

Southern Illinois Regional EMS System

DD-7 BURNS

BLS/ILS/ALS

Initial Burn Management

- Patient Assessment and Initial Care protocol
- Stop the burning process/further injury
 - Remove the patient from the source.
 - Remove clothing, jewelry, belts, shoes, or anything constrictive..
 - Do not pull away clothing stuck to the skin.
- Pay particular attention to the airway and potential complications.
- Oxygen therapy as appropriate
 - 1-6 LPM by cannula: minimal distress.
 - 12-15 LPM by NRB mask: moderate/severe distress with signs of hypoxia.
 - 15 LPM by BVM: inadequate rate/effort, severe distress, unstable.
 - Maintain SpO₂ > 94%
- (ILS/ALS) Initiate IV access with Lactated Ringers.
 - Only start IV through burned tissue if no other access sites are available.
 - Minor burn, 18 gauge at TKO rate.
 - Moderate or Critical Burn, 14-16 gauge at W/O rate.
 - Do not infuse more than 2 liters before contacting Medical Control.
- Pain assessment and management
 - Assess pain on scale of 1-10.
 - (ILS/ALS) If hemodynamically stable:
 - **Morphine Sulfate 4-10 mg** slow IVP, for moderate to severe burns.
 - 4 mg initial dose, unless altered by Medical Control.
 - 2 mg increments, unless altered by Medical Control.
- Keep burn as clean as possible.
 - Use appropriate PPE
- Assess depth of burn:
 - Superficial
 - Partial thickness
 - Full thickness
- Assess extent of burns using the rule of nines or Palmer's rule (pt. palm =1% TBSA).
- Assess and treat associated injuries according to appropriate protocol.
- Contact Medical Control.
- Initiate rapid transport.

Wound Management

- Thermal Burns
 - If TBSA < 20%:
 - Cool with sterile saline for 1 minute. (do not overcool or use ice)
 - Cover with dry sterile dressings.
 - If TBSA > 20%
 - Cover with dry sterile dressings.
 - Do not break blisters, debride skin or apply ointments.
 - Open sterile sheet/burn pads on stretcher before placing patient for transport.
 - Consider and maintain adequate body core temperature.

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DD-7 BURNS (continued)

- Inhalation Burns
 - Diligent assessment and maintenance of airway.
 - Assess for the presence presence of:
 - Stridor
 - Wheezing
 - Black, sooty sputum
 - Cough
 - Hoarseness
 - Singed nasal or facial hair
 - Dyspnea
 - Facial burns
 - Swelling of oropharynx/laryngopharynx
 - Contact Medical Control for conscious patient needing intubation.
 - Consider presence of CO, cyanide, or other noxious gas inhalation.
- Electrical/Lightning Burns
 - Ensure scene safety
 - Have the source removed or shut off.
 - Underlying tissue damage more extensive than outward burns/injuries.
 - Treat dysrhythmias/cardiac arrest per appropriate SOP.
 - Be suspicious of musculoskeletal injury.
 - Consider spinal immobilization
 - Assess for entrance/exit wounds.
 - Cover with dry sterile dressings
 - Cooling unnecessary unless thermal injury is associated.
- Chemical Burns
 - Ensure scene safety / avoid self injury and/or contamination.
 - Remove contaminated clothing.
 - Irrigate burn with copious amounts of water of saline.
 - Consider possibility of water reactive agent involvement.
 - Carefully brush away powdered/dry agent prior to irrigating.
 - If burn occurred in an industrial setting, bring the MSDS.
 - Alert the receiving hospital early if decontamination is needed.