

BURNS

1. Remove patient from hazard.
 - A. Remove patient from physical contact with burning agent(s) by removing contaminated/burned clothing, jewelry, and dry chemicals.
 - I. Dry chemicals should be brushed off the surface
 - II. Burned area should be flushed with large amounts of low pressure water for 15-30 minutes.
 - III. **DO NOT** delay transport while flushing chemical burns.
2. Administer high flow **O₂**.
3. Assess for other possible non-burn trauma.
4. If stridor or facial burns are present, consider early ET intubation.
5. Determine depth and size of burn.
6. If > 15% burn or facial burn is present, establish a large bore IV of NS at appropriate rate ([see Classification of Burns](#)).
7. Cover burned area with dry, sterile sheets.
8. Maintain normothermia. To help hypothermia, cover with dry sterile burn sheets and wrap with a blanket.
9. If necessary, consider the administration of intravenous **fentanyl** at 0.5-1 mcg/kg IV/IO/IM, up to a total dose of 3 mcg/kg for pain.