4.06 BURNS

BLS Treatment

- Position of comfort.
- NPO
- **Oxygen** as indicated.

Thermal:

- Remove jewelry and non-adhered clothing. Do not break blisters.
- Cover affected body surface with dry sterile dressing or dry sterile sheet.

Chemical:

- Treat according to **Protocol 3.04 Hazardous Materials**.

Electrical:

- Disconnect electrical source before touching patient.
- Dry sterile dressing on any exposed injured area.

Tar:

- Cool to tepid water. Do NOT remove tar or apply solvents.

ALS Treatment

- Early advanced airway management for patients with evidence of inhalation injury.
- IV/IO **Normal Saline** at TKO.
- If partial or total thickness burns > 10% BSA, administer **Normal Saline** fluid bolus.
- For pain: Use medication per appropriate pain protocol
- For nausea/vomiting: may administer **Ondansetron**.

Comments

Patients with the following criteria shall be transported to St Francis Hospital Burn Center:

1. Partial thickness burns **>** 10% of the total body surface area (TBSA);
2. Burns involving the face, eyes, ears, hands, feet, perineum or major joints;
3. Full thickness or 3rd degree burns in any age group;
4. Serious electrical burns;
5. Serious chemical burns;
6. Inhalation injuries (including burns sustained in a enclosed space or facial burns);
7. Pediatric burn patients who do not meet trauma triage criteria shall be transported to St. Francis Memorial Hospital;

- Transport to Zuckerberg San Francisco General Hospital Trauma Center if the patient meets trauma triage criteria.
- Inhalation injuries are burn injuries and may cause delayed, but severe airway compromise.
- Do NOT apply ice or ice water directly to skin surfaces (additional injury will result).

4.06 BURNS

- Lightning injuries may cause prolonged respiratory arrest.
- Assume presence of associated multisystem trauma from explosions, electrical shock, falls or with signs or symptoms of hypovolemia.
- Dysrhythmias may be present with electrical burns due to changes in K^+ levels.

CALCULATING BODY SURFACE AREA