BURN TRIAGE:

1. A patient (adult or pediatric) whose primary injuries are burns may be transported directly to a Burn Center from the field. These injuries include:
   A. Partial/full thickness (2nd or 3rd degree) burns involving greater than 15% TBSA without airway compromise
   B. Patients with partial/full thickness (2nd or 3rd degree) burns greater than 10% TBSA without airway compromise with the following:
      1) Greater than 60 years of age
      2) Associated trauma meeting Trauma Triage Criteria (and if transport can be completed within 60 minutes)
      3) Significant co-morbidities (e.g. COPD, major medical disorder, bleeding disorder or anticoagulant therapy, dialysis patients)
   C. Partial/full thickness (2nd or 3rd degree) burns of face, perineum or circumferential burn to any body part
   D. Significant electrical injuries with loss of consciousness, voltage in excess of 220, and/or open wounds
   E. Electrical injuries resulting in a loss of distal pulses
   F. Significant inhalation injury with successful intubation
   G. Chemical burns with wounds greater than5% TBSA
2. All burns with airway compromise, wheezing, stridor, carbonaceous sputum, nasal singeing or significant facial edema must have an evaluation for intubation either by air ambulance personnel or by the emergency physician at the closest appropriate receiving facility prior to transport to the Burn Center, if the ground ambulance is unable to intubate the patient.

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

Indications:

A. Severe shortness of breath with bronchospasm (including COPD and asthma).
B. Severe shortness of breath with pulmonary edema (including congestive heart failure).
C. Allergic reactions with severe bronchospasm.
D. Conscious, breathing spontaneously, and able to follow commands.

Contraindications:

A. Pediatric patients (14 years old and under).
B. Actively vomiting.
C. Hypotensive (systolic blood pressure less 90).
D. Suspected of having a pneumothorax.
E. An inability to achieve a good facial seal with the CPAP mask.

Procedure:

A. Do not delay medication administration to apply CPAP.
B. The patient must be continuously monitored for development of respiratory failure or vomiting. If either occurs, remove the CPAP circuit, clear the airway as necessary to prevent any aspiration, and provide respiratory assistance with either BVM or other advanced airway adjunct.
C. CPAP will be delivered at a continuous pressure of 5 up to 10 cm H_2O utilizing 100% oxygen.
   1) Start CPAP at10 cm H_2O and decrease if possible.
   2) Start oxygen at 100% and titrate for oxygen saturation greater than 95% if possible.
D. CPAP may introduce transient hypotension via decreased venous return secondary to elevated intrathoracic pressure.
   1) If systolic blood pressure falls to less than 80 mmHG, remove CPAP.
   2) If systolic blood pressure falls between 80-100 mmHG, decrease CPAP to 5 cm H_2O if possible.