



Burn Medical Disasters

Hospital Burn Treatment Guidelines (Appendix B)



Burn Treatment Guidelines Assessment and Initial Treatment

Evaluate Airway and Breathing

Open, Maintain and Secure and Open Airway

Maintain an Open Airway, (remove chewing gum, false teeth, etc)

Indications for Intubation

History of being burned in a closed space
Burns to the face and neck
Greater than 40% TBSA
Consider Rapid Sequence Intubation

Access for Breathing

Auscultate Breath Sounds Bilaterally
Obtain chest radiograph (Send film or electronic image of chest film with patient)
Obtain Arterial Blood Gas, including carboxyhemoglobin level (Send with patient)

Maintain Circulation/Resuscitation Formula

Monitor Pulse Rate, Blood Pressure and Urine Output

Two (2) Large Bore IV's

Peripheral lines (central lines are typically unnecessary)

Foley Catheter

Important, placement early measure often, urine output drives fluid resuscitation

Fluid Resuscitation

Body weight in kg, x %TBSA burns x 4ml of Lactated Ringers over 24 hours
(administer 50% during the first 8 hours following the burn)
(Catch up; if care begins hours after the burn, infuse sufficient fluid to catch up on the total infusion of fluid for the first 8 hours)
Adjust IV Fluids to keep urine output at 30 cc/hr for adults, 1 cc/kg/hr for pediatrics

Burn Patients are Trauma Patients, Evaluate for Associated Injuries

Clear for trauma, patients exsanguination

Assessment to include:

Follow ATLS/TNCC/ITLS protocols to include a typical secondary patient survey for traumatic injuries, and, consult trauma center/trauma surgeon,

Electrical injuries:

Falls are common in electrical injuries, assess points of contact for burn injury

Flash or Chemical burns to the eyes

Rule out corneal injuries, particularly associated with flash fire or explosion, irrigate potential chemical burns with copious irrigations of the eyes, consult Ophthalmologist

CT and Radiographs

Rule out intracranial or retroperitoneal trauma with CT, assess cervical, thoracic and lumbar spine with radiographs to rule out fractures