

**Treatment Protocols****Date: 07/01/2023****Burns - Adult****Policy #9060A****Adult BLS Standing Orders**

- Assure scene safety before approaching patient
  - Keep in mind cyanide and CO poisoning
  - Remove clothing if any concern for off gassing from noxious gases
- Universal Patient Protocol
- Oxygen or ventilate per **Airway Policy** to O2 saturation of 95%
- Have low threshold to begin high flow oxygen with any chest pain, shortness of breath, smoke inhalation, altered mental status, or signs of instability
- Continuous monitoring of pulse ox and blood pressure
- Capnography
- Treat other injuries
- Consider **Poisoning Protocol** if suspected toxic inhalation/exposure
- **Keep patient warm**
- Consult the **Burn Triage Criteria** policy for potential air ambulance rendezvous to Burn Center

**THERMAL BURNS**

- <10% BSA – apply cool saline soaked gauze, and stop burning process
- 10% or greater – cover with dry dressing and keep warm

**TAR BURNS**

- Cool with water
- Do not attempt to remove tar

**CHEMICAL BURNS**

- Brush off dry chemicals
- Flush with copious amounts of saline or sterile water
- Refer to **Poisoning Policy**

**Adult LALS Standing Order Protocol**

- Establish IV
- Capnography

**For patients with > 10% partial thickness or > 5% full thickness burns, or hypotension or altered mental status, and ≥15 years old**

- NS 1,000 mL IV bolus
- Use Shock Protocol for hypotension

**For respiratory distress or wheezing**

- Albuterol – 5 mg via nebulizer, MR x1 PRN

**Adult ALS Standing Order Protocol**

- Monitor EKG
- Establish IV/IO PRN
- Capnography
- **Pain Medication Protocol PRN**

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**Adult Base Hospital Orders**

- BHP - Refer to **Cyanide Toxicity Treatment Policy**

**Notes**

- Consider cyanide or carbon monoxide toxicity in cases of inhalation and fume exposure, with hypotension, altered mental status, respiratory distress, seizures, or you are otherwise concerned.
- Anticipate the need for intubation if a patient has soot in their nares or oropharynx, singed nare hairs, hoarseness, drooling, stridor, or respiratory distress
- 12 Lead EKG, especially consider with smoke inhalation, other fume exposure, and with any change in mental status
- Reference Burn Triage Policy for Burn Center criteria

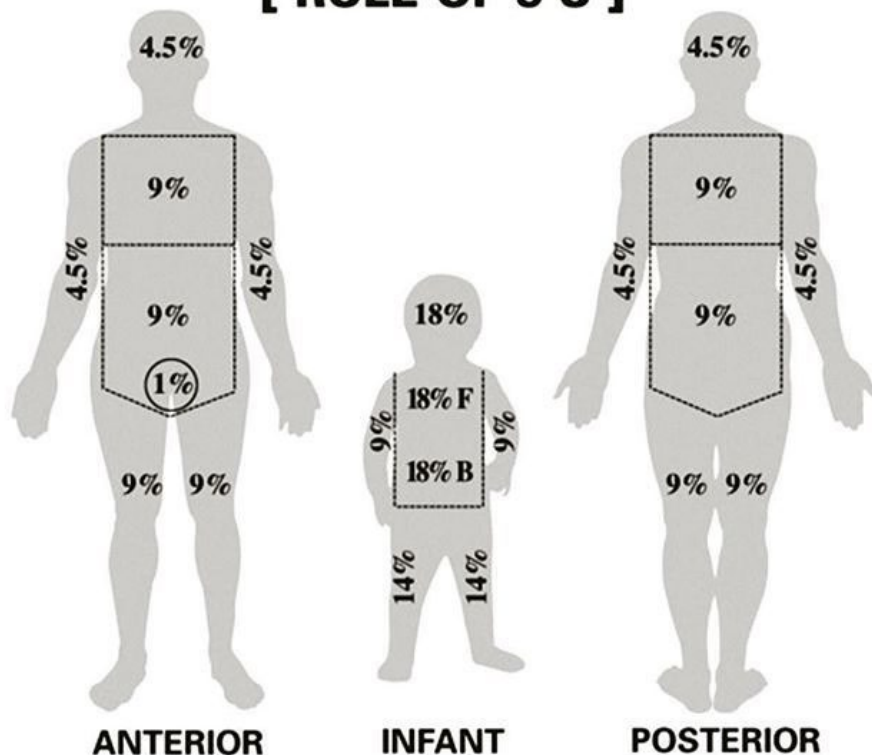
**Treatment Protocols**

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**[ RULE OF 9'S ]**



**PALMAR  
METHOD**  
(Patient's palm)



APPROVED:

Signature on File

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