minor scald injury). Does not contribute to BSA calculation.
- b) 2nd Degree (Partial Thickness Burn): Involves the epidermis and portions of the dermis. Skin may appear white to cherry red, moist, and mottled and blisters will be present (e.g., thermal flame burns, severe scaldings).
- c) 3rd Degree (Full Thickness Burn): Involves all layers of skin and can extend beyond the subcutaneous layer into muscle, bone or organs. The skin will become dry, hard, tough or leathery and may appear white and waxy to black and charred (e.g., trapped in confined space with flames or high heat source or chemical contact).

4. Major Burns:

Electrical, chemical and thermal burns which involve:

- inhalation injuries,
- burns along with other traumatic injuries,
- 2nd or 3rd degree burns involving the face, hands, feet, genitalia or perineum
- 2nd or 3rd degree burns with > 20% BSA (Body Surface Area)

These patients should be transported to a burn center (*Ref. 9.05 Approved Hospitals and Hospitals with Specialized Facilities*).

5. Look for traumatic injuries associated with electrical burns.
6. Avoid IV access in the extremity with a burn injury if at all possible.
7. Avoid IV fluids unless patient is hypotensive.
8. Avoid hypothermia by keeping the patient warm and covered with a dry, sterile burn sheet if needed.