

**History:**

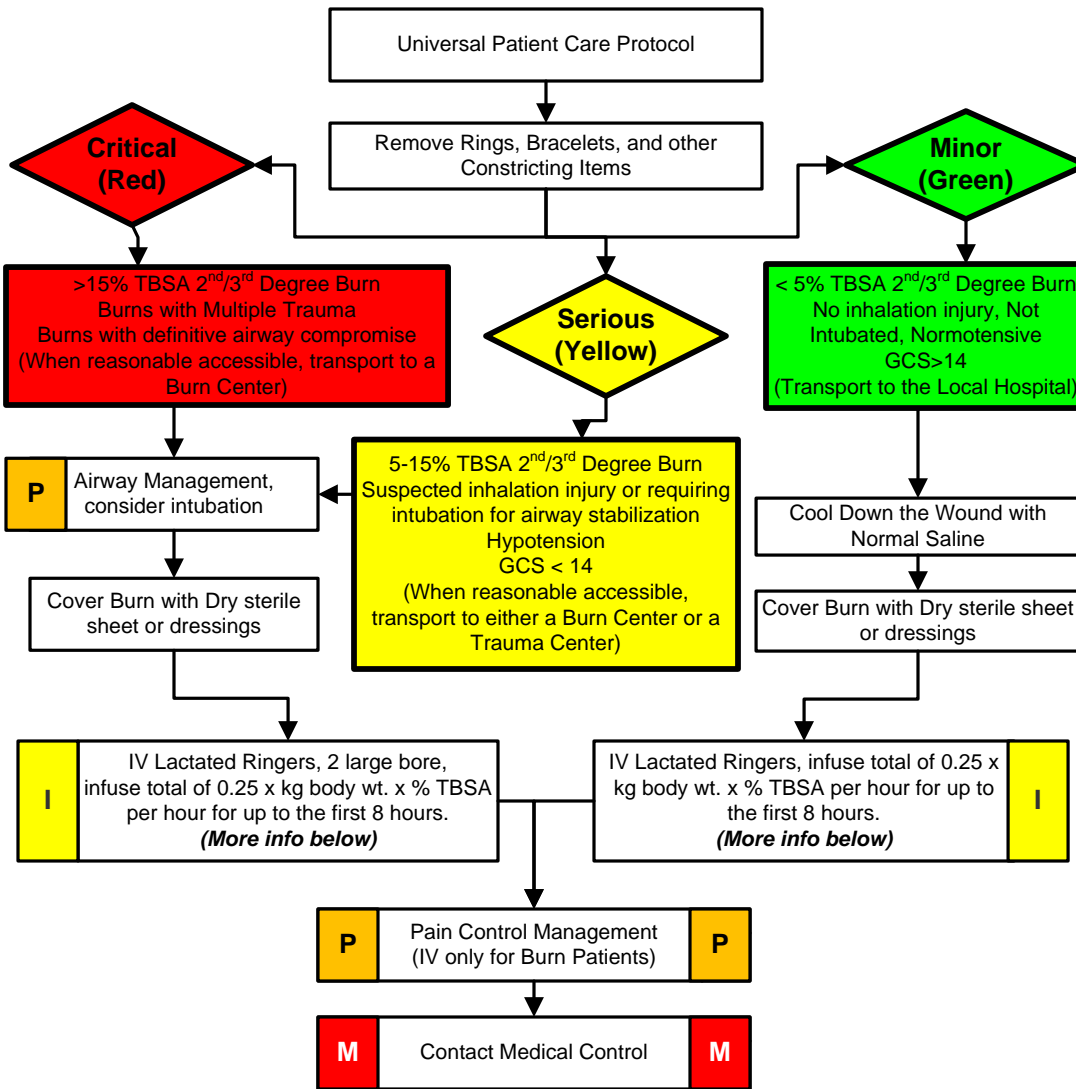
- Type of exposure (heat, gas, chemical)
- Inhalation injury
- Time of Injury
- Past medical history and Medications
- Other trauma
- Loss of Consciousness
- Tetanus/Immunization status

**Signs and Symptoms:**

- Burns, pain, swelling
- Dizziness
- Loss of consciousness
- Hypotension/shock
- Airway compromise/distress
- singed facial or nasal hair
- Hoarseness / wheezing

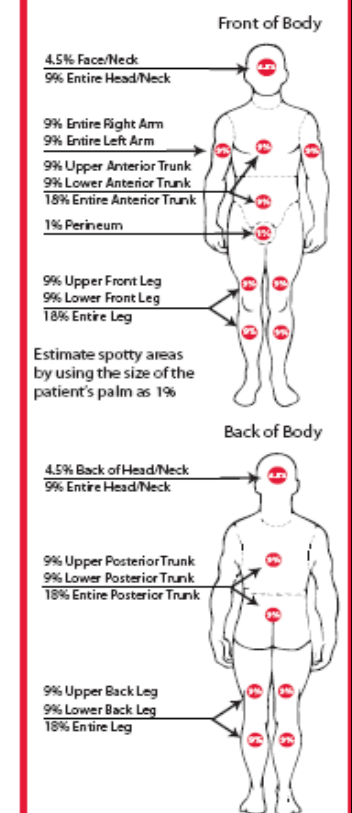
**Differential:**

- **Superficial (1<sup>st</sup> Degree)** red and painful
- **Partial Thickness (2<sup>nd</sup> Degree)** blistering
- **Full Thickness (3<sup>rd</sup> Degree)** painless/charred or leathery skin
- **Thermal**
- **Chemical**
- **Electrical**
- **For Radiation (REFER TO RADIATION CONSIDERATIONS)**



**Legend**

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



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**I** 1. When LR is unavailable, use 0.9% NaCl Soln until LR is available.  
 2. Formula example; an 80 kg patient with 50% TBSA will need 1000 cc of fluid per hour.

- Critical or Serious Burns:**
- > 5-15% total body surface area (TBSA); 2<sup>nd</sup> or 3<sup>rd</sup> degree burns, or 3<sup>rd</sup> degree burns > 5% TBSA for any age group, or
  - circumferential burns of extremities, or
  - electrical or lightning injuries, or
  - suspicion of abuse or neglect, or
  - inhalation injury, or
  - chemical burns, or
  - burns of face, hands, perineum, or feet, or
  - any burn requiring hospitalization.

(These burns will require direct transport to a burn center, or transfer once seen at a local facility where the patient can be stabilized with interventions such as airway management or pain relief if this is not available in the field or the distance to a Burn Center is significant.)

- Pearls:**
- Burn patients are Trauma Patients, evaluate for multisystem trauma
  - Assure whatever has caused the burn, is no longer contacting the injury. (Stop the burning process!)
  - **Recommended Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, and Neuro**
  - Early intubation is required when the patient experiences significant inhalation injuries.
  - Potential CO exposure may require hyperbaric medicine. However, trauma care at a trauma center, or burn care at a burn center take precedence over transfer decisions for hyperbaric treatment.
  - Circumferential burns to extremities are dangerous due to potential vascular compromise secondary to soft tissue swelling.
  - Burn patients are prone to hypothermia - never apply ice or cool burns, must maintain normal body temperature.
  - Evaluate the possibility of child abuse with children and burn injuries
  - **Triage destination information indicated above should not be confused with the initial Smart Triage system.**