



Treatment Protocol

4303

Effective
April 1, 2018

Expires
March 31, 2019

Policy:
Burns

Approval: Medical Director
Reza Vaezazizi, MD

Signed
[Signature]

Applies To:
PSP, EMT, AEMT, PM, MICN, BHP, EMS System

Approval: REMSA Director
Bruce Barton

Signed
[Signature]

Enter from the Universal Patient Treatment Protocol
For specific Patient Disposition, Emergency Stabilization or Patient Management of Burns

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Pertinent Findings

Environment Source: Chemical Electrical Thermal	History Mechanism of injury Associated trauma Inhalation injury 1°, 2°, or 3° burns Body surface area (BSA) Time of event Bystander treatment SAMPLE history	Physical 1° - Superficial, red, sometimes painful 2° - Skin may be red, blistered, swollen. Very painful. 3° - Whitish, charred or translucent, decreased sensation in burned area. Use 'Rule of Nines' or 'Rule of Palms' to estimate BSA	Differential Critical trauma Suspected inhalation injury Airway involvement Thermal, chemical, electrical 1°, 2°, or 3° Body surface area (BSA) Involving: Face Hands Feet Genitalia/perineum Major joints Fractures Circumferential																								
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Emergency Stabilization or Patient Management

Remove and bag patient's clothing, jewelry, etc. with special attention to preventing binding and constriction

Thermal burns less than 20% body surface area (BSA)

- Cool with wet dressing
- Follow with dry, clean, non-adherent dressing

Thermal burns greater than 20% BSA

- Apply dry, clean, non-adherent dressing

Chemical burns

- Brush off dry chemicals
- Dilute excess liquid chemicals
- Wash patient with mild soap and water
- Rinse and flush with large amounts of water

Consult container label or onsite SDS for decontamination instructions

Remove label or copy page from SDS, preserve in sealed plastic bag, and transport

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Emergency Stabilization or Patient Management (continued)

Electrical burns
 Consider possibility of spinal trauma / need for spinal stabilization
 Treat related injuries

Eye burns
 Flush contaminated eyes with saline for 15 minutes or more
 Check for contact lenses
 Patch the eye(s)

Tar burns
 Cool with water
 Do not remove tar
 Apply petrolatum gauze dressing

Preserve body heat by covering patient with warm dry blankets

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0.9% Normal Saline IV/IO bolus
 For significant burns
 See the REMSA Calculation Chart for concentration, and patient specific dosage and volume
 May repeat as clinically indicated
[Pediatric administration requires use of a volume control chamber IV set](#)

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Fentanyl slow IV/IO push or IM/IN
 (may substitute Morphine Sulfate slow IV/IO push or IM)
 For pain associated with burns
 While systolic BP remains greater than 90 mmHg
 See the REMSA Calculation Chart for concentration, and patient specific dosage and volume
 May repeat once
[Further repetition requires a base hospital order \(BHO\)](#)
[Administration of more than one opioid requires a base hospital physician order \(BHPO\)](#)

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Patient Disposition

Burn patients with airway involvement will be transported to the closest Prehospital Receiving Center
Airway involvement has priority over burns

Burn patients meeting Critical Trauma Patient Criteria will be transported to a Trauma Center
Trauma has priority over burns

Contact a single REMSA authorized base hospital (BH) for destination in all:

1. Second degree (2°) burns greater than 30% BSA
2. Third degree (3°) burns greater than 10% BSA
3. Second degree (2°) or third degree (3°) burns involving face, hands, feet, genitals/perineum, major joints, fractures, or circumferential burns
4. High voltage electrical burns
5. Burns in combination with significant pre-existing medical conditions

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Patient Disposition (continued)

Prehospital transport to a Burn Center requires a base hospital order (BHO)
Patients with minor burns and moderate burns can be cared for at any Prehospital Receiving Center

Assess, clarify, monitor, treat within scope of practice, and determine or change destination as directed by BH

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Return to Universal Patient Treatment Protocol
For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management

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***** Base Hospital Orders *****

Initiate, repeat, or modify standing orders within scope of practice
As ordered

Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination
As ordered

Mode of transport is an operational decision

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