

Escharotomy (\geq PL6)

Clinical Indications:

1. Online medical control (OLMC) approval is required prior to performing an escharotomy.
2. Impending or established respiratory compromise due to circumferential torso burns.

Contraindications:

1. Patient has signs of obvious death, such as incineration or other injuries incompatible with life.

Preparation for Use:

1. Don appropriate PPE & begin attempting ventilations.
2. Ensure all equipment is readily available: Scalpel, Chlorhexidine Sponge, Kerlix/gauze.
3. Position the patient, ideally supine.
4. If the patient is possibly conscious, then administer [Fentanyl](#) or [Ketamine](#) for anesthesia.

Procedure:

1. Prep the wound with chlorhexidine skin prep.
2. Cut with scalpel along lines as depicted in Figure 1; cuts are only through burned tissue and should not be through viable or superficially burned tissue.
 - a. Chest – release bilateral mid-axillary lines, superior along clavicles and superior border of sternum, and inferior transverse elliptical below costal margin joining the vertical incisions.
 - b. Only perform the series of cuts as needed to achieve adequate ventilation compliance, which may mean not performing all of the cuts as described.
3. Ensure incision is skin depth only, which should only expose fat and not muscle at base of the incisions.
4. Ensure adequacy of release and no more remaining tight bands. Run your finger along the wound and monitor for return of preservation of breathing.
5. Control minor bleeding with gauze as needed.

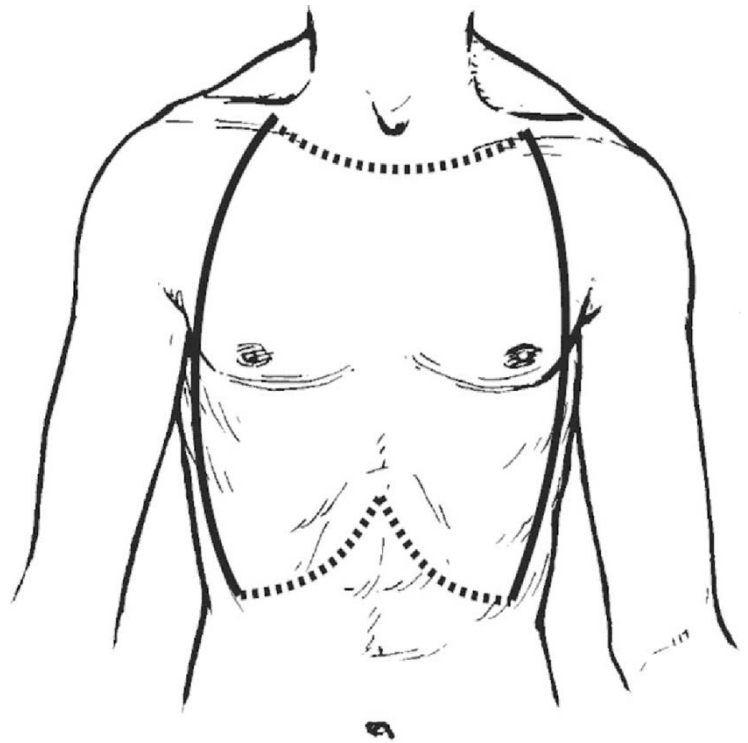


Figure 1. Escharotomy Lines