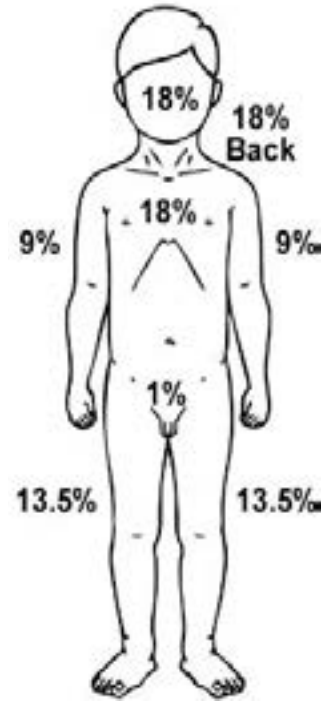
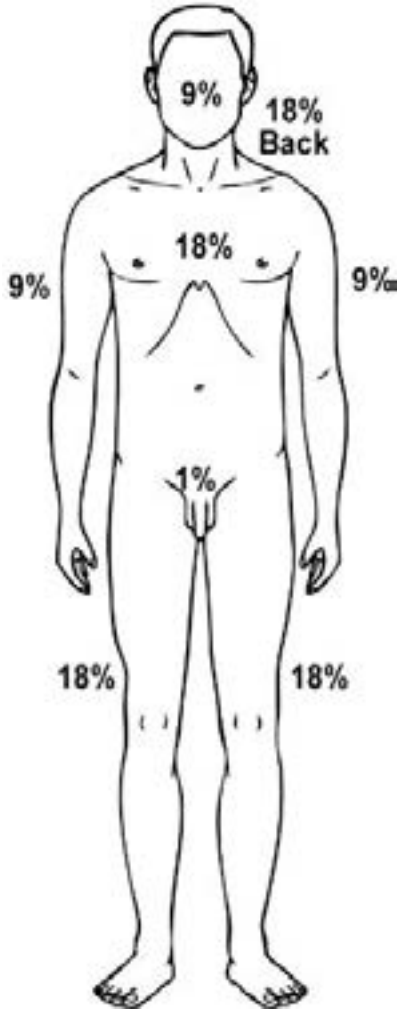


# Thermal Burns

**Designation of Condition:** The patient will have suffered a chemical, electrical, or thermal injury. Attempt to obtain type of exposure (heat, gas, chemical), mechanism of injury, time, and location ( indoor, closed space, outdoor).



**B**

ABC's with specific focus on airway for evidence of smoke inhalation or burns:  
soot around mouth or nostrils, singed hair, carbonaceous sputum  
FREQUENT AIRWAY REASSESSMENT

Remove from injuring source; remove all smoldering clothing, rings, bracelets/  
constricting items  
Vital signs, O2 sat and ETCO2 procedure  
Evaluate burn and concomitant injury

If suspected of inhalation injury or [carbon monoxide poisoning](#),  
administer high-flow oxygen

If BSA of burn is <10% : apply cool, moist dressing— avoid hypothermia  
If BSA of burn > 10 % :Use dry burn sheet or dry sterile dressing and insulate  
to prevent hypothermia

**I**

IV/IO  
Fluid bolus if s/sx of [shock](#) or > 20 %TBSA perABA guidelines\*\*  
[Pain management](#) with MCEP contact: [Morphine 2–5mg IV/IO/IM](#) q 5 minutes  
to a max of 20mg (0.1 mg/kg q 5 minutes to a max of 0.2mg/kg peds) OR  
[Fentanyl 0.5–1mcg/kg IV/IO/IM/IN](#) q 5 minutes to max total dose of 3mcg/kg

*Avoid placing IV in burned area if possible  
DO NOT DELAY TRANSPORT FOR IV INITIATION IN CRITICAL PATIENTS*

**P**

Frequent airway assessment for possible intubation or cric as indicated

[Pain management](#) as per guideline with early consideration for [ketamine](#)

Cardiac monitoring if intact skin to place electrodes  
Consider [cyanide poisoning](#) if pt found inside structure fire with altered  
mental status, unstable vital signs or pulseless arrest

**\*\* ABA Recommended Prehospital Fluid Therapy**  
14 and older, 500 mL/hr NS or LR  
5 – 13 years, 250 mL/hr NS or LR  
Younger than 5 years, 125 mL/hr D5W, NS or LR  
If no signs of clinical hypovolemia or shock, large volumes of IV fluid are not  
required.

**\*\*\*KEY POINT\*\*\***

Early intubation is required when the patient experiences significant inhalation injuries.

Burn patients are trauma patients, evaluate for multi-system trauma.

Circumferential burns to extremities are dangerous due to potential vascular compromise secondary to soft tissue swelling.

## Major and Moderate burns should be transported to a regional burn center

<p><b>Major Burns</b></p> <ul style="list-style-type: none"> <li>• Partial thickness burns &gt;25% BSA in adults or &gt;20% BSA in peds</li> <li>• ALL severe full-thickness burns involving ≥10%BSA</li> <li>• All full-thickness burns to hands, face, eyes, ears, feet, and perineum</li> <li>• All burns that compromise circulation</li> <li>• All burns with evidence of respiratory involvement</li> <li>• ALL high voltage electrical injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Burns associated with multi-system trauma</li> <li>• All high-risk patients</li> <li>• Any burn that involves hydrofluoric acid</li> </ul> <p><b>Moderate Burns</b></p> <ul style="list-style-type: none"> <li>• Partial thickness burns of 15–25% BSA in adults, 10–20% BSA in peds</li> <li>• Full thickness injuries of &lt;10% BSA</li> </ul>
---	--