

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 than 5% 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.