

# BURNS

<b>EMR</b>	<ul style="list-style-type: none"> <li>❑ General Trauma Assessment &amp; Interventions</li> <li>❑ Oxygen moderate to high flow as needed to ensure SpO<sub>2</sub> &gt;94%. Evaluate for need of ventilation support.</li> <li>❑ If suspected airway burns, aggressive airway management per guidelines - consider humidified O<sub>2</sub></li> <li>❑ Remove jewelry and non-adherent clothing</li> <li>❑ Monitor distal pulses on any burns that are circumferential in nature, (i.e. arms, hands, feet, legs) and monitor circumferential chest burns for adequate ventilation.</li> <li>❑ May apply tepid water for 3 to 5 minutes to cool burned areas.</li> <li>❑ Keep patient warm and dry</li> <li>❑ For chemical burns refer to Hazmat section if available or contact OLMC or the regional hazmat team</li> </ul>	<b>EMR</b>
<b>EMT</b>		<b>EMT</b>
<b>AEMT</b>	<ul style="list-style-type: none"> <li>❑ Initiate vascular access via peripheral <b>IV</b> line (two if possible) with isotonic solution (Lactated Ringers or NS) - <b>Do Not Delay Transport To Establish Vascular Access</b></li> <li>❑ If unable to place peripheral IV may initiate pediatric <b>IO</b> placement</li> <li>❑ <b>Fluids administration</b> to maintain systolic BP of 100mmHg               <ul style="list-style-type: none"> <li>○ For severe burns: <b>Lactated Ringers</b> where available or <b>NS</b> wide open to max of 2 liters (notify ER staff of amount administered)</li> </ul> </li> <li>❑ <b>Pain management</b> as per pain management guideline</li> </ul>	<b>AEMT</b>
<b>EMT-I</b>	<ul style="list-style-type: none"> <li>❑ If unable to place peripheral IV, may initiate adult <b>IO</b> placement.</li> <li>❑ Cardiac monitoring</li> </ul>	<b>EMT-I</b>
<b>PARAMEDIC</b>	<ul style="list-style-type: none"> <li>❑ May consider <b>Midazolam 2.5mg – 5mg</b> for sedation – see Midazolam guideline</li> <li>❑ For chemical burns to the eyes, may consider Morgan Lenses and/or analgesic drops per Eye Injury guideline - irrigate with <b>Normal Saline</b></li> </ul>	<b>PARAMEDIC</b>

## Clinical Care Pearls

- ❑ Suspect airway burns in a patient with facial burns or burns received in an enclosed space
- ❑ Consider CO poisoning HCN exposure in any burns received in enclosed spaces
- ❑ Consider: MI in firefighters who are burned, child abuse in pediatric burns, possibility of suicide attempt
- ❑ Keep damaged skin warm
- ❑ Consider alternate transportation (helicopter) to burn center, Consult OLMC

# BURNS CONT.

□ Estimation of Body Surface Area:

