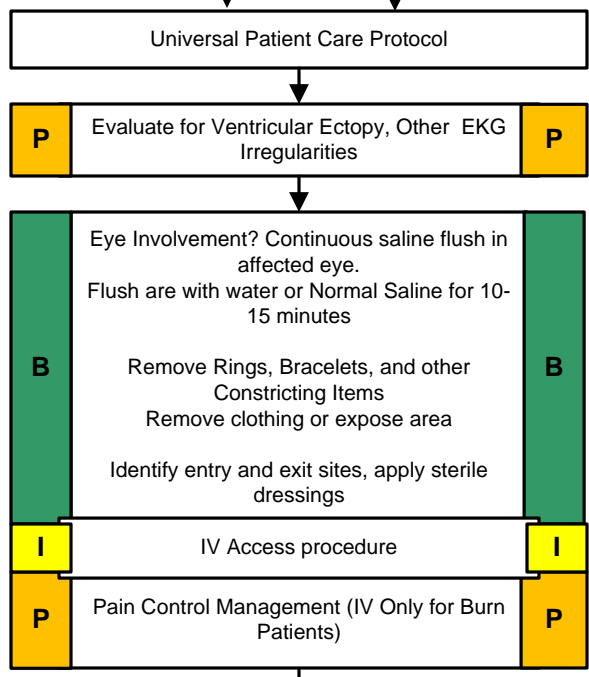
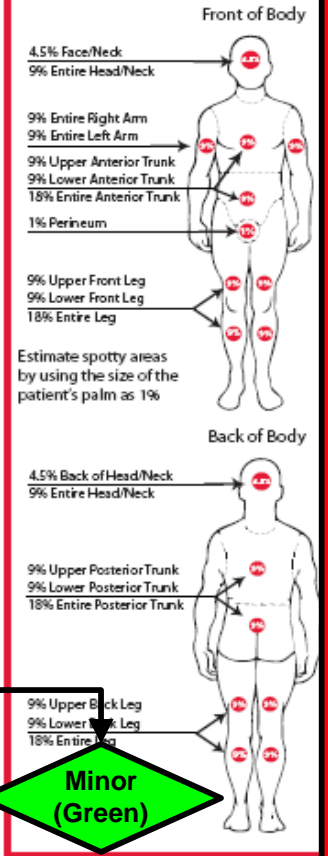


<b>History:</b> <ul style="list-style-type: none"> <li>Type of exposure (heat, gas, chemical)</li> <li>Inhalation injury</li> <li>Time of Injury</li> <li>Past medical history and Medications</li> <li>Other trauma</li> <li>Loss of Consciousness</li> <li>Tetanus/Immunization status</li> </ul>	<b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>Burns, pain, swelling</li> <li>Dizziness</li> <li>Loss of consciousness</li> <li>Hypotension/shock</li> <li>Airway compromise/distress</li> <li>singed facial or nasal hair</li> <li>Hoarseness / wheezing</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li><b>Superficial (1<sup>st</sup> Degree)</b> red and painful</li> <li><b>Partial Thickness (2<sup>nd</sup> Degree)</b> blistering</li> <li><b>Full Thickness (3<sup>rd</sup> Degree)</b> painless/charred or leathery skin</li> <li><b>Thermal</b></li> <li><b>Chemical</b></li> <li><b>Electrical</b></li> <li><b>For Radiation (REFER TO RADIATION CONSIDERATIONS)</b></li> </ul>
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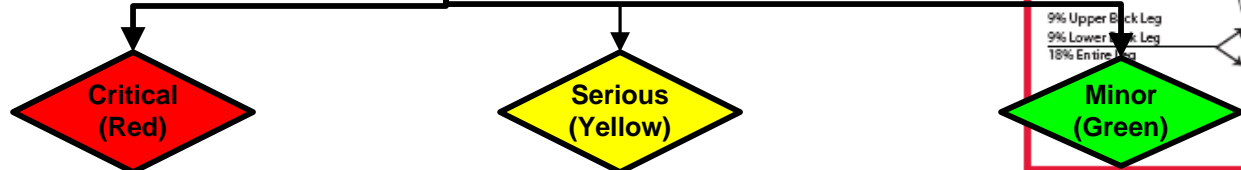
**ASSURE CHEMICAL SOURCE IS NOT HAZARDOUS TO MEDICAL RESPONDER**      **ASSURE ELECTRICAL SOURCE IS NO LONGER IN CONTACT WITH PATIENT**



Legend		
	MR	
B	EMT	B
I	EMT-I	I
P	EMT-P	P
M	Medical Control	M



**Chemical and Electrical Burn Patients Must be Triageed using the Guidelines below and their care must conclude in the Thermal Burn Protocol**



**Critical (Red)**

>15% TBSA 2<sup>nd</sup>/3<sup>rd</sup> Degree Burn  
 Burns with Multiple Trauma  
 Burns with definitive airway compromise  
 (When reasonable accessible, transport to a Burn Center)

**Serious (Yellow)**

5-15% TBSA 2<sup>nd</sup>/3<sup>rd</sup> Degree Burn  
 Suspected Inhalation injury or requiring intubation for airway stabilization  
 Hypotension or GCS < 14  
 (When reasonable accessible, transport to either a Burn Center or a Trauma Center)

**Minor (Green)**

< 5% TBSA 2<sup>nd</sup>/3<sup>rd</sup> Degree Burn  
 No inhalation injury, Not Intubated, Normotensive  
 GCS>14  
 (Transport to the Local Hospital)

**Pearls: Chemical**

- Refer to Decontamination Standard Procedure (Skill) WMD Page
- Certainly 0.9% NaCl Soln or Sterile Water is preferred, however if it is not readily available, do not delay, use tap water for flushing the affected area or other immediate water sources. Flush the area as soon as possible with the cleanest readily available water or saline solution using copious amounts of fluids.
- Triage destination information indicated above should not be confused with the initial Smart Triage system.**

**Pearls: Electrical**

- Do not contact the patient until you are certain the source of the electric shock has been disconnected.
- Attempt to locate contact points, (entry wound where the AC source contacted the patient, an exit at the ground point) both sites will generally be full thickness.
- Cardiac monitor, anticipate ventricular or atrial irregularity, to include V-tach, V-fib, heart blocks, etc.
- Attempt to identify the nature of the electrical source, (AC vs DC) the amount of voltage and the amperage the patient may have been exposed to during the electrical shock.